Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Katherine Folsentreger pm ADVIL /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Charlestown Center Baltimore Care atonsville H Under 24 Hrs. B. Dete of Birth (Month, Day, Year)
Feb 19,1903 If Under 1 Year 9. Birthplece (State or Foreign Country) Austria 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days 1□ M 2XF Months 212-36-0298 95 Yrs. Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Maryland Baltimore Halethorpe 1 ☐ Yes 2 XNo the 10e. Street end Number 10f Zin Code 10g. Citizen of What Country? 5830 Heron Drive 21227 238 United States Funeral Hems 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Raca - American Indian, Bleck, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Yeer or Dates: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☑ No Specify: Specify: White à 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working lifa. DO NOT use retired) filed within Hygiene. Elamentary/Sacondary (0-12) 1 2 College (1-4or 5+) permit. Peges 1 and 2 should be filed will Department of Health and Mental Hygien Important: if item 27 is marked other that any Injury or other traumatic event, Impore. Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be John Krahenbild Caroline Fritz 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Ted Felsentreger 2193 Hallmark Drive Son Gambrills, Md. 21054 20a. Method of Disposition 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Forestdale Cemetery 5-1-98 Holyoke, MA 22. Nama and Address of Fecility Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road
Arbutus, Maryland 21227 21. Signature of Furneral Service Licensee 23e. Pertf. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or haart failura. List only one ceuse on eech line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final Ind Stage Dementiq diseese or condition resulting in death) Year **Examiner** Due to (or es e consequenca of): Sequentially ilst conditions, if eny, laading to Immadiate causa. Entar Underlying Ceuse (Diseese or injury that initiated evants resulting in deeth) Last The law requires that the death certificate be execut been signed by the ettending physicien end should be detached for use es the buriel-tran Due to (or es e consequence of) Physician/Medicai Due to (or es e consequenca of): Division of Vital Records, P.O. Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Depression þ Completed 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Wes en eutopsy performed? Cerebro Vasanlar Accident has 1 Tyes 21 No 1 ☐ Yes 2 12 No to a function of the control of the 25. Was casa referred to medical examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 2 No Hospitel: 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 5 Panding Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide filled in To the Hospital or within 24 hours at To the Funeral D 112 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the causa(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and piece, end due to the causa(s) end menner steted. Medical completely (Check only one) 29b. Signeture end titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 51051 30. Nemerand eddress of person who complated cause of deeth (Itam 23a) (Type, Print)

32. Registrar's Signeture

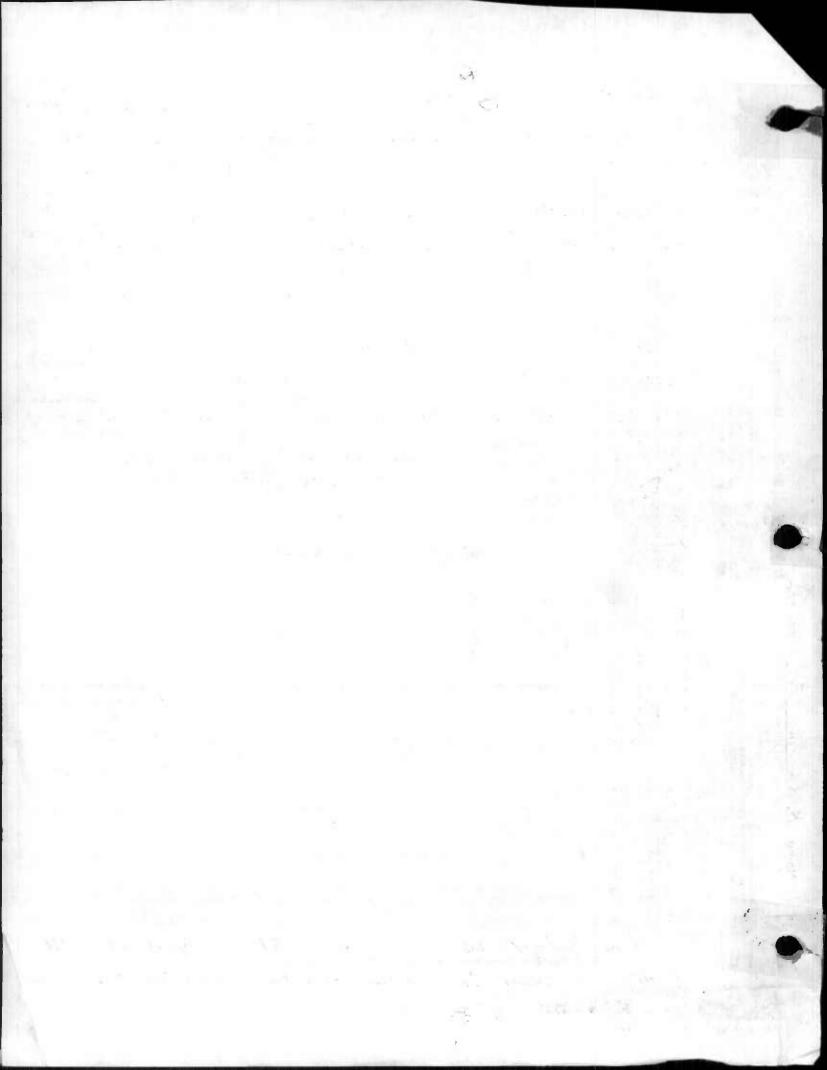
711 Maiden Choice lane, Catonsville, MD, 21220

State Registrar Andres Saluzar

31. Date filed (Month, Day, Year)

ALR 301998

32. Re



# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 3502

				Cei	rtifica	te of	Death			Reg. No.				
Physician	Decedent's Name (First, Middle	Last) Hele	n C	lara		Gro	th		2. Date of De Month	ath Day	Year	3. Time		
/Medical	A W 10 N 44 1 1 1 1						4h Cih. To	m calco	April ation of Death	28, 19		4:0	00 AM	
Examiner	4a Facility Nama (If not institution, Franklin Woods	giva street and numb	er)				Ross	ville		100	nty of Death	re		
Funeral Director	5. Social Security Number 232-26-1242	8. Sex 7. 1 ☐ M 2 ☐ F	Aga (In yrs. les 80	st birthdey) Yrs.	If Unde Months	Days	Hours	Min.						
Los notified at	Usuel Residence of Decedant  10a. State 10b. County		10c, City,	Town or Lo	ocation						1	10d. Inside (	City Limits	
r 28a-f show inotified at frector		altimore						E	dgemer	e 1□Yes ŽÍŽN				
23a or 28a-f s ust be notified at Director	10e. Street and Number 2802 Ritchie A	zenije		10f. Zip Code 2121						10g. Citizen of What C				
or hems	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Was Decede Armed Force	s? ⊠ No	1	Was Dece		lispanic Origan, Mexicen	gin? (Spec , Puerto R	cify Yas or No Rican, etc.)	- 14. F	Race - Americ Black, White, city:			
unatur dical	15. Decedent' (Specify only highes:	a Educetion grade completed)		16a. Deced	dent's Usu kind of w	al Occup ork done	eation during most d)	of workin	g	16b. Kind o	f Businass/In	dustry		
t, the Medical	Elementary/Secondary (0-12) 4 Years	Coilege (1-4	or 5+)		ousew		d)				Own Ho	ome		
a other event, Be C	17. Father's Name (First, Middle, L	ast)	1				18. Mothe	r's Name	(First, Middle	Maiden Sun	name)			
To B	James Stachows	ki						H	Helen K	tensick	i.			
27 Is me r traum	19a. Informant's Na <i>me/</i> Relationsh Helen Stitz		ghter				and Numbe Ave.		Route Numb emere,		wn, Stete, Zij 1219	Code)		
Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", any injury or other traumatic event, the Medical Exe pnce.  To Be Completed by	20a. Method of Disposition  1 Burial 2 Cremation 4 Donation 5 Dother (Sp. 21. Signature of the state of the s	ecify)	ate cer	ce of Disponetery, create Lawr	n Cem	other pla eter			Deta 1998		on - City or To		land	
any ir	· Chal N	V. Ja	W	I	Duda-	Ruck	Fune	ral F	Home of		alk, I	nc.		
ysician Medical Paminer	23a. Part1. Enter the disease, or shock, or heart failure. List of the shock of the	e.							r respiratory a	rrest,	1	Approximatinerval Bronset and	etween d Death	
ding physician and se as the burial-transit Medical Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Undarlying Cause (Disease or injury that inflated events resulting in death) Last	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Undarlying Cause (Disease or injury that infliated events resulting in death) Last  Dua to (or as a consequence of):  Dua to (or as a consequence of):												
of tor use		<b>-</b> u.												
ed by the attendin detached for use / Physiclan/N	Part il. Other significant condition  Endomet	_			inderlying	cause gi	ven in Part I			Yes 2 N		othe cause bably 4[		
s been sign 2 should be pleted by									24a. Was	an autopsy ormed?	an CX	Vere autopa vailable prio ompletion of death?	r to	
page Com									10	Yes 2 N	0 1	☐ Yes 2	□No	
this certificate ral director, pag To Be Co	25. Was case referred to medical examiner?	Hospital:				Ott	nor:		(Check only					
5 D	1 Yes 2 No 27. Manner of Death	1 ☐ Inp		R/Outpatier 28b. Tima o		OA Inju Wo	- CM IAO	- 1	ne 5 Resi			ify)		
within 24 hours after death.  To the Funeral Director: After th completely filled in by the funeral Medical Certification:	1 Matural 5 Pending 2 Accident investig 3 Suicide 6 Could n 4 Homicide determi	ation ot be 28e. Place of	Injury - At hon, etc. (Spacify)	Injury ne, farm, st	М	1	rk?  Yes 2 🗆		28f. Location ( City or To	Street and Ni wn, Stete)	umber or Rui	rel Route Nu	ımber,	
Pletely filled I		Phyalcian: To the be xaminer: On the besi	s of examination										e(s)	
omple omple	29b. Signature and title of certifier						sa number				gned (Month,			
1	1 Onc	lapati			3	DO	50	157						
Y	30. Name and address of person v	lapation completed cause in pation	of death (Item 2	23a) (Type,	Print)	70	Sez	مدرر	e.B	alter	nose	. 212	,37	
State	31. Date filed (Month, Day, Year)		istrar's Signatu		-									

The state of the s 

State of Maryland / Department of Health and Mental Hygiene

503 Certificate of Death

28a-f show Medical Examiner must be notified at 6 238 items!

permit. Peges 1 and 2 should be filed within 72 hours efter Depertment of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Mental Exempter.

Baltimore, Maryland 21215-0020

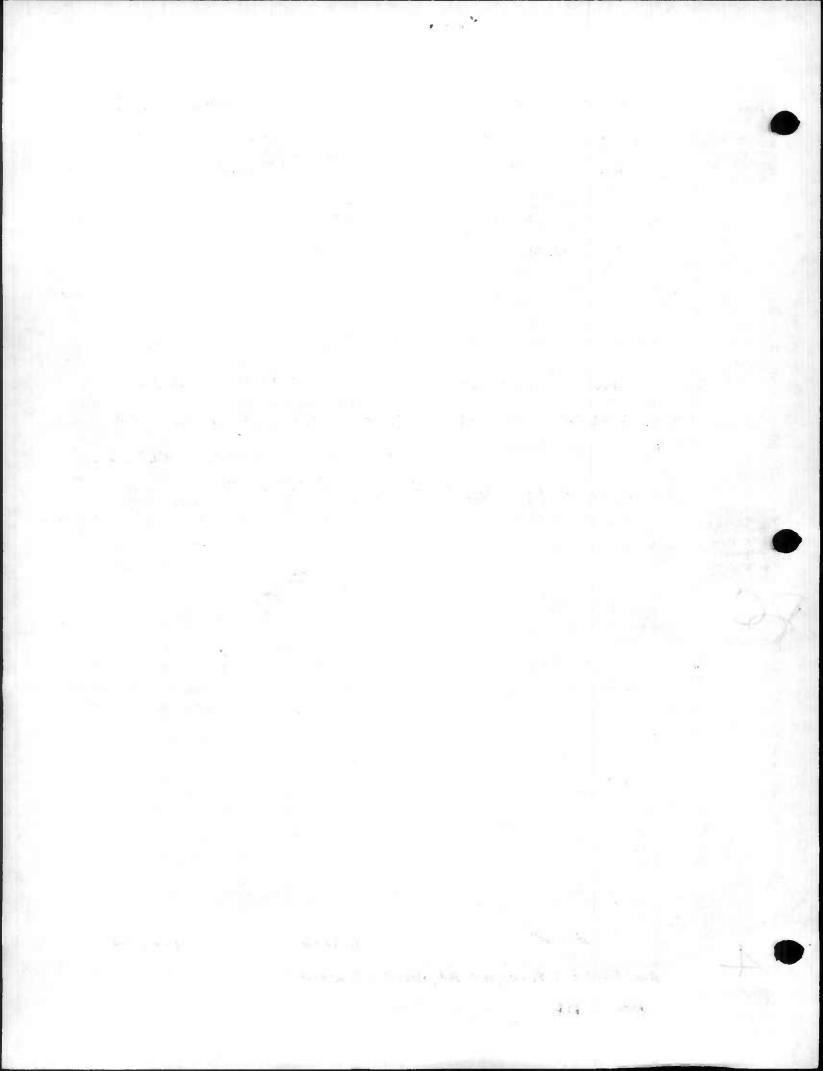
Physician /Medicai **Examiner** 

Division of Vital Records, P.O. Box 689 The law requires that the deeth certificans USB Jo detached should be

1. Decedent's Name (First, Middle, Last) 2 Dete of Death 3. Time of Death **Physician** APRIL 22, 1998 MAGGIE R. 12:30 AM /Medical 4a. Facility Nama (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** N/A 922 BELGIAN AVE. (HOME) BALTIMORE Hours Min. 8. Date of Birth (Month, Dey. 3/16/16 5. Social Security Number If Under 1 Yaar 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign Country) Funeral 1□M 2曲F Months Year) Days 228 34 2604 82 Director Usual Residence of Decadent 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits Director 1∰Yes 2□No BALTIMORE MD. N/A 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 922 BELGIAN AVE. 21218 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Race - American Indian, Black, White, etc. 11. Marital Status Was Decedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 1 Navar Married 2 Married ☐Yes 2∰No Yes, Giva 1 Tes 2 to No Specify: Specify: AFRO AMERICAN by 3# Widowed 4 □ Divorced Yaar or Dates: Completed 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOME 12 0 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be **EDWARD** GAYLES ELLA GAYLES 10 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 1412 Kingsway AVE. BERTHA A.SOLOMON DAUGHTER BALTO. MD. 20a. Method of Disposition 20b. Placa of Disposition (Name of cametery, cremetory or other plece) Date 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4/27/98 4 ☐ Donation 5 ☐ Othar (Specify) BALTO. CEMETERY BALTO. MD. 21. Signatura of Funeral Sarvice Licansea 22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD.. 23a. Part1. Enter the diseasa, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset and Death Immediete Cause (Finel disaese or condition resulting in death) CONGESTIVE HEART FAILURE Due to (or es e consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 💢 No 3 Probably 4 Unknown HTN þ 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Was an eutopsy performed? DIABETES PERIPHERAL VASCULAR DISORDER 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No al or Attending Physician: T s efter death. Il Diractor: After this certificat ed in by the funeral director, pa 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) 200 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Hospital: Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending 2 Accident Investigation 1 ☐ Yes 2 ☐ No To the Hospital or Atter within 24 hours efter der To the Funeral Director completely filled in by th 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as statad.

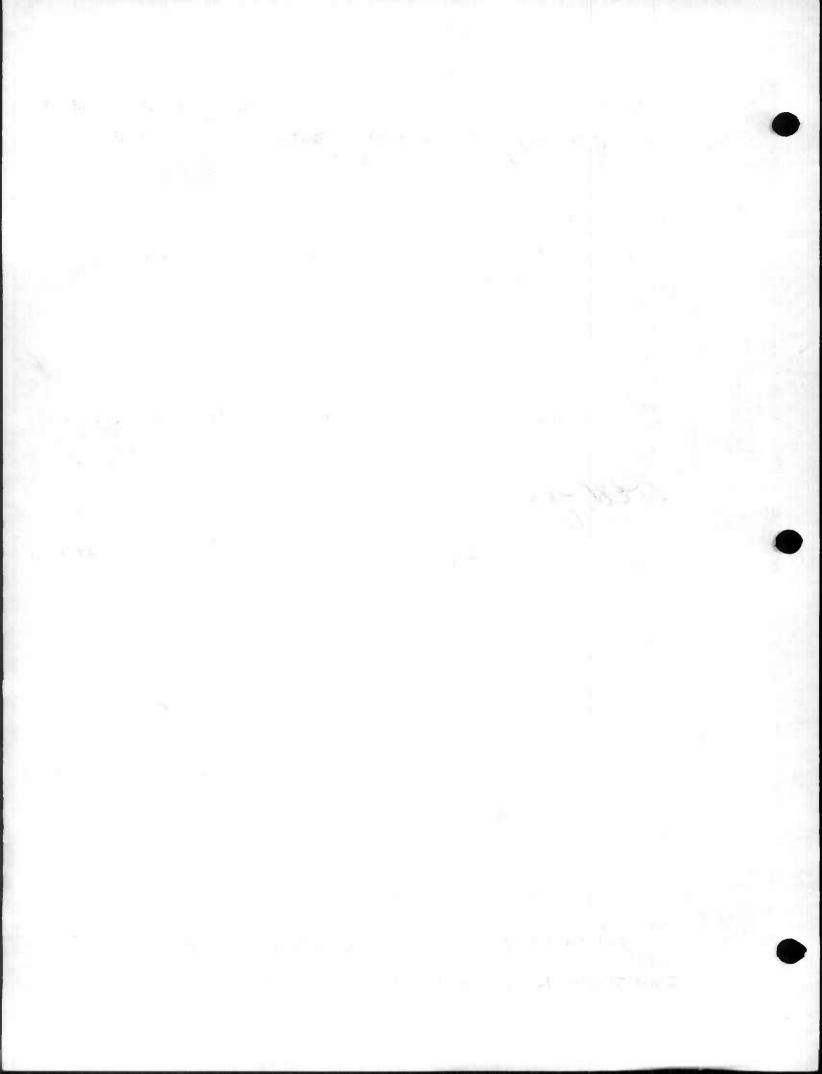
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e, Certifier Medicai (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 128266 4-29-98 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) AYE WIN MY SOLOYORK Rd, BALTUMS 2212 32 Registrar Signature
Fandska Landska Randska 31. Date filed (Month, Dey, Year) State APR 3 0 1998

Registrar



State of Maryland / Department of Health and Mental Hygiene

						31 111100	ile Ui	Death		Reg. No.	0 1	0004
Physician		me (First, Middle, La	ist)						2. Date of De	ath	Yeer	3. Time of Dea
/Medical	Va	Nessa	Garcia	i					April	29	1998	08302
Examiner		(If not institution, give		,	0		1		Location of Deat	h 4c. Co	ounty of Death	
		Hopkins						Baltime			NA	
Funeral Director	5. Social Security	4499	Sex 7 1□ M 2Ø F	Age (In yrs. 2	last birthda 3 Yrs.		ler 1 Year s Days	Hours Min	8. Date of Bit	th iy, Year)	9. Birth Cou IN E W	place (State or Fo intry) York
<b>*</b>	Usual Residence	of Decedent 10b. County		10c Cit	y, Town or	Location						10d. Inside City Li
of a P		Baltim	ore		1tim							1 TYes 2
289	10e. Street end N		OI C	200	I C I 1:1		Zip Code			10- Chi		
r tiens 23s or 28s-fs inter must be notified Funeral Director	2021 Pa	ulette	Road				212			Ü.S	of What Cou	intry r
rat', or itams 23a or 28a-f show Exporter must be notified at I by Funeral Director	3 ☐ Widowed	rried 2 Married	12. Was Deceder Armed Force 1  Yes 2 If Yes, Give Year or Date:	5? ] No	,S. 13			lispanIc Origin? (: an, Mexicen, Pue Specify:	Specify Yes or No rto Ricen, etc.)		Rece - Ameri Black, White pecifyPue1	
natur Policel	(So)	15. Decedent's E	ducetion		16a. Dec	edent's Us	sual Occup	ation during most of we	ntkina	16b. Kind	of Business/Ir	ndustry
t on result and merked other than "natural", or or other traumatic event, the Medical Examination or other traumatic event, the Medical Examination of the M	Elementary/Sec		College (1-40	r 5+)	life.	DO NOT	usa ratired TUDE	d)	orking	C	OLLEGA	£
a other		(First, Middle, Last	)					18. Mothar's Na	me (First, Middle	, Meiden Su	mame)	
arked aric ev	LUIS	GARCIA						BLAS	INA ROD	RIGUI	ĒΖ	
T T		Name/Relationship (	Type, Print)		19b. Ma	iling Addre	ss (Street	and Number or F	rure/ Route Numb	er, Citv or T	own, Stete. Zi	p Coda)
27 is r trau		A RODRI						n Aveni				7. 1004
Important: if item 27 any injury or other tr	20e. Method of Di	sposition		20b. F	laca of Dis	position (A	ama of		Date		tion - City or T	
2 4 4 2		Cremation 3 ☐ 5 ☐ Othar (Special		е	emetery, cr				5/1/100	37.0	77030	7 17
Important: any injury once.		uneral Service Lice		St	. на	rys 22 Name	Cente	tery	5/4/93	101	AKEKS,	11. Y.
any ir	11/	Pal.	1			CATE	V Fil	TEDAL (	CHAPELS			
	The c	01/1	٤.			108	W	orta A	venue	balt:	imora	and]
ysician	shock, or he	the disease, in compart failure.	one cause on each	line.	n. Do not e	nter the m	ode of dylr	ig, such as cerdia	c or respiratory a	rrest,	1	Approximete Interval Between Onset and Deet
Medical	Immediata Cause										į	24 hr
aminer	disease or conditi resulting in death	on )	a	Sepr								or 1 UL
<u> </u>				Due to (o	ras a cons	aquence o	1):				1	
n and hal-fransk Examiner	Convention the ties of		b	Due to /o	r as a cons	,	٤١.					
cian and burist-transit	Sequentially list of any, leading to it ceusa. Enter Und Cause (Disease of that initialized arease.)	mmediate		D00 10 (0	as a cons	equerice o	17.					
physician s the buria edical E	Cause (Diseasa of that initiated even	15	C	Due to /o	r as a conse		A.				1	
ng physicis s as the bu	resulting in death)	Last		D00 t0 (0)	as a conse	adrience o	<i>)</i> .					
			d									
cla de los	Part II Other sign	ificent conditions	antification to doubt	but not soon	daine in the			an la Dani I	00h DI-	4 - h		
detached for us	Part II. Other sign	ificant conditions of	onthouting to death	but not resi	uiting in the	underlying	ceuse giv	en in Part I.				o the cause of de
20 0									10	Yes 2	No 3 Pro	bably 4 Unk
S S S										on autonous	24b. W	ara autopsy findir
88 6									24a. Was perfo	rmed?	CC	empletion of cause
88 6									perfo	rmed?	of	ompletion of ceus death?
page 2 should be									perfo	ormed? Yes 2□!	of	empletion of ceus
certificate has been sign rector, page 2 should be been seen and been sign Be Completed by	25. Was cese refe examiner?		Hospital:				Oth	OC:	perfo	ormed? Yes 2□!	No 1	ompletion of ceuse death?
his certificate has been sign al director, page 2 should be To Be Completed by	25. Was cese refe examiner? 1 \( \text{Yes} \) 22	No No	Hospital: 1 inpa		ER/Outpati			er: 4 Nursing	performance 127  Path (Check only of theme 5 ☐ Resi	Yes 2 !	No 1	ompletion of ceusideath?
his certificate has been sign al director, page 2 should be To Be Completed by	25. Was cese referexaminer? 1  Yes 2 27. Mannar of Dea	No ath 5 ☐ Pending	28a. Date of In (Month, D	jury	ER/Outpati 28b. Time Injury	of	28c. Injur Wor	er: 4□ Nursing l y at k?	perfo	Yes 2 !	No 1	ompletion of ceuse death?
his certificate has been sign al director, page 2 should be To Be Completed by	25. Was cese refe examiner? 1 ☐ Yes 2 ₹ 27. Mannar of Dea	No  th  5 Pending investigation 6 Could not b	28a. Date of in (Month, L	jury Jey Yeer)	28b. Time Injury	of M	28c. Injur Wor 1 🗆	er: 4 Nursing	performant for the performant formal	Yes 2 1 tona) dence 6 how injury o	No 1  Other (Special courred	mpletion of ceuse death?  ☐ Yes 2 ☐ No
his certificate has been sign al director, page 2 should be To Be Completed by	25. Was case refe examiner? 1  Yes 2 2 27. Mannar of Dea 1 Natural 2  Accidant	No ath 5 Pending investigation	28a. Date of In (Month, D	jury Jey Yeer)	28b. Time Injury	of M	28c. Injur Wor 1 🗆	er: 4□ Nursing l y at k?	performant for the performant formal	Yes 2 tona)  dence 6 tonowinjury of	No 1  Other (Special courred	ompletion of ceuse death?
in Director: After this certificate has been signified in by the funeral director, page 2 should be Certification: To Be Completed by	25. Was cese refe examiner?  1  Yes 2 2  27. Mannar of Dea 1 Natural 2  Accidant 3  Sulcida 4  Homicide  29a. Certifier (Check only)	I No  tith  5   Pending investigation 6   Could not be determined	28a. Place of Inbuilding, building, by	jury Jey Yeer) njury - At ho etc. (Spacif)	28b. Time Injury	of M street, factor	28c. Injur Wor 1 Dory, office	er: 4 Nursing ly at k? Yas 2 No	performant for the performant forms and forms	Yes 2 1 tona)  dence 6 how injury of the tend Nown, State)	Other (Special Course)  Other or Rur	mpletion of ceuse death?  □ Yes 2 □ No  f(y)  all Route Number,
In function Direction.  Plantage in by the funeral director, page 2 should be edical Certification: To Be Completed by	25. Was case refe examiner?  1	No  No  Pending investigation  Could not be determined  Certifying Ph  Medical Exam	28a. Place of Inbuilding,	njury - At ho etc. (Spacif) t of my know of axaminat	28b. Time Injury	of  M  street, factor  ath occurre invastigation	28c. Injur Wor 1 Dory, office	er: 4 Nursing   y at k? Yas 2 No	performant for the performant forms and forms	Yes 2 1 to the property of the	Other (Special Course)  John of Purious and Manner as a sace, and due to	mpletion of ceuse death?  ☐ Yes 2 ☐ No  fly)  al Route Number,  stated. o tha cause(s)
to the function of the mis certificate has been sign complicately fined in by the functial director, page 2 should be	25. Was cese refe examiner?  1  Yes 2 2  27. Mannar of Dea 1 Natural 2  Accidant 3  Sulcida 4  Homicide  29a. Certifier (Check only)	No  No  Pending investigation  Could not be determined  Certifying Ph  Medical Exam	28a. Place of Information (Month, Line) 28a. Place of Information (Month)	njury - At ho etc. (Spacif) t of my know of axaminat	28b. Time Injury	of  M  street, factor  ath occurre invastigation	28c. Injur Wor 1 Dory, office ory, office	er: 4 Nursing   y at k? Yas 2 No	performant for the performant forms and forms	Yes 2 1 tona)  dence 6 how injury of the tonal of the ton	Other (Special Courred Sumber or Runder as a case, and due to signed (Month,	mpletion of ceuse death?  □ Yes 2 □ No  fy)  al Route Number,  stated. o tha cause(s)  Day, Year)
In function Direction.  Plantage in by the funeral director, page 2 should be edical Certification: To Be Completed by	25. Was case refe examiner?  1	No  No  Pending investigation  Could not be determined  Certifying Ph  Medical Exam	28a. Place of Information (Month, Line) 28a. Place of Information (Month)	njury - At ho etc. (Spacif) t of my know of axaminat	28b. Time Injury	of  M  street, factor  ath occurre invastigation	28c. Injur Wor 1 Dory, office ory, office	er: 4 Nursing   y at k? Yas 2 No	performant for the performant forms and forms	Yes 2 1 to the property of the	Other (Special Courred Sumber or Runder as a case, and due to signed (Month,	mpletion of ceuse death?  □ Yes 2 □ No  fy)  al Route Number,  stated. o tha cause(s)
to the function of the mis certificate has been sign complicately fined in by the functial director, page 2 should be	25. Was cese refe examiner?  1  Yes 2 2  27. Mannar of Dea 1	No  No  Pending investigation  Could not be determined  Certifying Ph  Medical Exam	28a. Date of In (Month, L) 28a. Place of I building, I yalclan: To the basis and manner:	jury ley Yeer)  njury - At he elc. (Spacif)  t of my know of axaminat statad.	28b. Time Injury ome, farm, s /) wledga, dea ion and/or i	of M  street, factor the occurrent vastigation (2) (2) (2) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	28c. Injur Wor 1 Dory, office d at tha tiron, in my o	er: 4 Nursing vat k? Yas 2 No ne, date and plac pinion, death occ e number	performant for the performant forms and forms	Yes 2 1 tona)  dence 6 thow injury of the tend Nown, State)  cause(s) and data and place and pla	Other (Special Course)  I down anner as a sace, and due to signed (Month, 1997)	mpletion of ceuser death?  Yes 2 No  fy)  al Route Number,  stated. o tha cause(s)  Day, Year)



#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month Day HARRY GEORGE GODWIN April 2 4b. City, Town, or Location of Deeth 9:33 P.M. 4c. County of Death 4e Fecility Neme (If not institution, give street and number) Rosedale FRANKlin Square 5. Social Security Number 6. Sec BAITIMORE Hospila Cen ler If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. lest birthday) 10M 20F Months Days 9/3/18 MARYLAND 214-01-1131 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No MD BALTIMORE OAKLEIGH 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 1811 CROMWOOD ROAD 21234 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian. 11. Merital Stetus Black, White, etc. 1 Nevar Married 2 Married 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usual Occupation 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT use ratired) Elemantary/Secondary (0-12) College (1-4or 5+) AIRCROAFT MECHANIC MARTIN MARIETTA 11TH GRADE 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) SAMUEL GODWIN NAOMI DANEKER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) BALTIMORE, MD 21234 WIFE ROBERTA L. GODWIN 1811 CROMWELL ROAD 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State METRO CREMATORY, INC. 4/28/98 CATONSVILLE, MD 4 Donation 5 Othar (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility JOHNSON FUNERAL HOME, P.A. 8521 LOCH RAVEN BLVD. TOWSON, MD shock, or heart failura. List only ona causa on each line. 21286 Approximate Intervat Between Onsat end Death Immediate Cause (Final VenTRICULAR FIBRILLATION 40 minutes disease or condition rasulting in death) Diffuse ATheroscleroTic CORONARY VASCULAR disease Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or as e consequence of): Part fl. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ATRIL fibrillation 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy periormad? AORTIC STENOSIS 20 No 1 Yes 1 Yas 2 No Hyper Ten Sion 25. Was cese referred to medical examiner? 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation

Examiner The law requires that the death certifical for said Records, P.O. Box 68760. attending p signed by the a s certificata her Division of Vital or Attending Physician: director this After thi death. within 24 hours after death To the Funerei Director: / completely filled in by the f Hospital the 0

Medical

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

**Funeral** 

**Director** 

h and Mental Hygiena. 7 is marked other than "naturel", or frems 23a or 28a-f show freumatic event, the Medical Examiner must be incified at

permit. Pages 1 and 2 s Department of Health ar Important: if Nem 27 is any Injury or other treu

**Physician** /Medical

the Maryland

72 hours eftar deeth

Baltimore, Maryland 21215-0020

Godwin

Physician/Medical Examiner by Be Completed 10 Certification:

27. Manner of Death Natural 2 Accident 3 Sulcide 4 Homicide

29a. Certifier (Check only one)

29b. Signature and title of certifie

28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

281. Location (Street and Number or Rurel Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as statad.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, data and place, and due to the cause(s) and mannar stated. 29d. Date signed (Month, Dey, Year) 29c. License number

Do051692

April 24, 1998

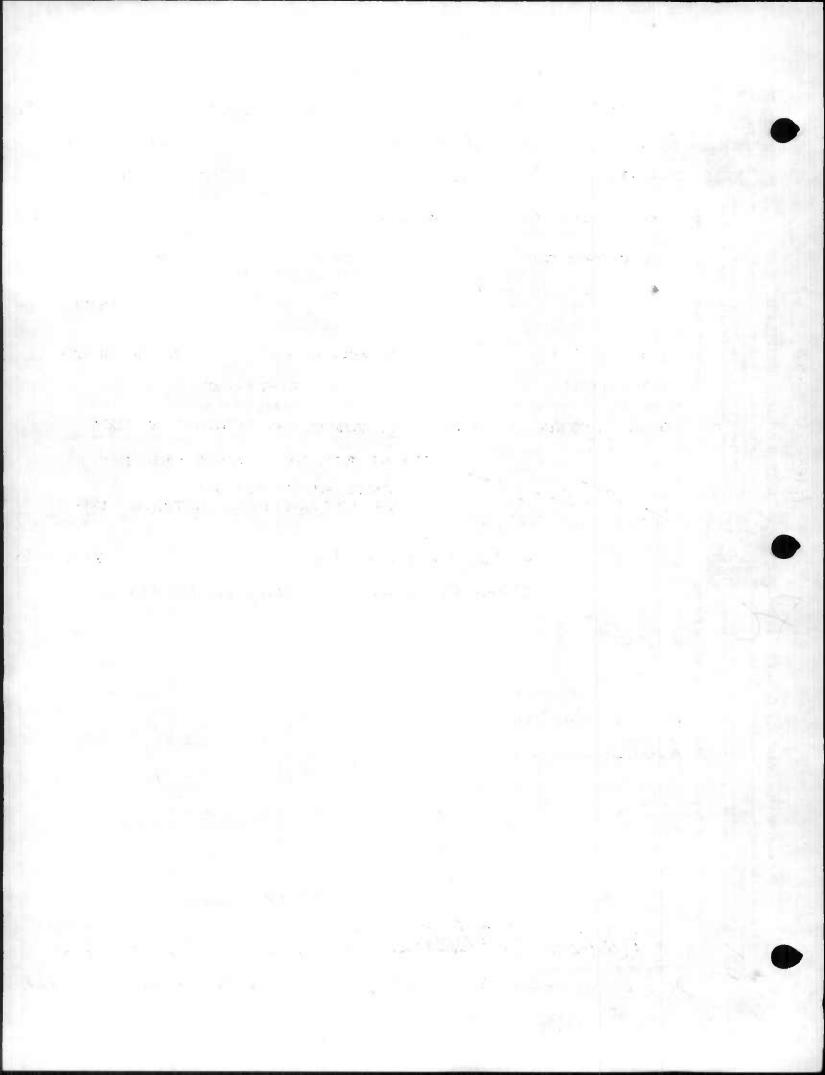
no complated causa of daath (Itam 23a) (Type, Print) 30. Name and address of person

Square DR. BAITIMORE, MARYLAND 21237 DeboRAh Hop Kins 9000 FRANKlin 32. Registrar's Signature 31. Date filed (Month, Day, Yaar)

State Registrar

6 Could not be datarmined





State of Maryland / Department of Health and Mental Hygiene

Item 10b,c, per FH Film G758 4-30-98 rja Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth MonAPRILDey 24, Yes 98 **Physician** KAYLIN MIKEL HARRIS 10:05 /Medical 4c. County of Death Baltimore 4b. City, Town, or Location of Death 40 Facility Name III not institution, give street and number Center Examiner If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 7. Age (In vrs. lest birthday) 8. Data of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 6. Sex **Funeral** Months Hours 10 M 20 F Days Director 13 N/A APR. 22,1998 MARYLAND N/A Usual Residence of Decedent the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a. Stete 10b. County 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Modical Examiner must be notified at N/A Yes 2 No Directo MARYLAND -BALTIMORE BALTIMORE TOWSON 10e. Street end Number 10f. Zip Coda 10g. Citizan of Whet Country? with 5511 SEWARD AVENUE 21206 U.S.A Funeral death Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien, 12. Wes Decedent Evar in U,S. Armed Forcas?

1 Yes 2 No if Yas, Give Year or Dates: Black, White, etc. permit. Pagas 1 and 2 should be filed within 72 hours aftar a Department of Health and Mental Hyglena. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Modical Exempter. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐No Specify: Specify: NEGRO þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elamantary/Secondary (0-12) Collage (1-4or 5+) N/A N/A None NONE 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Be GREGORY M. HARRIS JR. ERIN **JOHNSON** 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Coda) ERIN JOHNSON / MOTHER 5511 SEWARD AVE. BALTO, MD. 21206 20b. Piece of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, Stete cemetery, cremetory or other place) 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) ZION CEMETERY APRIL 27, 1998 BALTO, MD. 22. Name and Address of Facility
CALVIN B. SCRUGGS FUNERAL HOME 21. Signature of Funaral Service Licenses 1412 E. PRESTON STREET BALTO, MD. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset and Death **Physician** EXTREME PREMATURITY /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner RESPIRATORY DISTRESS SYNDROME Examiner tha burial-transit that the death certificate be axecuted and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or as e consequance of) HYPOTENSION physician Physician/Medical Due to (or es e consequence of) SEVERE ACIDOSIS signed by the at d be datached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? Division of Vital Records, P.O. 2 No 3 Probably 4 Unknown p 24b. Were eutopsy findings eveileble prior to completion of cause Completed 24e. Was an eutopsy peen of death? has 1 Yes 2 No cartificata Attending Physician: Be 25. Wes case referred to medical axaminer? 26. Placa of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 Inpatient 2 □ ER/Outpetlent 3 □ DOA this unara 27. Manner of Death 28e. Data of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred Allar 1 Natural 5 Pending investigation Injury death. 1 Yes 2 No 2 Accident Director 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) à 4 Homicida 野田 Certifying Physician: To the best of my knowledge, daeth occurred et tha tima, data and piece, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, data and piace, and dua to the cause(s) end menner stated. 29a. Certifier 29d. Data signed (Month, Dey, Year) 29b. Signeture end title of cartifier 29c. Licansa number D 27352 of parson who completed cause of deeth (Item 23e) (Type, Print)
BENNETT, M. D., 7620 YORK ROAD, TOWSON, MARYLAND 32. Fegistrary Signature State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item 26 Per PHY Film G758 4030-98 rja Reg. No. 1. Decedent'a Neme (First, Middle, Last) 2. Data of Daath 3. Time of Death April **Physician** 26 1998 Bernard Martin Jagodzinski 10:40AM /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6 Salem Court North East Cecil If Under 1 Year | If Under 24 Hra. 8. Data of Birth (Month, Day, Year) 5. Social Security Number Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) 1 M 2 F Months Yrs 215-14-9858 76 09/26/1921 Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 1 ☐ Yes 2 No Director Harford Edgewood 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1301 F Cedar Crest Court 21040 USA Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yes or No-If Yaa, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married 1 Yas 2 No Specify: White Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grads completed) 16b. Kind of Business/Industry Collega (1-4or 5+) Elementery/Secondary (0-12) Meat Cutter Retail Grocer 8 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Peter Jagodzinski Rose Tomaskiewicz 2 19a. Informant'a Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Frances Jagodzinski/Spouse 1301 F Cedar Crest Court Edgewood MD 21040 20b. Place of Disposition (Nama of cematery, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from State Sacred Heart of Jesus 04/30 Baltimore MD 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licansee 22. Nama and Addrass of Facility David J. Weber Funeral Home Weber 401 S. Chester Street Baltimore MD 21231 23a. Part1. Enter the disease, or complications that caused the death. shock, or haart failura. List only ona cause on each lin Approximata Intarval Between Onset and Death Do not antar the made of dying, such as cardiac or respiratory arrest, Immediate Cause (Final diseasa or condition resulting In deeth) Due to (or es e consequance of): Physician/Medical Examiner Sequentially list conditions, if any, laading to immediata causa. Entar Undarfying Ceuse (Diseese or injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of): Papar Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 3 Probably 4 Unknown 2 No λq 24b. Wara autopsy findings available prior to complation of causa of daath? 24a. Wes an autopsy performed? Completed 1 ☐ Yas 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical examinar? 26. Placa of Death (Check only one) Be SP Besidanca (XIOther (Spacify) Hospital: Other: 4 Nursing Home 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28d Dascribe how injury occurred 27. Mannar of Deeth 28e. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 5 Panding Investigation 1 Natural 1 □ Yas 2 □ No 2 Accidant 6 ☐ Could not be 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 ☐ HomicIda Cartifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and place, and dua to the ceuse(s) end manner es stated.

2 Madical Examiner: On tha bests of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner attated. 29a. Cartifier Medical

29c. Licansa number

29d. Data signed (Month, Day, Year)

physician and s the burial-transit The law requires that the death certificate be executed Box 68760. ettending p P.O. the signed by t Records, been si 165 certificate l Division of Vital Physician: this After or Attending deeth. Director: A • Funeral C Hospital Vithin 2

**Funeral** 

**Director** 

28a-f show

7 is marked other than "natural", or frems 23a or 28a-f shor traumstic event, the Magical Examinar must be rectified at

permit. Pages 1 and 2 should be filed within 72 hours efter deeth 1 Department of Health and Mental Hygiene.

Important: If item 27 is marked other than "natural", or ferns 28a and injury or other traumatic event, the Medical Experiment 28a and all other traumatic event, the Medical Experiment 28a and all other traumatic event, the Medical Experiment 28a and 28a a

**Physician** 

/Medical Examiner

88

funeral

Baltimore,

the Marylend

State

(Check only one)

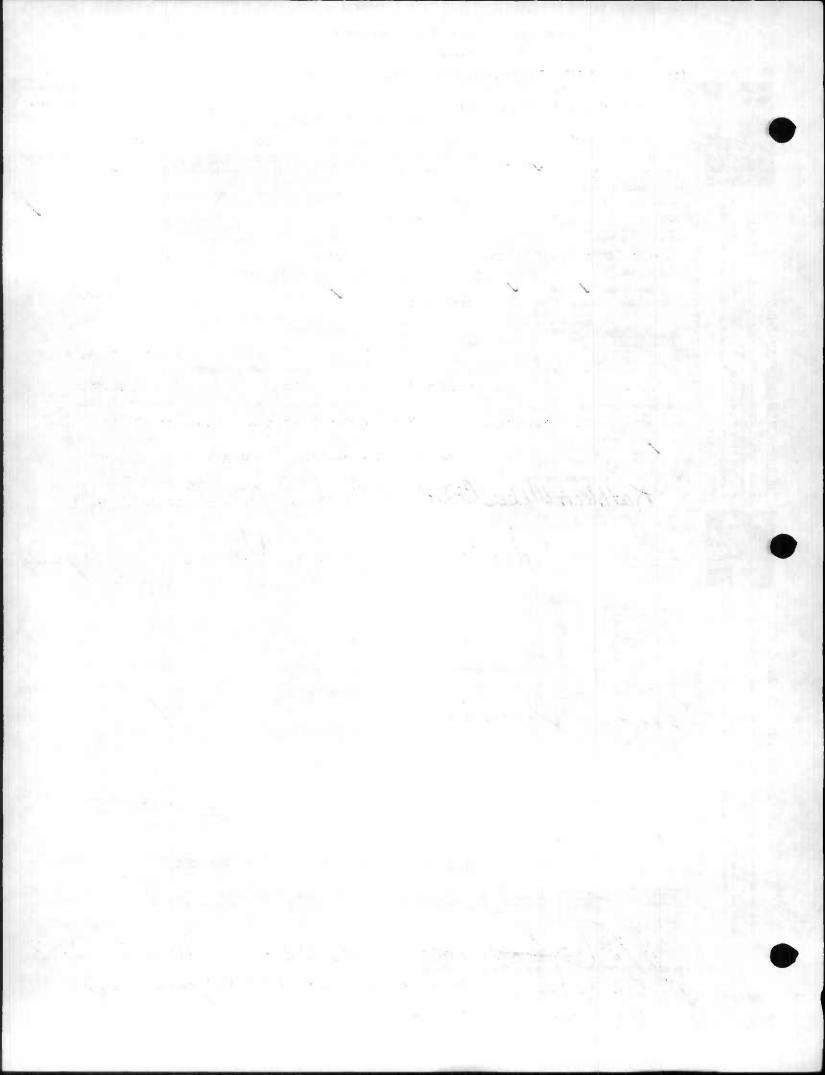
29b. Signature and time of og

508 Registrar's Signature

use of deeth (Item 23a) (Type, Print)

1455

Registrar DHMH 16 Rev 6/95



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Deta of Deeth April 27 1998 4c. County of Death

1. Decedent's Neme (First, Middle, Last) **Physician** Edward L. Johnson /Medical 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street end number) Examiner Baltimore Essex Middleborough Road Hours Min. 8. Dete of Birth (Month, Day, Year) 19 If Under 1 Year 7. Age (In yrs. lest birthday) 5. Social Security Number 6. Sex **Funeral** Months Days 12 M 2□ F 78 Yrs 219-01-0459 **Director** Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Introportant: If item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumstic event, the Medical Exerting must be seen about. 10e. State 10b. County 10c. City, Town or Location Director Essex, Maryland Baltimore 10f. Zip Code 10g. Citizen of What Country? 10e. Street end Number USA 21221 Middleborough Road 1056 Funeral 12. Was Decadent Ever in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien. 11. Marital Status 1 MYes 2 No
If Yes, Give
Yaar or Dates: WW II 1 □ Naver Merried 2 K Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Spacify only highest grede completed) Elemantery/Secondery (0-12) College (1-4or 5+) N / A th Laborer Baltimore 18 Mother's Nama (First Middle Maiden Sumema) 17. Father's Name (First, Middle, Last) Sizemore Emma Archibald Johnson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Catherine Johnson/wife 1056 Middleborough Rd., Baltimore, Md 20b. Plece of Disposition (Neme of cametary, crametory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 ■ Burlal 2 □ Cramation 3 □ Ramoval from State Cedar Hill Cemetery 4/30 Anne Arundel Co. 4 Donation 5 Othar (Specify) 22. Name end Address of Fecility
Hartley Miller Funeral Home, CHTD. 21. Signetura of Funaral Servica Licensee ller 7527 Harford Rd.Baltimore, Md. andres-23a. Pert1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errast, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition rasulting In deeth)

/Medical Examiner

physician

2 signed by t

certificate Physician:

Bills

Affisic Athending

Director

death.

ather

To the Partition 2

24 hours a Hospital

0

6

990

g

Completed

Be

Certification: To

edicai

Division of Vital Records, P.O. Box 68760

The tare page 2 a

Examiner Sequentielly list conditions, if any, laading to Immadiate cause. Enter Underlying Ceuse (Disease or injury that initieted events rasulting in deeth) Lest **Physician/Medicai** the sta 10

(dr es e consequence of): Due to (or as a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.

23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown

24b. Wera autopsy findings evallable prior to completion of causa of death? 24e. Wes en autopsy performed?

1 Yas 2 No

1245 AM

Black, White, etc.

10d. Inside City Limits 1 ☐ Yes 2 1 No

City

21221

Approximete Interval Batween Onset and Death

25. Was case referred to medical exeminer? 1 Yes 2 No

26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Hasidenca 8 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how Injury occurred

27. Mannar of Death 12 Naturel 2 Accident 3 Suicide

4 Homicide

28a. Data of Injury (Month, Dey Year) 5 ☐ Pending Investigation 6 Could not be datarmined 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

28c. Injury at Work? 28b. Time of 1 ☐ Yas 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1□ Yes 2E No

29e. Certifie (Check only one)

1 Certifying Physician: To the best of my knowledge, death occurrad at tha time, date end plece, end due to tha cause(s) end menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, In my opinion, death occurred at the time, data and place, and due to the cause(s) end menner stated.

29b. Signature and title of certifie

29c. License number

29d. Date signed (Month, Dey, Year)

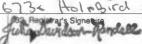
D44793

PLERIC CO STUDE

of person who complated cause of daath (Itam 23a) (Type, Print) 30. Name and addre

Sanai DC DI DUE

31. Dete filed (Month, Dey, Year) 3 0 1998 State Registrar



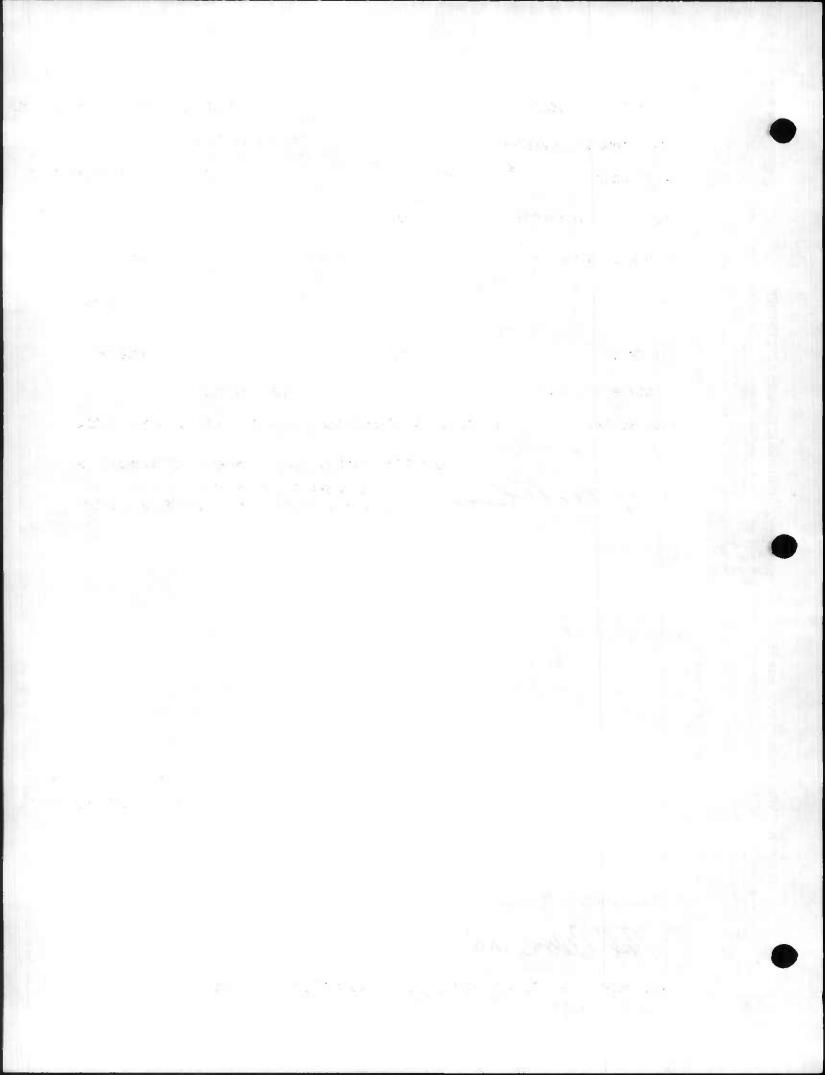
pletions let life : 100 Street Sect of Market August

State of Maryland / Department of Health and Mental Hygiene 8 13509

ysician Medical	1. Decedent's Name (First, Middle, I	LEI St /					2. Date of Dea	ith	3. Time	of Death
aminer i	John Walter Kr	uelle	or)			4b. City, Town, o	Month April or Location of Death			24 AM
ammer	Good Samaritan H					Baltimo	re			
eral ctor	5. Social Security Number 6. 216-03-8695		Age (In yrs. la		If Under 1 Year Months Days	if Under 24 H Hours M	rs. 8. Date of Birth		9. Birthplace (State Country) Maryland	e or Foreign
	Usual Residence of Decedent  10a. Stete 10b. County		10c. City	, Town or Loca	tion				10d. Inside	City Limits
tor	Maryland		В	altimor	e				1 X Y	es 2 No
Director	10e. Street and Number				10f. Zip Code			10g. Citizen of W	hat Country?	1
Funeral	4515 Hampnett	Ave.			21214			U.S.A.		
	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Deceder Armed Forces 1  Yes 20 If Yes, Give	s? No		as Decedent of P es, specify Cub	dispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or No- erto Rican, etc.)	14. Hace Black Specify:	- American Indian, k, White, etc.	
Completed	15. Decedent's	Education	·	16a. Deceder	nt's Usuel Occup	pation		16b. Kind of Bu	White siness/industry	
- Aller	(Specify only highest g Elementary/Secondary (0-12) 8 Years	grede completed) College (1-40	or 5+)		nd of work done NOT use retire	during most of v d)	vorking	Airplar	ne Manufa	cturin
De C	17. Father's Name (First, Middle, Las	st)				18. Mother's N	leme (First, Middle,			
	Frederich Chris		elle				Elizabeth			
	19a. Informant's Name/Relationship						Parkvill			24
	James R. Kruel 20a. Method of Disposition			ace of Disposit	reighto ion (Name of tony or other pla		Date		City or Town, State	34
	1 ABurial 2 Cremation 3 4 Donation 5 Other (Spec	Removal from State	le		utheran	,	5-2-98	Dal+imov	IvacM or	and
	21. Signature of Funeral Servica Lic	**			Neme end Addre		Leonard J		re, Maryl Inc.	111U
	14	l Harma O	a basa Ta	530	15 Harfo					14
	23a. Part I. Extra the divesse, or co	mplications that caus	ster II	Do not enter	the mode of dyl	ng, such as card	llac or respiratory ar	rest,	Approximinterval E	nate
	The second second	/ / / / / / / / / / / / / / / / / / / /	2	11		1 0	1 00		Onset en	
	Immediate Cause (Fine) disease or condition resulting in death)	a	lul	te !	Myvea	rdul	Unfa	ncle		
ē	Tooling III doully		Que to (or	as a conseque	ence of):	0	0		E	
edical Examiner	Cognestially the sandy	b	Due to for	as e consequé	are on:	vez	Vigor	se		>
EXS	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Due to (or	as e conseque	moo orj.					
	Cause (Disease or Injury that Initiated events resulting in death) Last	C	Due to (or	as a conseque	inca of):				i	
-									1	
101		d							1	
Physician/N	Part II. Other significant conditions	contributing to death	but not resul	lting in the und	erlying cause gi	ven in Part I.			tribute to the caus	
							10	Yes 2□ No	3 Probably 4	Monknown
								24a. Was an autopsy performed?		sy findings or to of cause
Completed							101	es 2 No	of death?	. No
Bec	25. Wes case referred to medical					26. Piece of I	Death (Check only o	ne)		
To	examiner? 1 Yes 2 No	Hospital: 1 Inpa	itient 2	R/Outpatient	3LI DOA		Home 5 Resid	lence 6 Othe	or (Specify)	
	27. Manner of Death  1 Netural 5 Pending 2 Accident investigate	ion	njury Day Year)	28b. Time of Injury	28c. inju Wo M 1	ryet rk? ∣Yes 2 □ No	28d. Describe h	ow Injury occurr	ed	1
Certification:	3 Suicide 6 Could not determine	209. Placa of	Injury - At hor etc. (Specify)	me, farm, stree )	t, factory, offica		28f. Location (5 City or Tox	Street and Numbern, Stete)	er or Rural Route N	um <i>ber</i> ,
edical (	29a. Certifier (Check only one)  1 Certifying F	Physician: To the bes aminer: On the basis and menner	of examinati	rledge, death o on end/or inve	occurred at the ti stigation, in my	me, dete and pla opinion, death o	aca, and due to the occurred at the time,	ceuse(s) end ma date end pleca, a	nner as steted. and due to the caus	e(s)
Z	29b. Signature end title of certifier	0 1	1		29c. Licen	se number			Month, Day, Year	)
_		U I	VI		177.				1	
	1 en	CV I	1		123	728()		41	30/98	
2	30. Name end address of person wh	to completed cause of	f deeth (item	23a) (Type, Pr	int)	7280	1	41	30/98	

Water and the state of AND TOTAL " . - LOTAL OF GRAND BOTTOM SEE THE DES national some late of the late of the same Management and the first factor of the contract of the contrac

1. De	cedent's Name	e (First, Middle,	Last)			Cel	uncal	UI I	Death	2. Date of D	Reg. No	0. 🗸 🔾	3.	Time of Death	
1.00	MARY		KOZIEL							Month APRIL	Da	, 199	Year	0:48 P.M	
4a Fa		not institution,						1	b. City, Town, o			c. County		0.40 F.P	
	727 TN	GLEWOOL	) AVEN	.चा					BALTIM	ORE CIT	Y	1	N/A		
-	lal Security No		6. Sex	7. Ag	e (In yrs.	ast birthdey)	r 1 Year Deys	If Under 24 Hr Hours Mir					(Stete or Foreign		
164	-26-81	03	1□ M 2	M F	63	Yrs.	Months	00,0	110010	8/28/	34			YLVANIA	
Usual	Residence of	Decedent 10b. County			10c. City	, Town or Loc	ation	-					10d. I	nside City Limits	
N	ID	BALT	TIMORE			TOWSON				1 □ Yes 2 🕅					
10e. S	Street and Nun								10g. C	10g. Citizen of What Country?					
11	19 ST.	ANDREW	V ATA T					2123	39			US	SA		
-	arital Status	ANDREV	12. W	as Decedent	Ever in U,	S. 13. V		ispanic Origin? ( in, Mexican, Pue	Specify Yes or N	10-	14. Rac	e - American II	ndian,		
	Never Marrie	ed 2 Marrie	ed 1 [	med Forces? ☐ Yes 2 <b>%</b> I Yes, Give eer or Dates:	No		☐ Yes		Specify:	no mican, etc.)		Black, White, etc.  Specify: WHITE			
	(0000	15. Decedent's	s Education	alatad)		16a. Deced	ent's Usu	al Occup	ation	odina	16b. l	Kind of Bu	usinass/Industr		
Ele	mentary/Secor	ify only highest ndery (0-12)	1	pierea) ollege (1-4or 5	i+)	life. D	ONOT	se retired	during most of w f)	Uning					
87	H GRAD	E				HOS	ress						AURANT		
17. Fe	17. Fether's Neme (First, Middle, Last)								18. Mother's No	ame (First, Midd	ie, Meide	n Sumem	10)		
LEON BOZYLINSKI  19a. Informant's Name/Retationship (Type,						104 11 11	. 6 44	. (6:-		CUTTIC	har C'	or To	Chate 7/- 0	(0)	
			ip (rype, Pr	•	THE P				end Number or F						
-	SA KOZ Method of Disp			DAUGH	20b. P	lace of Dispos	sition (Ne	me of	DD AVENU	E BALT	7	-	2123 City or Town,		
1	XBuriel 2	Cremetion :		el from State		ametery, crem				1					
-		5 ☐ Other (Speneral Service L		4	MO	RELAND			ss of Facility	5/2/9	8 H	ILLEN	NDALE,	MD	
	200	-11-	111			,TC	OHNS	N FT	NERAL H RAVEN B g, such as cardi	OME, P.	Α.				
Sequif any cause Ceus that ir result	entially list con , leading to im , Enter Under e (Diseese or I	nditions, mediate rlying	b		Due to (o	r es a consequ	uence of)	:					1		
matti	itiated events ing in death) L		d		Due to (or	es e consequ	ence of):								
Part II	Other signifi	cant condition	a contributi	ontributing to death but not resulting In the underlying cause					en in Part I.	23b. DI	d tobacc	o uae co	ntribute to the	causa of death	
										10	Yes X	2□ No	3 □ Probabl	y 4□Unknow	
											performed? available			tion of cause	
										10	Yes 1	No No	1 □ Ye	s 21 No	
	as case referraminer?	red to medical	Hospita	al: 1 □ Inpatie	ent 2	ER/Outpetien	3□ D	OA Oth		eath (Check only		AUGHI	LER'S R	ESIDENCE	
0)	1103 9			. Date of Inju (Month, De	rv	28b. Time of Injury		28c. Injur		28d. Describ	-				
27. M	anner of Deeth					,,	М		Yes 2□No						
27. M	anner of Deeth Matural Accident	5 Pending investiga		28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)						28f. Location (Street end Number or Rural Route Number of Rural Ro					
27. M 1 27. M 1 2	anner of Deeth Natural Accident Suicide	5 Pending investigation Could not be seen as the seen	ot be	determined 256. Piece of injury - At nome, ferm, street, factory, onica 251. Locat											
27. M 1 27. M 1 2 3 4	anner of Deeth Natural Accident Suicide Homicide	5 Pending investiga 6 Could no determin	Physician:	building, et	of my kno	vledge, deeth ion and/or Inv	occurred estigation	et the tin	ne, date end ple plnion, death oc	ce, and due to the	e cause(	s) and mand place,	anner as stated and due to the	d. cause(a)	
27. M. 11 27. M. 11 2 3 4	anner of Deeth  Natural  Accident  Suicide  Homicide  Certifier	5 Pending investige 6 Could no determine  Certifying 2 Medical E	Physician:	building, etc. To the best on the basts of	of my kno	vledge, deeth ion and/or Inv			ne, date end ple plnion, death oc e number	ce, and due to the curred at the time			anner as stated and due to the		
27. M. 11 27. M. 11 2 3 4	Anner of Deeth  Natural  Accident  Suicide  Homicide  Certifier  Check only one)	5 Pending investige 6 Could no determine  Certifying 2 Medical E	Physician:	building, etc. To the best on the basts of	of my kno	wledge, deeth ion and/or Inv		c. Licens		ce, and due to the	29d. D		d (Month, Dey		
25. West of the second	anner of Deeth Natural Accident Suicide Homicide Certifier Check only one)	5 Pending investige 6 Could no determine  Certifying 2 Medical E	Physician: xaminer: O ar	To the best on the basts of menner sta	of my knor examinal ated.		29	c. Licens	e number	ce, and due to the	29d. D	ate signe	d (Month, Dey		



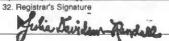
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. Day 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month 5.15 Am Physician ROSE 0 8 1 EVY 0 8 APRIL /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE NORTHWEST HOSPITAL CENTER RANDALLSTOWN If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth Month, Day, Caar) NOV 30, 1909 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foraign 6. Sax **Funeral** Days 1□M 2√2 F Months Hours Min. MARYLAND 216-46-8189 88 Yrs. Director Usual Residence of Decedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show 1 ☐ Yas 2 ☑ No Director MARYLAND BALTIMORE BALTIMORE 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 21208 USA 7920 SCOTTS LEVEL RD. death Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Give X Yaar or Datas: 14. Race - Amarican Indian. 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Black, White, etc. filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married 1 Yas 2 No Specify: Maryland 21215-0020 Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER permit. Peges 1 end 2 should be filled wi Depertment of Health and Mental Hygien, Important: if flem 27 is markad other tra. any Injury or other traumatic avances. OWN HOME 18. Mother's Neme (First, Middle, Maiden Sumame) 17 Father's Name (First Middle Last) Be BENJAMIN GEARTNER HILDA STEINER 0 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) MRS. CAROL MATZ (DAUG.) 7011 PLYMOUTH RD. BALTIMORE, MD Baltimore. 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cramation 3 ☐ Removal from Stata 4/29/98 BETH JACOB FINKSBURG, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Futural Service License 22. Name and Addrass of Facility SOL LEVINSON & BROS., INC. uh 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intarval Between Onset and Death Physician fmmediata Ceuse (Final MEUMUNIA disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner CHAO UROSEPSIS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760 DEHYDRATION Physician/Medical Due to (or as a consequence of): as Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco use contribute to the cause of death? signed by 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 XUnknown 1-INEMIA Records, ģ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was en eutopsy peen page 2 s hes 1 Tyes 2 No 1 Yes certificate Division of Vital Attending Physician: director. 8 25. Was case referred to medical examinar? 26. Place of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2 No 2 Inpatient 2 ER/Outpatient 3 DOA this Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. fnjury at Work? Certification: After 5 Pending invastigation se Hospital or Atten-in 24 hours effer death. Natural 1 ☐ Yes 2 ☐ No **∠**□ Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edical 29a. Certifier To the Hosp within 24 hou To the Fune completely fil 29d. Data signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number mella mo

State Registrar

APR 30 1998

31. Date filed (Month, Dey, Yeer)

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)



MEHTA MORTHWEST HUSPITAL CENTER

RANDAUS TUHM

18,50% SOS 0 804 A

the souls in the story

48 1 444 1 707

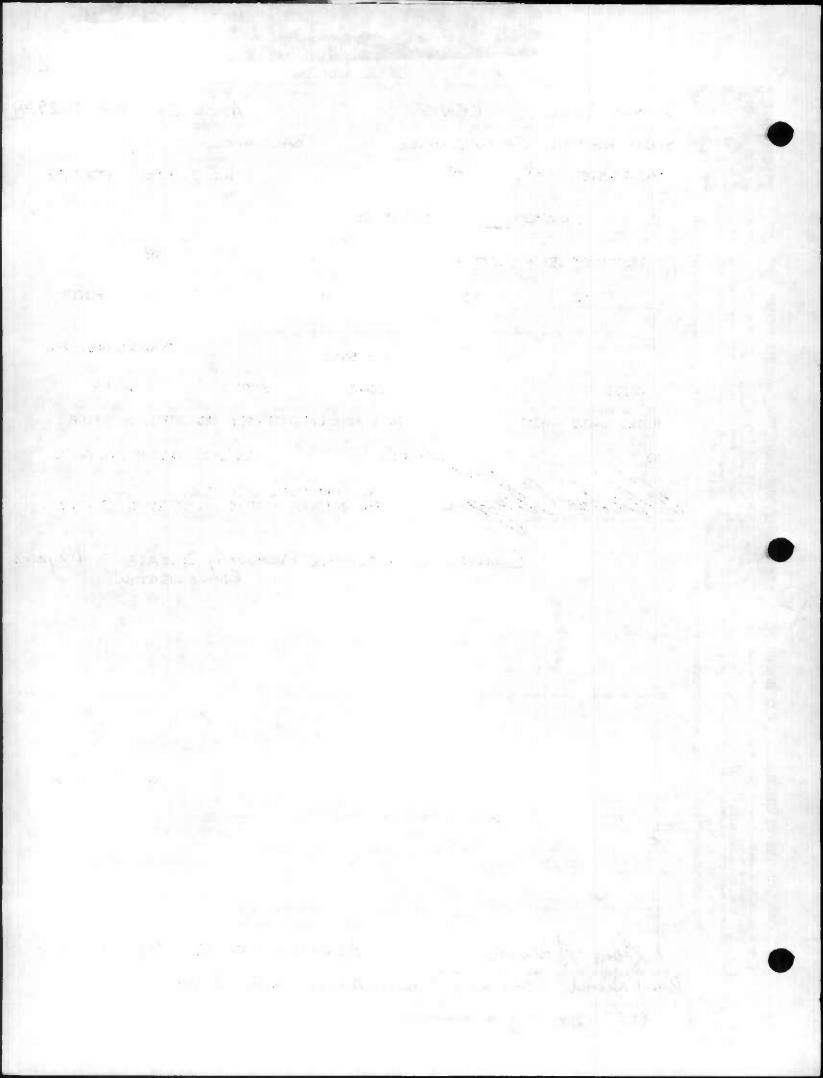
				- 1		Certificat	te of i	Death			Reg. No.		0012
_	1. Decedent's Name (Fir	_	st)	3						2. Dete of De	Dev <sub>1</sub>	1998	3. Time of Deeth
cian lical	DONALD .	JOEL		LE	WIS					APRIL	11:29 PM		
iner	4e Fecility Neme (If not						4	-		cation of Deet	h 4c. Count	y of Deeth	
		SPITAL			IMOR	1 11 11	BALT If Under 1 Year   If Under 24 H				N/A		land (Otata as Familia
	5. Sociel Security Number 097–28–5]	189 1	9ex 1. [X] X 1. 2 □ F	7. Age (III	g yrs. last bir	Yrs. Months	Deys	Hours	Min.	8. Dete of Bil (Month, De MAR	5, 1935	Coun	
-	Usuei Residenca of Deci	edent c. County		10	c. City. Tow	or Location						11	0d. Inside City Limits
	MD	BALTI	MORE			TIMORE					1 ☐ Yes 2 🛣 No		
Director	10e. Street and Number					10f. Zi	p Code				10g. Citizen of	Whet Coun	itry?
rai	7432 PARK HEIGHTS AVENUE						212				USA		
Funerai	11. Maritel Status 12. Wes Decedent Ever Armed Forces?				r in U,S.	13. Was Dece If Yes, spe	dent of H ecify Cube	ispenic Ori en, Mexican	gin? (Spe n, Puerto f	city Yes or No Rican, etc.)	D- 14. Re Bie	ce - Americ ock, White,	
by	1 Never Married 3 Widowed 4		If Yes, C Yeer or	Give XX Detes:		1 ☐ Yes	2 NX	Specify:			Specia	fy: W	HITE
etec	15. Decedent's Education (Specify only highest grade completed)					Decedent's Usu (Give kind of wo	ork done	during most	t of workir	ng	16b. Kind of E	Business/Inc	dustry
Completed	Elementary/Secondary			(1-4or 5+)		SATES		1)			FUNE	RAL SU	PPLIES
								18. Mothe	er's Neme	(First, Middle	, Maiden Sume	me)	
o Be	CLIFFO		LEWIS	S		KAT	E		WEBER	2			
	19a. Informent's Name/F	19b	-					ber, City or Town					
	20e. Method of Disposition	20b. Pleca of cemeter HAR	Disposition (Ne y, cremetory or SINAI	me of other plea	ce)	4/2	Dete 6/1998	20c. Location OWINGS					
	4 Donetion 5	-		1	7								
	21. Signated Funda Service Licenses 2  22. Name end Address of Fecility  SOL LEVINSON & BROS, INC.												
Aug Burk	23e. Pefil. Enter the disease, or complication, the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cardinates the mode of dying, such as cardiac or respiretory errest,										C.		
	wan	wer,	MA	uge	E death Da	8900	REIS	TERST	OWN !	RD, PI	KESVILLI	E, MD	
	23e. Pert1. Enter the dis shock, or heart feil	iseese, or com lure. List only	plication to one can be	aused the	deeth. Do	8900	REIS	TERST	OWN !	RD, PI	KESVILLI	E, MD	21208 Approximete Intervel Between Onset and Deeth
	Immediate Cause (Final					8900 not enter the <i>m</i> o	REIS de of dyir	TERST ng, such es	Cardiac o	RD, PI	KESVILLI errest,	1	Approximete Intervel Between Onset and Deeth
						8900 not enter the <i>m</i> o	REIS de of dyir	TERST ng, such es	Cardiac o	RD, PI	KESVILLI errest,	1	Approximete Intervel Between
	Immediate Cause (Final disease or condition					8900 not enter the <i>m</i> o	REIS de of dyir	TERST ng, such es	Cardiac o	RD, PI	KESVILLI	1	Approximete Intervel Between Onset and Deeth
niner	Immediate Cause (Final disease or condition resulting in deeth)			RONI	e to (or es e	8900 not enter the <i>m</i> o	REIS de of dyir	TERST ng, such es	Cardiac o	RD, PI	KESVILLI errest,	1	Approximete Intervel Between Onset and Deeth
Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediates. Enter Underlying Ceuse (Disease or injury)			RONI	e to (or es e	8900 not enter the mo	REIS de of dyir	TERST ng, such es	Cardiac o	RD, PI	KESVILLI errest,	1	Approximete Intervel Between Onset and Deeth
cal Examiner	Immediate Cause (Final disease or condition			Due Due	e to (or es e	8900 not enter the mo	REIS de of dyir	TERST ng, such es	Cardiac o	RD, PI	KESVILLI errest,	1	Approximete Intervel Between Onset and Deeth
Cal	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate. Ener Underlying Ceuse (Disease or injury that Initiated events			Due Due	e to (or es e	8900 not enter the mo	REIS de of dyir	TERST ng, such es	Cardiac o	RD, PI	KESVILLI errest,	1	Approximete Intervel Between Onset and Deeth
cal Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate. Ener Underlying Ceuse (Disease or injury that Initiated events	ons, diate g	a. CH b	Due	e to (or es e	8900 not enter the mo  357700 consequence of) consequence of)	REIS de of dyin	TERST 1g, such es	Cardiac o	RD, PI or respiretory of SAMY EXAC	KESVILLI Brost, DISEAS ERBAT	E	Approximete Intervel Between Onset and Deeth
Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immedicause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	ons, diate g	a. CH b	Due	e to (or es e	8900 not enter the mo  357700 consequence of) consequence of)	REIS de of dyin	TERST 1g, such es	Cardiac o	RD, PI r respiretory of  SANY  EXAC	KESVILLI Brost, DISEAS ERBAT	E 70N ontribute to	Approximate Interval Between Onset and Deeth
by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immedicause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	ons, diate g	a. CH b	Due	e to (or es e	8900 not enter the mo  357700 consequence of) consequence of)	REIS de of dyin	TERST 1g, such es	Cardiac o	PD, PI or respiretory of  EXAC  23b. Did	KESVILLI  BISEAS  ERBAT  I tobacco usa co	FON Ontribute to 3 Prol	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth Deeth Deeth Deeth Deeth Deeth Deeth D
by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immedicause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	ons, diate g	a. CH b	Due	e to (or es e	8900 not enter the mo  357700 consequence of) consequence of)	REIS de of dyin	TERST 1g, such es	Cardiac o	PD, PI or respiretory of  EXAC  23b. Did  12  24e. Wei	NESVILLI  Prest,  DISEAS  ERBAT	For Some Project Contribute to 3 Project Proje	Approximate Interval Between Onset and Deeth Onset and Deeth Interval Between Onset Interval Betw
by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immedicause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	ons, diate g	a. CH b	Due	e to (or es e	8900 not enter the mo  357700 consequence of) consequence of)	REIS de of dyin	TERST 1g, such es	Cardiac o	PD, PI or respiretory of  EXAC  23b. Did  24e. Weiperf	NESVILLI  Prest,  DISEAS  EXISAT  I tobacco uea co  Tyes 2 No  s en eutopsy ormed?	ontribute to 3 Proi	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Deeth Deeth Onset and Deeth
Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injurted Initiated events resulting in deeth) Lest  Pert II. Other significant	ons, liate gy	a. CH b	Due	e to (or es e	8900 not enter the mo  357700 consequence of) consequence of)	REIS de of dyin	TERST  ig, such es  Pu  ren in Pert I	Cardiac o	23b. Did	I tobacco usa control of the series of the s	ontribute to 3 Proi	Approximate Interval Between Onset and Deeth Onset and Deeth Interval Between Onset Interval Betw
o Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immedicause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	ons, liate gy	b  c d	Due Due death but no	e to (or es e	8900 not enter the mo  357700 consequence of) consequence of)	REIS de of dyir	TERST  19, such es  PV  ren in Pert I	CARDINA CARDIN	23b. Did 24e. We: perf	I tobacco usa control of the series of the s	Ontribute to 3 Proi	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth
To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest  Pert II. Other significant  25. Was case referred to examiner?  1 Yes 2 No  27. Manner of Deeth	ons, diate gy	a. CH b c d Hospital: 15	Due  Due  death but no	e to (or es e	8900 not enter the monoconsequence of) consequence of) to the underlying	REIS de of dyir	TERST  ig, such es  P  ren in Pert I  26. Plece  eer: 4   Nu	CARDINA CARDIN	23b. Did 24e. We: perf	I tobacco uea control one)	Ontribute to 3 Proi	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth
To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury thet Initiated events resulting in deeth) Lest  Pert II. Other algnificant  25. Was case referred to examiner?    Yes   2   No	ons, diate g y  t conditions of o medical	a. CH b c d Hospital: 15 28a. Det	Due Due death but no	e to (or es e	8900 not enter the monoconsequence of) consequence of) to the underlying	REIS de of dyir :: :: :: :: :: :: :: :: :: :: :: :: ::	TERST  ig, such es  P  ren in Pert I  26. Plece  eer: 4   Nu	Cardiac o	23b. Dld 24e. Wesperf	I tobacco usa control one)  Indicate the control one of the control on	ontribute to 3 Prol 24b. W. ev. Co. of 1 [	Approximate Interval Between Onset and Deeth Onset and Deeth I O years  to the cause of death?  bably 4 Unknown ere autopsy findings eliable prior to impletion of cause death?  Yes 255No
To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in deeth) Lest  Pert II. Other significant  25. Was case referred to examiner?    Yes   2 No	ons, diate g y	b c d  Hospital: 15 28a. Det (Mc	Due  Due  Due  death but not  death	e to (or es e de de to (or es e de t	8900 not enter the mo  357200 consequence of) consequence of) to the underlying the underlying	REIS de of dyir :: :: cause giv	ren in Pert I	Cardiac o	23b. Did 24e. We: perf	I tobacco usa control one)  Indicate the control one of the control on	ontribute to 3 Prol 24b. W. ev. Co. of 1 [	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth
Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injurthet Initiated events resulting in deeth) Lest  Pert II. Other significant  25. Was case referred to examiner?  1 Yes 2 No  27. Manner of Deeth  1 Claturet 5 (Accident 3 Suicide 6 (Ac	ons, liate gy  t conditions comedical  Pending Investigation Could not be determined	b	Due  Due  Due  Due  death but not death but	e to (or es e e e e e e to (or es e e e e e e e e e e e e e e e e e e	8900 not enter the mo  357200 consequence of) consequence of) the underlying the underlying  In the underlying	REIS de of dyir :: :: :: :: :: :: :: :: :: :: :: :: ::	TERST  ig, such es  P  ren in Pert I  26. Plece ier: 4 Nu  yal k? Yes 2 U	Cardiac o	23b. Did 24e. Weiperf  (Check only me 5 Res 28d. Describe	I tobacco usa control of the windows occurred?  Yes 2 No one)  I tobacco usa control of the windows occurred?  Yes 2 No one)  I tobacco usa control of the windows occurred?	ontribute to 3 Prol  24b. Weyer cool of 1[	Approximate Interval Between Onset and Deeth Onset and Deeth Interval Between Onset Interval Between Interval Between Interval Between Interval Between Interval Betwe
redical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury thet Initiated events resulting in deeth) Lest  Pert II. Other significant  25. Was case referred to examiner?  1 Yes 2 No  27. Manner of Deeth 1 Distance 5 Accident 3 Sulcide 6 I Homicide  29a. Certifier (Check only one)	o medical  Pending Investigation Could not be determined	b	Due  Due  Due  Due  death but not e of injury onth, Dey Yea	e to (or es e e e e e e to (or es e e e e e e e e e e e e e e e e e e	8900 not enter the mo  357200 consequence of) consequence of) consequence of) not enter the mo  consequence of) consequence of) consequence of) make a consequen	REIS de of dyir  cause giv  cause giv  cause giv  cause giv  det the tir n, in my o	TERST  ig, such es  P  ren in Pert I  26. Plece ier: 4 Nu  yal k? Yes 2 U	Cardiac o	23b. Did 24e. Weiperf  (Check only me 5 Res 28d. Describe	I tobacco uea control de la composición del composición de la composición de la composición de la composición de la comp	ontribute to 3 Prol 24b. Weeve co of 1 [ wher (Specifiered)	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth D
redical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list condition if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injurthet Initiated events resulting in deeth) Lest  Pert II. Other significant  25. Was case referred to examiner?  1 Yes 2 No  27. Manner of Deeth  1 Claturet 5 (Accident 3 Suicide 6 (Ac	o medical  Pending Investigation Could not be determined	b	Due  Due  Due  Due  death but not death but	e to (or es e e e e e e to (or es e e e e e e e e e e e e e e e e e e	8900 not enter the mo  357200 consequence of) consequence of) consequence of) the underlying the underlying M m, street, factor d/or investigation	REIS de of dyir  cause giv  cause giv  cause giv  cause giv  det the tirn, in my occ. Licens	Ze. Plece ven in Pert I  26. Plece ven in Pert I  26. Plece ven in Pert I  27. Yes 2   me, dete en pinion, dee e number	Cardiac of Cardiac of Deeth ursing Hor	23b. Did 24e. Weiperf  (Check only me 5 Res 28d. Describe	I tobacco usa control of the wind of the w	ontribute to 3 Prol 24b. W. ov co of 1 [ I wher (Specifierred Inher or Rura and due to ed (Month, and due to e	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth D

State Registrar

31. Dete filed (Month, Dey, Year)

AVR 3 0 1998





#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Dorothy Eva Lewis April 28, 1998 6:45 PM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Greater Baltimore Medical Center Towson Baltimore 5. Social Security Number if Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Birthplace (State or Foreign Country) 1□M 2■ Months Deys 214-20-1310 72 Yrs JAN 3, 1926 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Orangeburg Santee 1 ☐ Yes 🎾 No 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 316 Broad River Drive 29142 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 K No if Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Eiementary/Secondary (0-12) Business Owner Tavern 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Charles Chappas Anna Narutawicz 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Deidre E. Lewis/daughter 109 Margate Rd. Lutherville, MD 21093 20b. Pieca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 4/29/98 Baltimore, MD Cremation of Fostociety of Maryland, Inc. 21. Signature of Funeral Service Licensee Edward A. Gregoral A 299 Frederick Rd. Baltimore, MD 21228 Edward A. Gregorchik 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death 20 Immediate Cause (Final diseese or condition resulting in death) Due to (or as e consequenca of): Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Y88 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes STINO 2 ER/Outpatient 3 DOA 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred

1 Yes 2 No

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) end manner as stated.

2 Madical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred et the time, date and placa, end due to the cause(s) and manner stated.

29c. License number

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

Physician /Medical Examiner

**Physician** 

/Medical

**Examiner** 

SC

Director

Funerai

by

Completed

Be

**Funeral** 

Director

28a-f show

Herns 23a

"natural", or

Department of Health and Mental Hygiene, important: If New 27 is marked other than "n any injury or other traument.

traumatic event, the Medical Examinar caust be notified at

the The law requires that the death certificate 98 use page 2 certificate has

P.O. Box 68760

Records,

of Vital

Division

Examiner Physiclan/Medicai à Completed To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, it Be

27. Menner of Deeth Naturat 2 Accident 3 ☐ Suicide 4 Homicide

Certification: To

Medical

29a. Certifier

(Check only one)

29b. Signatura and title of certi

State Registrar

31. Date filed (Month Day,

cause of deeth (Item 23a) (Type, Print)

Ptaca of Injury - At home, farm, street, factory, offica building, etc. (Specify)

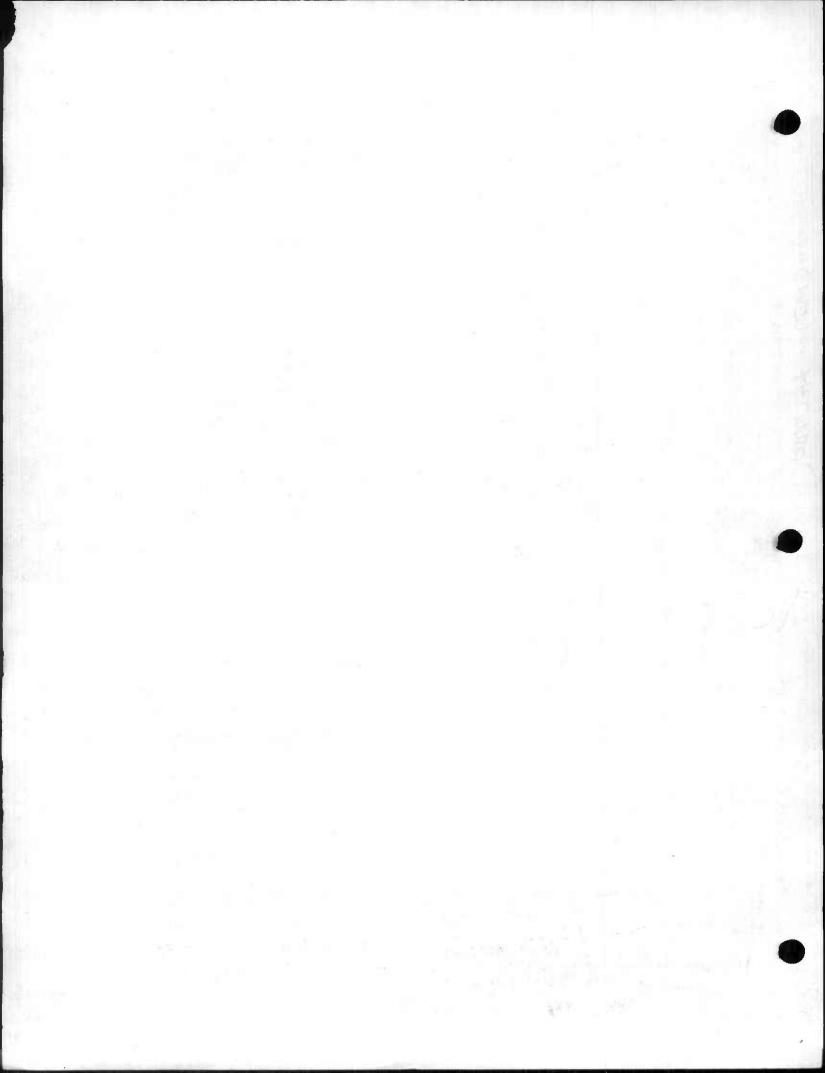
5 Pending investigation

6 Could not be determined

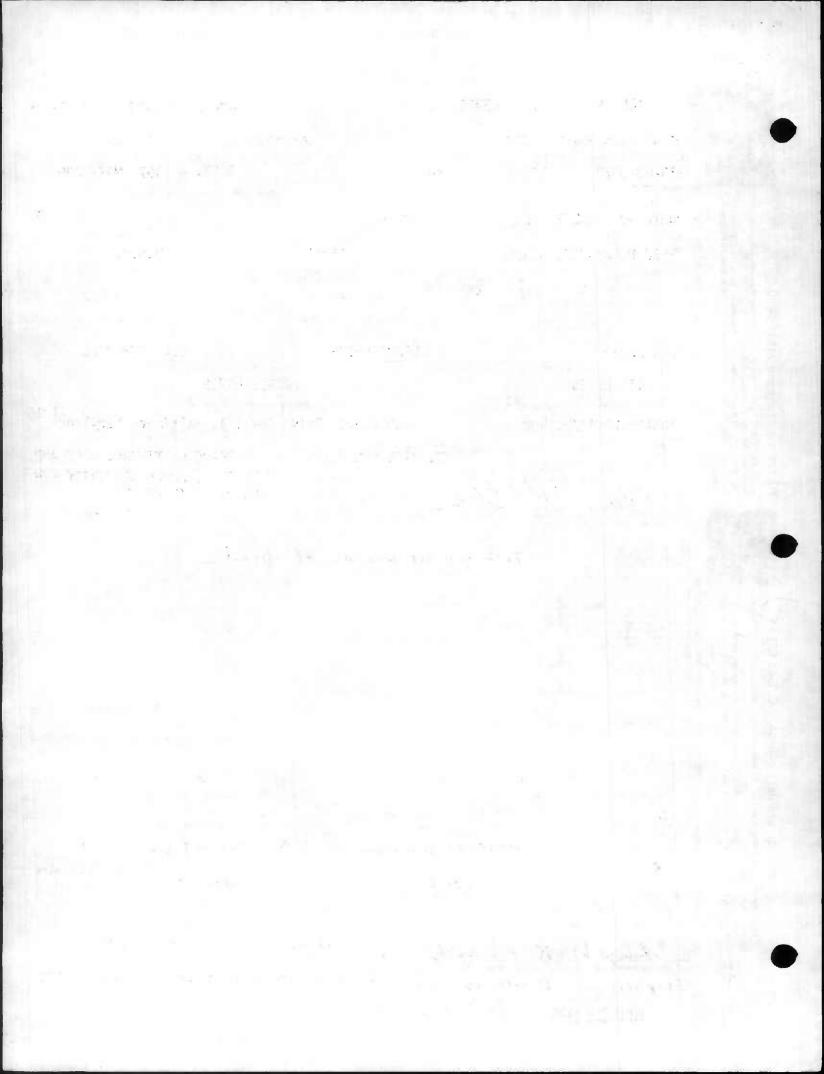
Kd 32. Registrar's signature

Funda Daydon Fundall

MD



AM			State of	Marylar		ertificate o	Health and f Death	Mental H	ygiene Reg. No. 9 8		3514
ysician Medical	1. Decedant's Nam WILL]			WIS				2. Dale of D Month APRIL	Dey 20,19		3. Time of Death 5:05A.M.
aminer	4a Facility Name (	lf not institution, glv BYSHIRE C		ber)			4b. City, Town, o	r Location of Dee		of Death	P
eral ctor	5. Sociel Security N 213-80-60	lumber 6. S		7. Age (in yrs.	last birthday	Months Day	ar If Under 24 H	rs. 8. Dale of B		9. Births	place (State or Foreignty) RYLAND
irector	Usual Rasidence o	Decedent 10b. County		100 0	ty, Town or L	acation					
ŏ	MARYLAND	BALTIM	OPE	100.01	WOOD						10d. Inside City Limite 1 ☐ Yes XX No
rect	10e. Street and Nu		OIL		WOOD	10f. Zip Code			10g. Citizen of \	What Cou	ntry?
<u>=</u>	3532 DEF	RBYSHIRE	CIRCLE			21:	244		U.S	.A.	
it, the Majical Examiner must be notified.	11. Marital Status  1 Never Marr 3 Widowed	ied XXMarried 4 □ Divorced	Armed For	12. Was Decedent Ever in U,S. Armed Forces?  1 ☐ Yes 2 X No If Yas, Give Year or Dates:				(Specify Yes or Norto Rican, etc.)	Blac	a - Americk, White,	
1	(0.11)	15. Decedent's E	ducation		16a. Dec	edent's Usual Occ	upation	and the	16b. Kind of B	usiness/in	ndustry
	Elamentary/Seco 12th grac		Collega (1-	4or 5+)	life.	DSCAPING	ne during most of w red)	OKIII	SELF EI	MPLOY	'ED
1	17. Fether's Name HOLLIE		)						le, Maiden Suman	10)	
0			T Di-1		405 14-1	tion Address (Con-		E LEWIS	has City as Town	Ctoto 7i	n Cordo)
		ame/Relelionship ( .ewis/Mot					et and Number or Drive Ap				21215
	20a. Method of Dis	position			Place of Disp	osition (Name of		Date	20c. Location		
jury or	XIX Burial 2	☐ Cremation 3 ☐ 5, ☐ Other (Specif	Removal from S			ematory or other p N CEMETE		4-28-9	BALTIMORE, MARYLAND		
		1	1	0	1	22. Name and Add	ress of FacilityW]	1	IAM C. BROWN COMMUNITY F/		
	21. Signeture of Funerel Servica Liconsee 22. Name and Address of Facility WILLIAM C. BROWN CO										
Jer	Immediate Cause diseasa or condition rasulting in death)	(Final n	a. Two		hot i		of h	ead			Onsel end Death
<b>ledical Examiner</b>	Saquentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):										
cian			d				1		1		
by Physician/Medica	Part II. Other signi	icant conditions of	contributing to dea	ath but not res	sulting in the	underlying ceuse	given in Part I.		d tobacco use co ☐ Yes 2ANo		to the cause of death bably 4 Unknow
Completed								24a. Wa	as an autopsy formed?	C	Vere autopsy findings vailabla prior to ompletion of ceuse f death?
Com								10	¥Yes 2□No	1	Yes 2□ No
n	25. Was casa refer axaminer?	red to medicel	112-1					eath (Check only	y one)		
lon: To	1 √ Yes 2 □ 27. Manner of Daal 1 □ Natural	h 5 🗆 Panding	28a. Date o (Montf		28b. Time Injury	of 28c. In	Other: 4 Nursing jury at vork?	28d. Describ	sidenca 6 Oth	red	
Certification:	2 Accident 3 Suicide 4 Homicide	Investigatio 6 Could not be determined	e 28e. Place	0-98 of Injury - At h g, etc. (Speci Hom	fy)	street, factory, office	Yes 22(No	Subject was shet  28t. Location (Street and Number or Rural Route Number City or Town, State) 3532 Derbyshin Baltimore County, Marysand			
edical (	29a. Certifier (Check only one)			pest of my knows	owledga, dea		time, date and pla y opinion, daath o	ce, and due to th	e cause(s) and m	annar as s	stated.
×	29b. Signature and	title of certifiar	1				nse number		29d. Data signe		
	sti	ish 1	hVL	acl	7.1	np 0	.C.M.E.		APRIL 2	1,199	98
	30. Nama and addr	, 5. 1	Raden	17.	MD	111 Pe	nn Stree	t, Balti	more, Ma	ryla	nd 21201
ate	31. Date filed (Mon	th, Day, Year) 3 0 1998	32 Re	gistrar's Sign	ature	. 00					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Time of Death 1 Decedent's Name (First Middle Last) April 27, 1998 Physician 3:25PM Anna Catherine Moskal /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e Fecility Neme (If not institution, giva streat and number) **Examiner** Dundalk
If Under 24 Hrs.
| S. Dete of Birth
(Month, Bay, Yeer)
Atiq. 9,1916 Eastpoint Nursing Home Baltimore If Under 1 Year Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Aga (In yrs. last birthday) **Funeral** Deys 1 ☐ M 21 F Months 215-76-4258 81 Yrs. Pennsylvania Director Usuel Residance of Decedent with the Manyland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 ☐ Yes 2 ☑ No Directo Dundalk Baltimore Maryland 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? an "natural", or items 23s or Medical Examiner must be 21222 United States 7956 St. Monica Drive Funeral should be filed within 72 hours after death 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Ves 2 TNo Specify Specify: P 3€ Widowed 4 Divorced White Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) the Me Elementery/Secondery (0-12) College (1-4or 5+) and Mental Hygiene. Housewife Own Home 7 Years 18. Mother's Neme (First, Middle, Maiden Surname) 17. Fether's Nama (First, Middla, Last) Alice Pratton Charles Christoff 19e. Informent's Neme/Reletionship (Type, Print) Daughter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 sl ment of Health an ant: If item 27 is r Mrs. Mary A. Wisniewski 7956 St. Monica Drive

20b. Piece of Disposition (Nama of cametery, crematory or other plece) Dundalk, Maryland 21222 Date 20c. Location - City or Town, Stata 20e. Method of Disposition permit. Pages Department of Important: If it any Injury or o 1 Burial 2 □ Cramation 3 □ Removel from State Holly Hill Mem. Gdns. 5/1/1998 Middle River, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licenses 22. Name and Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 23e. Pert1. Enter the disease, or complications that caused the deem point enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Dundalk, Maryland Approximete Intervel Between Onsat and Death **Physician** immediete Ceuse (Final diseese or condition resulting In deeth) ACUTE CONGESTIVE HEART FAILURG /Medical DAYS Examiner Due to (or es e consequenca of): Examiner ARTERIOSCLEROTIC HEART DISE ASE 4EAKS and -transit The law requires that the death certificate be executed Sequentially list conditions, it eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): physician ar Box 68760, Physician/Medical Due to (or es e consequence of): 88 attending p signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. o 1 Yes 2 No 3 Probably 4 Unknown CVA Records. þ 24b. Were eutopsy findings eveileble prior to completion of causa of death? should 24a. Wes an autopsy performed? Completed HYPOTHYROIDISM page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 ursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of Certification: 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? After 5 Pending 1 ☐ Yes 2 ☐ No death. investigation after death Director: A d in by the f 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funeral Dis completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. edical 29e. Certitier (Check only one) 2 Medical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and due to the cause(s) end menner steted. within 2 To the 29c. Licensa number 29d. Dete signed (Month, Day, Year) 29b. Signatura and titla of certifiar 13664 6 30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print) 1576 MERRITT BLYD, BALTO B. C. VENERACION 4021222 JR MD P.A

State Registrar 31. Dete filed (Month, Day, Yaar)

APR 3 0 1998

32. Registrer's Signeture

Full Davidson-Fundable

THE PART OF THE PA Cristian and Property and Committee affortiwing to bear occasions at a gent office management and general 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: item #16a Per FH Film G758 4-30-98RC Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Yeer mcclan **Physician** Kobert 4b. City, Town, or Location of Death 5:20 AM 1998 1 /Medical 4e. Fecllity Neme (If not institution, give street end number, 4c. County of Deeth Baltimore Examiner Baltimore Veterans Administration If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month Day, Year) 9. Birthplece (State of Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 215-28-5889 1 M 2 □ F 5 Yrs. Director Usuei Residenca of Decedent permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mental Hygiena. Important: If Item 23 a or 28a-f show important: If Item 27 Is marked other than "natural", or items 23a or 28a-f show injury or other traumatic event, I'm Margial Exeminer man be notified at 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 es 2 No NA Director Ma 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code Street 21223 Monroe N Funeral 12. Wes Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 √Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Black þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation
(Give kind of work done during most of working
lifa. DO NOT use ratired) Self- Employed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hacker Elamentary/Secondary (0-12) College (1-4or 5+) 8th grade NA Hacker 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Surneme) Elizabeth UNKIVOWN unknown 0 19a. Informent's Name/Retetionship (Type, Print) 19b. Mailing Address (Streat end Number or Rurel Route Number, City or Town, Stete, Zip Coda) Glenda Battimore, ud Class-Street N. Monroe 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete
4 Doorfion 5 Other (Specify) sarrison Forest of Funeral Service Licensee 22. Name end Address of Fecility Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, or heart feilure. List only one cause on each line. Approximate interval Batween **Physician** /Medical Immediete Ceuse (Final neumonia diseese or condition resulting in death) Examiner Examiner bunial-transit Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Disease or injury that initiated evants resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, physiothm Physician/Medical Due to (or es e consequenca of) tha The law requires that the death certificate 98 Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? s been signed by t should be detach Adeno carcinoma 1 Yes 2 No 3€ Probably 4 Unknown þ 24b. Were autopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en autopsy performed? this certificate has ral director, page 2 2 X No 1 ☐ Yes 2 ☐ No 1 Yes Division of Vital Hospital or Attending Physician: 24 hours after death.

Funeral Director: After this certifica 25. Wes case referred to medical 26. Piece of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 Mainpatient 2 ☐ ER/Outpatient 3 ☐ DOA filled in by the funaral 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 5 Panding Investigation 1 Naturet 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At homa, farm, street, fectory, offica building, atc. (Specify) 4 Homicida

To the Hospital within 24 hours a To the Funeral C completely filled

31. Dete filed (Month, Day, Year) State APR 3 0 1996 Registrar

29a, Certifier

29b. Signeture end title of certifier

Jon Won Visger

Medical

30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print)

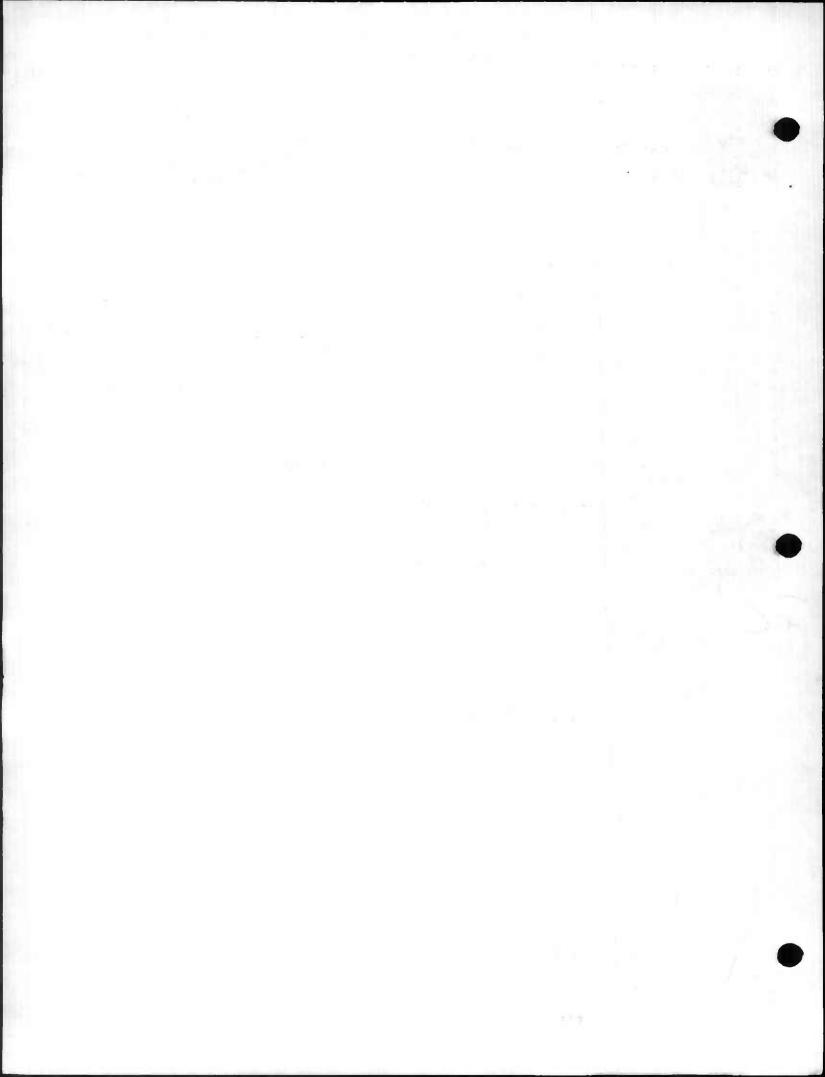
Baltimore Veteron's Administ 32. Registrer's Signeture Fulia Davidson

1 Cartifying Phyeician: To the best of my knowladga, daath occurred at tha time, date end pieca, and due to the cause(s) end menner as steted.

2 Madical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at tha tima, data end place, and due to the causa(s) and menner steted.

29c. Licensa number

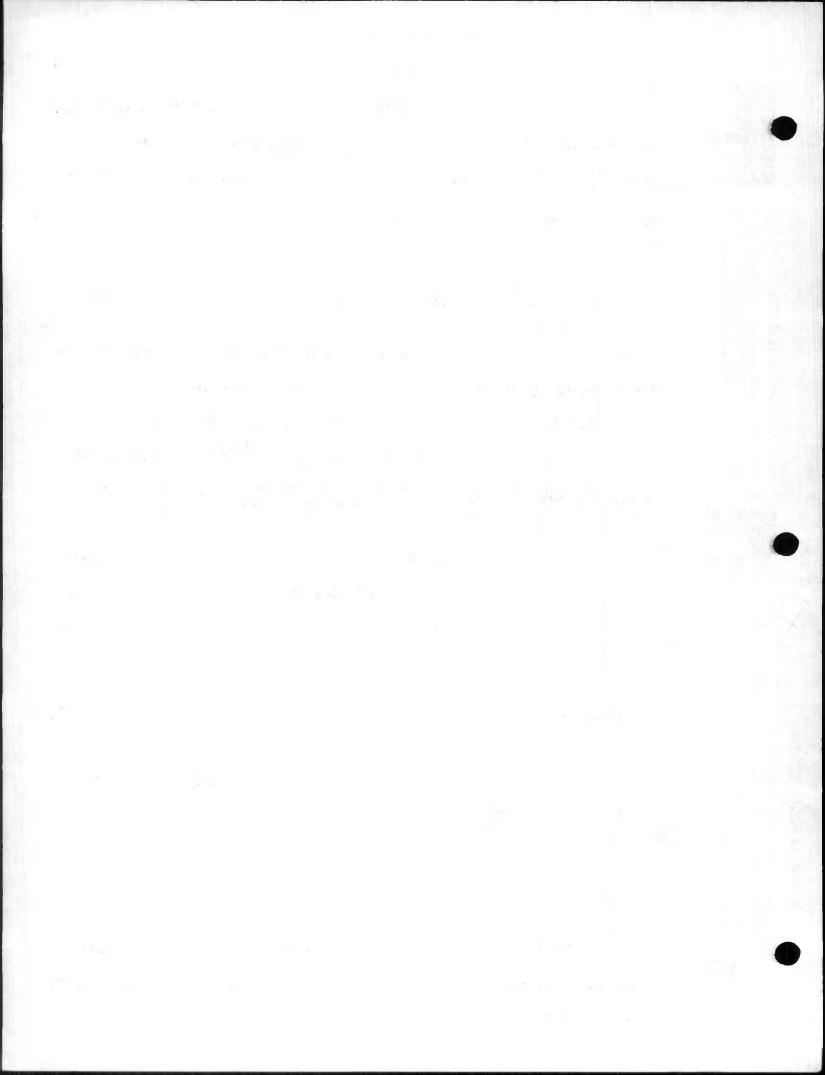
29d. Date signed (Month, Dey, Yaar)



State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Name (First, Middle, L	ast)						2. Date of De			ime of Death
Physicia /Medic		John	С.		Mor	gan			April	26 1	Year 998 17:2	25 PM
Examin	- 1	4a. Facility Name (If not institution, g	ive street and number	)			4	lb. City, Town, or I				
		St. Agnes Hosp	ital					Baltin	nore	N	/ A	
Funeral			Sex 7. A	ge (In yrs.	last birthday)	If Under 1		If Under 24 Hrs.	8. Dete of Birt (Month, Da			State or Foreign
Director	5 /	216-32-0597 Usual Residence of Decedent	1 <b>X</b> ) M 2□ F	62	Yrs.	Months	Days	Hours Min.	AUG. 23		Maryla	
show at at	or.	10a. State 10b. County			ity, Town or Loc						1	side City Limits ☐ Yes 2 No
-88a-1	ecto	Md. Baltim	ore		Edgemer	T						X
0 8	늄	10e. Street end Number				10f. Zip C				10g. Citizen of \	What Country?	
230	ra S	3 Vagabond Lane	1				212:			USA		
el', or items 23a or 28a-f show Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1 1 1 Yes 2 □ ft Yes, Give Yeer or Dates:	No 10E		/as Deceder Yes, specify ☐ Yes 2		ispanIc Orlgin? (S n, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	Specify	ee - American Inc ck, White, etc. White	
natur Io cal	Completed	15. Decedent's i (Specify only highest g	Education		16a. Decede	ent's Usual ( ind of work O NOT use	Occupi done d	ation during most of wor	king	16b. Kind of Bi	usiness/industry	-1
than	Ĕ	Elementery/Secondary (0-12)	College (1-4or	5+)				, Jpv. I (E		City	of Dolta	mana
s marked other than		17. Fether's Name (First, Middle, Las	nt)		HIGTIL	. 1601	, 30	18. Mother's Nan			of Balti	rillot.6
marked other than imatic event, the M	Be		•								-/	
Traction	ို	Walter Sylves  19a. Informant's Name/Relationship			10h Mailie	Address (	Street	Florence and Number or Ru			State Tin Cod-	1
Tisi		Susan M. Retting		hton							Siate, Zip COOE	,
tam 27 other tr	ŀ	20a. Method of Disposition	ger - daog	20b.	Place of Dispos	ition /Name	of	, Baltimo	Date Date		City or Town, S	lato
0 0		1)☐ Burial 2 ☐ Cremation 3			cemetery, crem	atory or oth	e <i>r pl</i> ac		01/98		more, Mo	
Jury		4 Donation 5 Other (Spec		L	oudon Pa				- 7 30	Dateti	more, M	1.
any Injury or once.		21. Signature of Funeral Service Lice	Ale S	2	Gar	ry L.	Kau	ss of Facility Ufman Fur ngton Blv	neral Ho	me @ Mea	adowrido Md. 210	
ician		23a. Part. Enter the diseese, or conshock, or heert teilure. List only	mplications that cause y one ceuse on eech l	d the dea ine.	th. Do not ente	r the mode	of dyin	g, such es cardied	or respiretory a	rest,	Appr	oximate vel Between of and Death
dical niner		immediate Cause (Final disease or condition	A	SEI	PSIS						Day	VS
- 10		resulting in deeth)	0.		or as e consequ	ience ot):						, 5
sit	Examiner		, h	P01	RTAL VE	IN THE	ROMI	BOSTS			Day	VS
bunal-transit	Kam	Sequentially list conditions,	J		or as a consequ							,
the burial		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	C	HE	PATOMA						Mon	nths
as the	ledical	that initiated events resulting in death) Lest	v		or as e consequ	ence of):					170)	
	Physician/M		d									
tached tached	ysic	Part II. Other significant conditions	contributing to death t	out not res	sulling In the un	derlying cau	se giv	en in Part I.	23b. Dld 1	tobacco use co	ntribute to the c	10
9	by Ph	Diabetes							1 🗆	Yes 2□ No	3 ☐ Probably	4 Unknown
	Completed								24a. Wes perfo	en autopsy med?	24b. Were au available completi of death'	prior to on of cause
rector, page	0								1)2	res 2□No	1 Yes	2□ No
0	Be	25. Wes case reterred to medical						26. Place of Dee	th (Check only o	ne)		
Ö	9	examiner? 1 ☐ Yes 2 X No	Hospital:	ent 2	ER/Outpatient	3□ DOA	Oth	DF'	ome 5 Resid		er (Specify)	
		27. Manner of Death  1 Neturel 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, Da	IIV	28b. Time of Injury		: Injun			now injury occur		
ed in by the l	Certification:	3 Suicide 6 Could not determined	ome, tarm, stre	et, tactory, o	office			8t. Location (Street end Number or Rural Route Number, City or Town, State)				
Tuner tely fill	edicai	29a. Certifier Certifying P (Check only one)	hysician: To the best miner: On the basis of end manner st	t examina	owledge, death ation end/or inve	occurred at estigetion, in	the tim	e, dete end place pinlon, deeth occu	, end due to the rred at the time,	cause(s) and ma date and place,	anner as staled. and due to the c	euse(s)
	M	29b. Signeture end title of certition	2			29c. l	icense	number		29d. Date signe	d (Month, Dey, Y	'ear)
		· G	ac_				1	030802		April	27, 1998	3

JOHN MORGAN



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Day April 26, 1998 9:43 am Madden Ann Delores 4b. City, Town, or Location of Death 4c. County of Death 4e Facility Neme (If not institution, give street and number) St. Joseph's Medical Center Towson If Under 24 Hrs. If Under 1 Yeer 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) Deys 1□ M 2♥ F Months Hours Min Yes 220-34-5041 Feb 26, 1938 60 Maryland Usuel Residence of Decedant 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Cockeysville Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21030 USA 14105 Cuba Road 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Merital Status Bleck, White, etc. 1 Never Married 2 N Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Retirement and Elemantary/Secondary (0-12) College (1-4or 5+) Nursing Center 12 Communications Manager n/a 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Daughton Elizabeth Beale Lewis Francis Agnes 19a. informent's Neme/Relationship (Type, Print) 19b. Melling Address (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) 14105 Cuba Road, Cockeysville, MD 21030 Gerald H. Madden/Husband 20b. Piece of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stele 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Maryland Veterans Cemetery 5/1/98 Owings Mills, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Neme end Address of Fecility p. Lemmon Funeral Home Bryan clary 10 W. Padonia Road, Timonium, MD 21093 23a. Part. Erier the disease, or complications that caused the shock, or heart lathere. List only one cause on each line. death. Do not enter the mode of dying, such as cardiac or raspiratory errest, Approximate tnterval Batween Onset and Death tmmediate Cause (Fine) Cardio Pulmonary Failure disease or condition rasulting in daath) Dua to (or as e consequence of): Arteriosclerotic Vascular Disease Sequentially list conditions, if any, laeding to immediate causa. Entar Underlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or es e consequance of): Morbid Obesity Due to (or es e consequenca of): Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings evellable prior to completion of cause of deeth? 24e. Was en eutopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Pieca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Mannar of Deeth 28e. Deta of injury (Month, Dey Year) 28b. Tima of 28d. Describe how Injury occurred 28c. injury et Work? 5 Pending investigation 1 X Naturai

P.O. Box 68760. the use as o 2 signed t Records, peed page 2 certificate Division of Vital Attending Physician: director, this funeral After

Examiner Physician/Medical by Completed Be Lo Certification:

edical

2 Accident 3 Suicide

4 Homicida

(Check only one)

31. Dete filed /M/

...

29a. Certifier

**Physician** 

/Medical

**Examiner** 

Directo

Funeral

à

Completed

Be

Funeral

Director

2

72 hours after

wamit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "

8

**Physician** /Medical

Examiner

Maryland 21215-0020

Baltimore,

7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Medical Examinar must be notified at

To the Hospital or Attendir within 24 hours aftar death, To the Funeral Director: Af completaly

State Registrar 29b. Signeture end title of certifier erson who complated cause of death (Itam 23a) (Type, Print)

6 Could not be datarmined

29c. License number

28e. Pleca of injury - At homa, farm, street, factory, offica building, etc. (Specify)

1 Yes 2 No

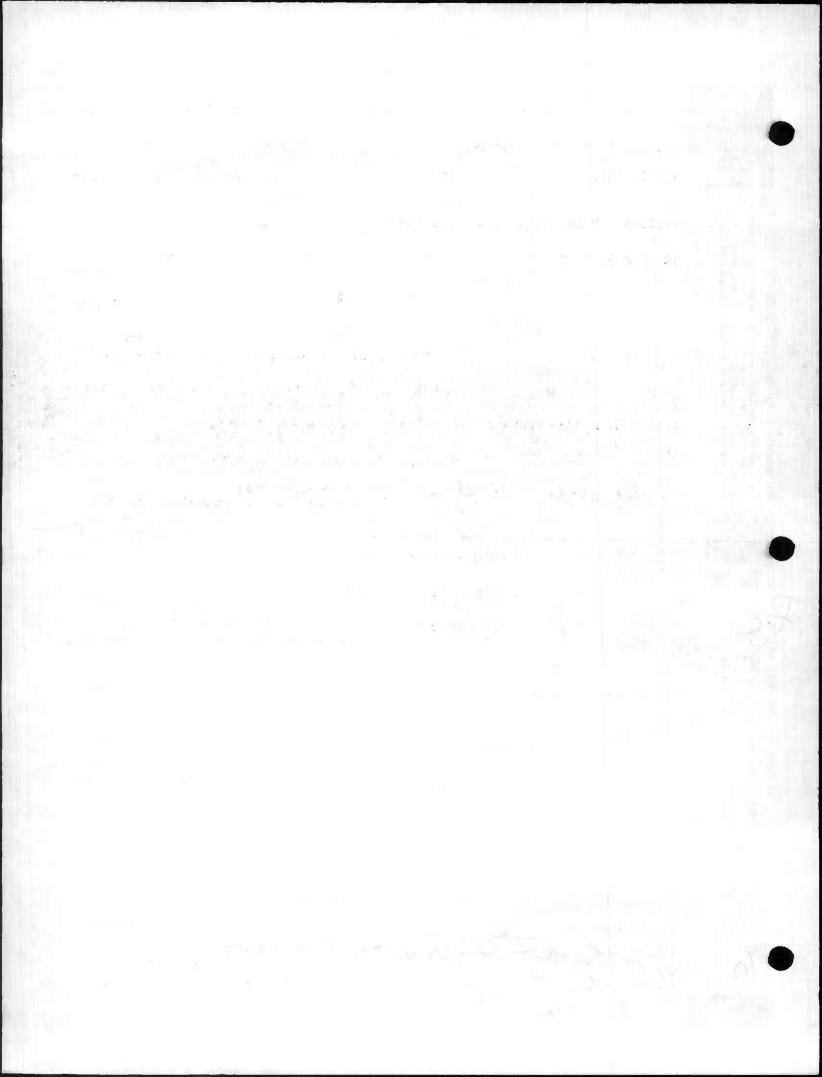
1 Certifying Physician: To the best of my knowledga, deeth occurred at the tima, data and place, end dua to tha ceusa(s) and mannar es stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end menner stated.

29d. Date signed (Month, Dey, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

32. Redistrer's Signeture Day, Year)



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

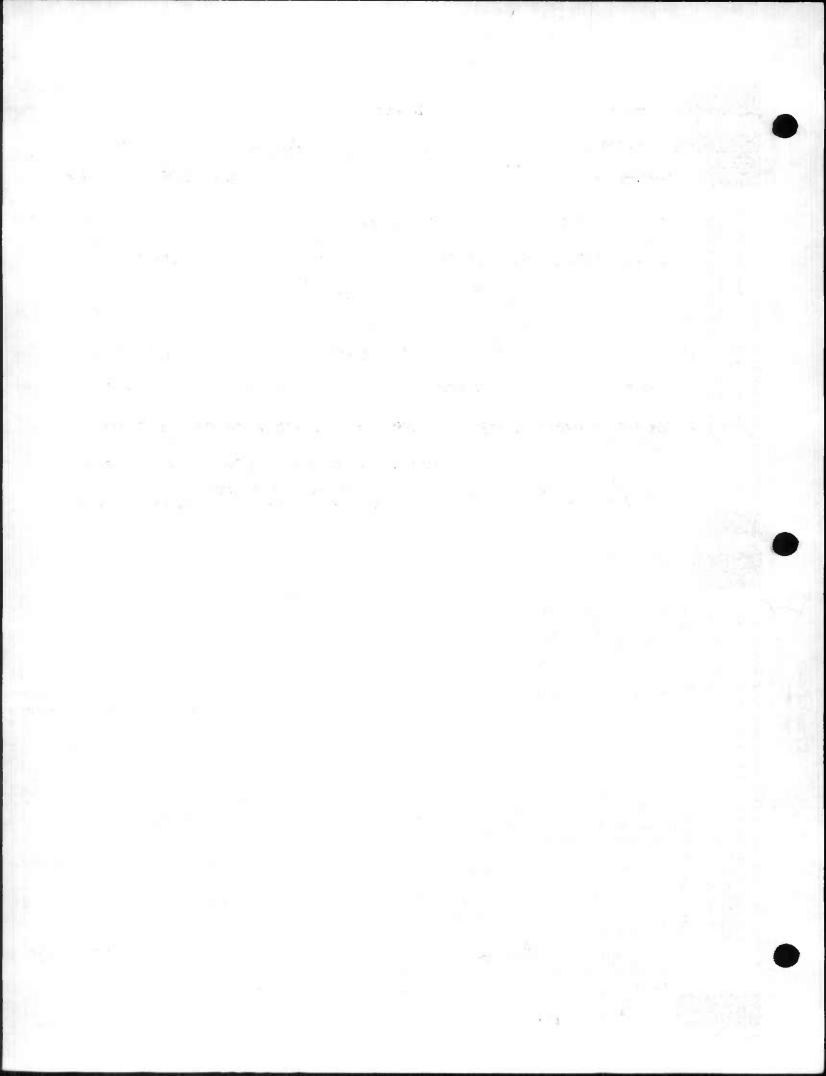
						,	Cer	tificate c	of Death		Reg. No. 9	3 1	3519		
	Physici	an	1. Decedent's Name (First, Mid		AFTIC					2. Date of Do Month	Dev	Year	3. Time of Deeth		
	/Media	al		ILUN					th Oh. Tour	APRI	L 27	1998	1:25 AM		
	Examir	er	4e. Fecility Neme (If not instituti HARBOR	HOSP			TER			or Location of Deal	h 4c. County	of Death			
	Funeral Director		5. Social Security Number  213-30-8024  Usuel Residence of Decedent	6. Sex 1 ☐ M	7. A	ge (In yrs. lest bi	irthday) Yrs.	If Under 1 Ye Months De		1rs. 8, Dete of Bi (Month, D 02/20	rth ey, Year) /1914	Coun	lace (Stete or Foreign try) Jania		
	yland		10a. State 10b. Count	у		10c. City, Tov	vn or Lo	cation				1	0d. Inside City Limits		
	ith the Marylan or 28a-f show	ctor	MD			Balti	more	9					1 Yes 2 No		
	23a or 21	Funeral Director	10e. Street and Number 16 S. Patters	on Par	k Ave.			10f. Zip Cod 2123			10g. Citizen of Lithua		try?		
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any figury or other traumatic event, the Medical Examiner must be incitited anone.	Completed by Fune	11. Marital Status  1 Never Married 2 Ma 3 Widowed 4 Divorce	rried 1	as Decedent rmed Forces Yes 2 ✓ Yes, Give eer or Dates:	2		Vas Decedent of Yes, specify C		(Specify Yes or Nerto Rican, etc.)	14. Rad Bla Specif	ce - Americ ck, White,			
5-0	natu natu	etec	15. Decede (Specify only high	nt's Educetion	n pleted)	168	. Deced	ent's Usual Ockind of work do	cupation ne during most of l tired)	working	usiness/inc	lustry			
12	withir ene. then	дшс	Elementery/Secondery (0-12)	C	College (1-4or 5+)  Seamstress						aina				
P	I Hygi other	Be Co	17. Father's Neme (First, Middle	, Last)	18. Mother's Nem						Retail Clothir ne (First, Middle, Maiden Surneme)				
ylar	Menta Menta arked	ToB	Antans Muraus	as					Mago	delena	(Ur	ıknowi	1)		
Mar	12 sho		19a. Informant's Neme/Relation							Rurel Route Numb			Code)		
e,	1 and Health em 27		Genovaite Aust	ra/fri	end					Baltimore	, Md. 2		wn State		
nor	ages ant of t: If Ik		1 Burial 2 Cremetion 4 Donation 5 Other (		el from State			sition (Neme of netory or other)							
at:	mit. F partme ortan injur		21. Signature of Funeral Service	Licensee			-	Redeeme Name and Ad	dress of Facility	05/01	Baltimo	ore M	1.		
m	Depariment of the part of the		Mathleen	Wel	res C	FSP	Da	avid J.	Weber Fu	neral Ho ze. Balti	me wa	24.20	20		
	Physician		23a. Part1. Enter the diseese, of shock, or heart failure. Lis	r complication t only one can	ns thet cause use on each I	d the death. Do ine.	not ente	er the mode of o	dylng, such es cerd	diac or respiratory	errest,	. 212	Approximete Intervel Between Onset end Death		
	/Medical Examiner		Immediate Cause (Final disease or condition	•	Rev	nal fa	تاس	re					1 month		
	CAMINICI	_	resulting in death)	0.		Due to (or as e						I	N.		
	ned insit	edicai Examiner		ь.	typen	tensin	2	atheno	sclend	ric Candi	dison	257	160018.		
10	sate complected by your and the burial-transit	Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	,		Due to (or as e	conseq	uence or):			o d Bearly				
6876	physical physical s the bu	licai	Cause (Disease or Injury that initiated events resulting in death) Last	c		Due to (or as a	consequ	uence of):							
	entific ding p	Mec		d											
Вох	attand for us	cian										İ			
P.O.	that the death cer ed by the attandir detached for use	Physician/M	Part II. Other significent condit	one contribut	ing to death t	out not resulting	in the un	iderlying cause	given in Pert I.		Yes 2 No		the cause of death?		
S, F	gned be det	by P								_   '	2010	0 7 7 0 0			
Division of Vital Records,	Attending Physician: The law requiras that the death certifical croadh.  sroad.  sroad Atter this certificata has been signed by the attanding phy the funeral director, page 2 should be detached for use as the standard of the sast the standard of the sast that the sast	Completed								24e. Wes	en eutopsy ormed?	ava	ere eutopsy findings allable prior to mpletion of cause deeth?		
A.	The lav ata has page 2	Com								1□	Yes 210 No	1 [	Yes 2 No		
/ita	iclan: Th certificata rector, pag	Be	25. Wes case referred to medic examiner?							Death (Check only	one)				
of	Physic this o	To	1 Yes 2 No 27. Manner of Deeth	Hospit	1 Minpati			3LI DOA		g Home 5 ☐ Res			")		
O	ding h. After funer	tion	1 ☑Natural 5 ☐ Pend	ng igation	a. Date of Inju (Month, De	by Year)	Time of Injury		njury at Vork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	rea			
Divisi	To the Hospital or Attending Physician: The is within 24 burns after death.  To the Funeral Director: After this certificata he completely filled in by the funeral director, page	Certification:	3 ☐ Suicide 6 ☐ Could		e. Place of In building, e	jury - At home, fac. (Specify)	arm, stre			28f. Location ( City or To	(Street end Numi wn, Stete)	ber or Rura	I Route Number,		
_	spital	aic	29a. Certifier 1 Certify	ng Phyelcian	: To the best	of my knowledge	e, death	occurred at the	time, date and pla	ace, and due to the	cause(s) and m	anner as st	ated.		
	he Ho in 24 i he Fu	edicai	(Check only 2 Medica	Exeminer: C	n the besis o	f examinetion ar	nd/or Inv	estigation, in m	y opinion, death or	ocurred at the time,	date end pleca,	end due to	the ceuse(s)		
	To t To t	Σ	29b. Signature end title en togeth	12					244161	4-A10	APRIL 2	ed (Month, 1	Dey, Yeer) 1998		
	3		30. Name and address of person SHIV KUM		TIL	HART	30 F		SPITAL	CENTE	2 BA0	n mod	1998 HANOVER ST CE, Md. Z1225		
1	Sta Registr		31. Date filed (Month, Dey, Year APR 3 0 1	998	32. Regist	rer's Signature	Mand	all							

SHARKS SHEET HAVE Tradition to the wife of the

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene F.H.G-759 5/7/98 reb Certificate of Death Reg. No.

			Item: 5 per	F.H.G-7				Department of I Certificate of			giene Reg. No. 9	5 1	3520	
	Physici /Media		1. Decedent's Nam Brany		e, Last)		Prit	sker		2. Date of De Month	Day 24K	Year 1951	3. Time of Death	
	Examir		4a. Facility Name (	If not Institutio	n, give street end r	um <i>ber)</i>			4b. City, Town, o	r Location of Deet				
			Levin	dale					Baltim			N/A		
	Funeral Director		5. Social Security N 214-27-129 214-27-1	279	6. Sex 1 □ M XXF	7. Age 92	(In yrs. last bir	thday) If Under 1 Yeer Months Deys			th ay, Year) 1906	9. Birthple Country UKr	ace (State or Foreign y) aine	
	Pue Mc		Usual Residence of 10a. State	10b. County			10c. City, Town	n or Location				100	d. Inside City Limits	
	ith the Maryler or 28a-f show	ō	MD	N/Z	Δ		Bal	timore					1 Yes 2 No	
	1 28s	Director	10e. Street and Nu		•		542	10f. Zip Code			10g. Citizen of V	What Countr		
	h with	Funeral D	5715 Par	k Heial	nts Ave	Apt	704	212	215		Ukrai	ne		
20	DEBILLIMOYE, MISTYISHIG Z1Z13-UUZU permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Deperment of Health end Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show shiply or other traumatic event, the Midical Examiner must be notified at ance.		11. Meritel Stetus 1 Never Marr	led 2 Man	12. Wes De	es 2 YNo			Was Decedent of Hispenic Origin? (Specify Yes or N i Yes, specify Cuban, Mexican, Puerto Rican, etc.)			No- 14. Raca - American Indian, Bieck, White, etc.		
8	hour lural	d by	3 Widowed			Detes:	100	Deceded No. 11 control				WUT		
15	In 72	Completed		cify only highe	it's Education st grade completed	,	Toa.	Decedent's Usual Occu (Give kind of work done life. DO NOT use retire	pation during most of wi d)	orking	16b. Kind of Bi	Jainess/indu	Istry	
212	iena.	шо	Elamantary/Seco	ondary (0-12)	Collaga	(1-4or 5+	)	Accountant	-,		Acco	untin	q	
p	e filed I Hyg other	BeC	17. Fether's Neme	(First, Middle,	Last)				18. Mother's No	ame (First, Middle				
<u>la</u>	uld b Venta rked tfc e	TOE	Iosif			Prit	sker		Naha	ama	Ü	Inknow	n	
an	2 sho end I		19a. Informant's No	ame/Raletions	hlp (Type, Print)		19b	. Malling Address (Stree	t end Number or F	Rural Route Numb	er, City or Town,	State, Zip C	2ode)	
2	and n 27		Iosif P		chik (sc	n)		0807 Olde Wo	oods Way			AND THE RESERVE AND ADDRESS OF THE PARTY OF		
ore	H Hor		20a. Method of Disp	•	3 Removel from	n Stete	20b. Place of cemeter	Disposition (Neme of y, crematory or other pla	ice)	Date	20c. Location -	City or Tow	n, State	
tim	ment:		4 Donation				Arling	ton-Chizuk	Amuno	4/26/98	Balti	more,	MD	
Baltimore, Maryland 21215-0020	Depermit Import any in		21. Signeture of Fu	peral Service	Licensee C.	111	1	22. Name and Address Sol I	Levinson			100 O	1000	
	Physician /Medical Examiner		23a. Part1. Enter t shock, or had Immediata Causa disease or condition resulting in death)	rt failure. List (Final on	complications the only one cause or a.	each line	).	consequence of:	ng, such as cardi	ac or reapiratory a	rrest,	1	Approximate Interval Between Onset end Death	
Box 68769	th certificate be executed fending physician and if use es the buriel-transit	an/Medical Examiner	Sequentially list co if eny, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting in death) i	5	c	D	Leps	consequenca of):	cordir	dis	la M			
0.	e dea the at	sici	Pert II. Other signif	icant condition	ons contributing to	death but	not resulting In	the underlying cause gi	ven in Part f.	23b. Did	tobacco use co	ntribute to t	the cause of death?	
s, P.O.	es that the death cer igned by the attendin be detached for use	by Physician/M	winam	tract	infect.	un		armic		10	Yee 2□No	3 Probe	ably 4D4fiknown	
Division of Vital Records,	aw requir	Completed	by per	ensin	2	wox	he	insuffices	24	24a. Was perfo	an autopsy ormed?	avali	e autopsy findings lable prior to pletion of cause eath?	
=	ysician: The list certificata he director, page	ပ္ပ	H/o pr	eunon	1c n	what	regum	ntetan /	cteresis	10	Yes 20 No	10	Yes 2□ No	
Z:	clan	Be	25. Was case refer examiner?		Hospital:		0 (		26. Place of Deher:	eath (Check only	one)			
o to	Physical division	. To	1 Yes 2 2		11	Inpatient of Injury		tpatient 3L DOA	4 LI Nursing	Home 5 ☐ Resi	dence 6 Oth			
sion	anding sath. or: After he fune	ation	1 ☐ Maturel 2 ☐ Accident	5 Pendir Investi	gation (Mo	nth, Dey		njury Wo	rk? ]Yes 2 □ No	200, 200,100	now injury occur	160		
Divis	To the Hospital or Attanding Phymin 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral	Certification:	3 Suicide 4 Homicide	6 Could determ	inad 208. Plet	e of Injury ding, etc.	y - At home, fa (Specify)	rm, street, factory, office		28f. Location ( City or To	Street and Numb wn, Stete)	er or Rurel i	Route Number,	
	the Hosp iin 24 hou he Funer pletely fill	edical	29a. Certifier (Check only one)	1☐ Certifyin 2☐ Medicai	Examiner: On the	e best of basis of e nner state	xamination and	, death occurred at the ti d/or investigation, in my o	opinion, death occ	ca, and due to the curred at the time,	cause(s) and ma date and placa,	anner as star and due to t	ted. he cause(s)	
	To t Com	Σ	29b. Signature end	title of certifie	1.			29c. Licen	se number		29d. Date signe	d (Month, D	ey, Year)	
			Cn	rseub	Mrn	Sm		D: 0	14907		Arril	25	TH 1990	
	2		30. Nama and addr	ass of person			ith (Itam 23a) (	Type, Print)	CONSUEG	Mn	mes,	uns		
0			2 4 3 4 31. Date filled (Moni	th Day Your	Belve	den	A Signal A	u B	alto,	mes	21215			
	Sta Registr		J. Date filed (MOIII	PR 30	1998 32.	Luki	- Savida	-Rando Da						

DHMH 16 Rev 6/95



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

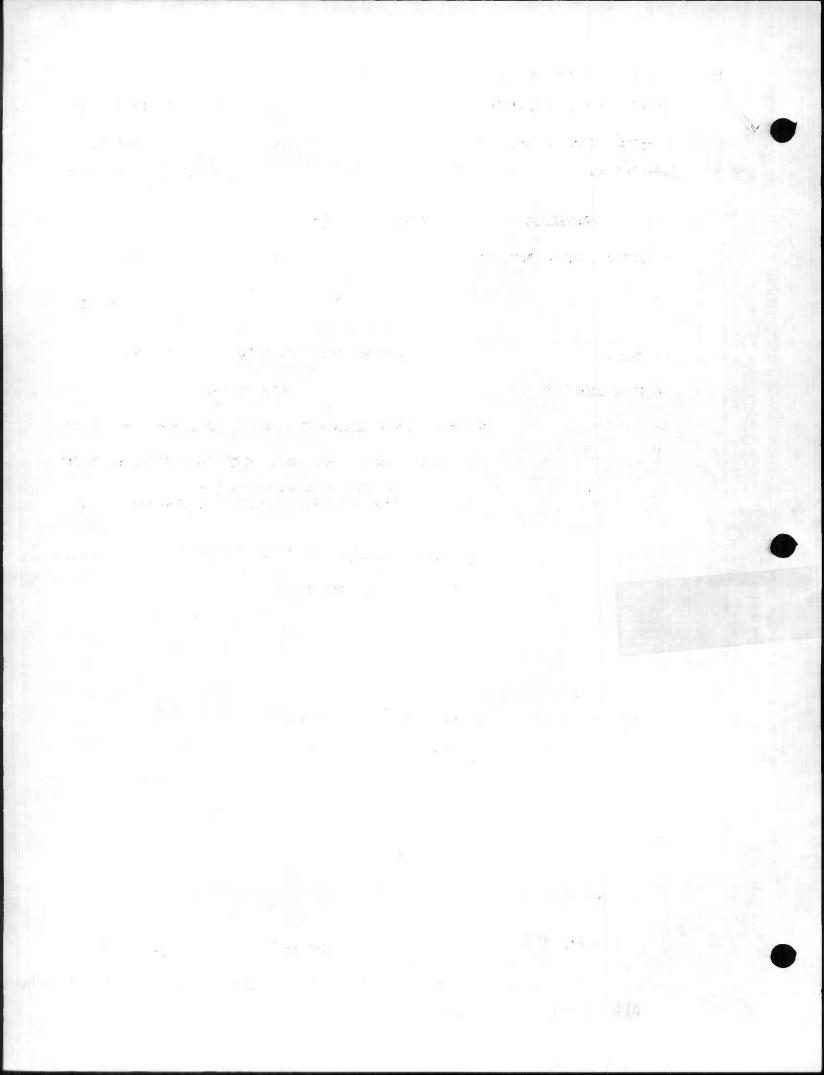
				Ce	rtificate o	f Death	R	eg. No.	0 1	3321	
Physic	ian	1. Decedent's Name (First, Middle, L	est)				2. Dete of Deel	th Day	Yeer	3. Time of Death	
/Medi		RABBI AARON	S. PEARLS	STEIN			APRIL		1998	6:05 AM	
Exami	ner	4a. Facility Neme (If not institution, gi				4b. City, Town, or ROCKVII		4c. County	of Death	MERY	
Funeral Director			Sex 7. Age 1□M 2□ F	(In yrs. lest birthdey) 61 Yrs.	If Under 1 Yes Months Day			. Year) 2,1936	9. Birthp Cour NEV	elace (Stete or Foreign etry) VYORK	
e Marylend	ctor	10a. State 10b. County MARYLAND MONT	10c. City, Town or Lo	ocation CKVILLE				1	0d. Inside City Limits 1  Yes 2 □ No		
th with th	Funeral Director	10e. Street end Number 14 SHAGBARK CT.			10f. Zip Code	852	1	10g. Citizen of What Country? USA			
Z IZ ID-UUZU d within 72 hours efter death with the Manylend sjene. r then "naturel", or ferme 23a or 28a-f show the Westest Examiner must be notified a	by	11. Marital Stetus  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 □ Yes 2 □ N If Yes, Give Year or Dates:		Was Decedent o if Yes, specify Cu 1☐ Yes 2【【XN	f Hispenic Orlgin? (5 uben, Mexican, Puer o Specify:	Specify Yes or No- to Rican, etc.)		k, White,	ean Indien, etc. ITE	
72 hours "naturel",	Completed	15. Decedent's E (Specify only highest gi	ducetion ade completed)	16a. Dece (Give	dent's Usual Occ	upation ne during most of wo red)	rking	16b. Kind of Bi	usiness/în	dustry	
liled within Hygiena.	id m	Elementary/Secondary (0-12)	College (1-4or 5-	+)	DO NOT use reti RABBI	red)		EDITO	UCATION		
Hygie Ther	ပိ	17. Father's Name (First, Middle, Las			NADDI	18. Mother's Na	me (First, Middle, I			N	
should be liled with nd Mental Hygiena. marked other than matic event, tree	To Be	JACOB		PEARLST	EIN	EDITH	I	SH	PALL		
2 sh end is m		19a. Informant's Name/Relationship PEGGY PEARLSTEIN			ng Address <i>(Stre</i> SHAGBARK			ral Route Number, City or Town, Stete, Zip Code) OCKVILLE, MD 20852			
Tr. H		20a. Method of Disposition  1 🔀 Burial 2 Cremation 3 [ 4 Donetion 5 Other (Special Content of the content of t		20b. Place of Dispo cemetery, crea BETH DAV	e of Disposition (Neme of etery, crematory or other place)  I DAVID  Date  20c. Location - City or Town  4/26/98  ELMONT, LI,						
Dentil. Pa Departmen Important: any injury poce.		21. Signature of Funeral Service Lice	M. Cut	Mary Mary Control of the Control of		NSON & BR			E, MI	21208	
death certificate be asserted as a stending physician and a for use as the bunial-transit and	/Medical Examiner	Immediate Ceuse (Finel disease or condition resulting In death)  Sequentially list conditions, if any, leading to immediate ceuse. Einter Underfying Cause (Disease or Injury that Initiated events resulting In death) Last	b. ——	Due to (or as a consecutive to (or a))).	quence of):	n of a	CAC 1 GOV			2 1/200	
that the death certing of by the attending detached for use	Physician	Part II. Other significant conditions	contributing to death bu	t not resulting In the u	nderlying ceuse	given In Part I.		3b. Did tobacco use contribute to the cause of deat			
aw requires s been sign 2 should be	Completed by						24a. Was a perform	n autopsy ned?	av	ere sutopsy findings aileble prior to mpletion of cause death?	
The The page	Con						1 □ Ye	s 20tho	10	Yes 2□ No	
clan: ertific ector,	Be	25. Was cese referred to medicel examiner?	Alexander II				ath (Check only on	е)			
Physician: this certificant	2	1 ☐ Yes 2 No  27. Manner of Death	Hospital: 1 Inpetier 28a. Date of Injury		IL SLI DOA	Other: 4 Nursing F	1	ence 8 Oth		y)	
i or Attending Ph after death. Director: After thi d in by the funaral	Certification:	1 Natural 5 Pending 2 Accident Investigatic 3 Suicide 6 Could not to determined	on 28e. Place of Inju	Year) Injury  ry - At home, farm, str	M 1	☐ Yes 2☐No	28f. Location (St	28d. Describe how injury occurred  28f. Location (Street and Number or Rural Route Number,			
To the Hospital or within 24 hours after To the Funeral Director Completely filled in	edicai Cert	29a. Certifier (Check only)  Certifying Pi  Medical Exa	building, etc. hysician: To the best of miner: On the basis of	my knowledge, deat				ause(s) and ma			
thin 2, the f	Medi	one)  29b. Signature and title of	and manner stat			nse number					
D W F O		235. Signature and title of	216			33293		9d. Date signed		Day, 16aij	
50		30. Name and address of person who FRED SMITH, M. 31. Dete filed (Month Pay Year)	D. SUBI	URBAN HOSP		BETHESDA	A, MD				
Sta Regist		31. Dete filed (Month, Dey, Year)  APR 3 0 199	32. Registra	1	della						

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 0 10500

	Item		Part I per PH' Decedent's Name (First,			-98_rja		Certificate		Jani	2. Dete of Dee			3. Time of	Deeth
	Physician	_	JENNIE MAR	IE	PERTICONI	Ξ					APRIL	22 19	Yeer 998	10:58	P.M.
To a	/Medica Examine	4	e Facility Neme (If not ins	itution, gi	ve street end numb	er)			46	. City, Town, or Lo	ocation of Death	4c. County			
	Examinio		6 AIRWAY CI	RCLE	APT. 27	A				TOWSON		BAT	TIMO	RE	
	Funeral Director		Social Security Number 213-01-1348	6.		Age (In yrs		hdey) If Under 1 Y Months D	ear ays	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day 3/6/16	Year)	9. Birth	plece (State or ntry) YLAND	r Foreign
	pue *	-	Jsuel Residence of Decede 0a. State 10b. C			10c C	ity Town	or Location						10d. Inside Cit	ty Limits
	the Maryler 28a-f show crofffed at		200	LTIM	ODE	100.0		SON						1 ☐ Yes 2 ☑ No	
	the treatment	5 1	0e. Street end Number	TITI	ORE		100	10f. Zip Co	de			Og. Citizen of	What Cou	ntry?	
	23a or	5	6 AIRWAY CI	PCI.E	APT. 2	1				21286		US			
	Herns 2	1	1. Meritel Status	ICLL	12. Wes Decede	ent Ever in I	J,S.	13. Wes Decedent If Yes, specify	of His		ecity Yes or No-	14. Red	e - Ameri	cen Indian,	1010
21215-0020	72 hours after death with the Maryland natural, or flems 23s or 28s4 show of all Examiner must be inclified at the contract of	by Funeral Director	1 Never Married 2 3 Widowed 4 Div		Armed Force 1 Yes 2 If Yes, Give Year or Dete	<b>™</b> No		1 Tes, specify				Specify	ck, White,	ITE	
5-0	natural',	Completed	15. Dec	edent's E	ducetion ede completed)		16a.	Decedent's Usuel O (Give kind of work d life. DO NOT use re	ccupat	ion iring most of work	ing	16b. Kind of B	usiness/Ir	dustry	
121			Elementary/Secondary (0	-	College (1-4	or 5+)									
	Hygie ont, In		8TH GRADE 7. Fether's Neme (First, M	ddle I asi	1)			OOWNER- S		18. Mother's Name		PIZZEF			
Maryland	S a d a	Ď										maiosii odinian	1107		
Z	2 should and Men and M		MATTHEW CIC				19b.	Meiling Address (St	treet ei		ALENTI	r. City or Town.	Stete. Zi	o Code)	
M	2 2 2 2		FRANK CIOCIO			ROTHER		300 HEATH				IMORE,		21239	
e,	permit. Pagas 1 end Department of Haaith Important: If Itam 27 any injury or other tr once.		0e. Method of Disposition	го	וַט		Plece of	Disposition (Neme of creme tory or other	of		Dete	20c. Location			-
Baltimore	Pagas nent of I nt: If its iry or o		1 X Buriel 2 ☐ Crema 4 ☐ Donation 5 ☐ Ott					Y VALLEY			1/27/98	COCKEVS	SVILL	F. MD	
alti	permit. Pag Department Important: It any injury o	2				DC	THAINE	T			1/21/30	COCKET	2 A TUL	ובין ויבו	
m	Depa Impo any ic	21. Signature of Funeral Service Licensee  22. Name end Address of Fecility  JOHNSON FUNERAL HOME, P.A.													
		-	23a Pingl. Enter the disee shock, or heert failure	se, or con	nplications thet and	ed the dee	eth. Don	ot enter the mode of	CH F f dying	AVEN BLV such es cerdiac	or respiretory en	SON, MI	) 21	286 Approximate	В
	Physician		shock, or neert failure	List only	one cause on each	nine.							1	Onset end D	veen Jeath
	/Medical	1	mmediete Ceuse (Finel disease or condition			0	4.	10 10	C	ARDIOPULMO	NARY ARRE	ST		mmed	Link
011	Examiner	ľ	esulting in death)		0.	Due to	or as a c	onsequence of):					1	1 . 11 4405 (	siane
-	р <u>ж</u> <u>с</u>					DEFFU	SE AT	HEROSCLEROT	IC D	ISEASE			ŀ		
	g physician end as the bunal-transit		Sequentially list conditions,		D	Due to	orasac	onsequence of):							
68760,	cian cian burial		Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury c.												
182	ficate be physicial to the bur	5 1	Couse (Disease or Injury that Initiated events resulting in deeth) Lest  Due to (or es e consequence of):												
X e	E 0 8				d										
Вох	The law requires that the death cert ata has been signed by the attending page 2 should be detached for use	2 2		****							23b. Did tobacco uss contributs to the cause of deat				
P.O.	y the	2	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pr											ributs to the cause of death?	
Д,	that ned be detr	_	hypoth	long	dism	, mi	99	early der	nen	tia		294 140	30110	babiy 4	DIKIOWII
Records,			9.		0			early don	1		24e. Wes e		24b. W	ere autopsy fi veilable prior le	indings
000	s been s should	<u>-</u>	Mono	رلاه	hal c	jami	nop	, pute	de	premion	perior	mear	of	ompletion of co	euse
R	The law requir	5				-					1 🗆 Y	es 2 No	1	Yes 2	No
ital	scertificate has b director, page 2 s		5. Wes cese referred to m	edical						26. Plece of Deet		•	1		
of Vital	hysici his cer il direc		examiner?		Hospital: 1 Inp	atient 2	] ER/Ou	petient 3 DOA	Other	4 □ Nursing Ho	me 5 Resid	ence 6 DOth	ner (Speci	ify)	
0	ig Ph ter th neral		7. Manner of Death 1 Naturel 5 □ P	ending	28e. Dete of (Month,	Injury Dey Yeer)	28b. T	ime of 28c.	Injury Work	et ?	28d. Describe h	ow Injury occur	rred		
Division	ital or Attanding P irs after death. al Director: After t led in by the funera	2	2 ☐ Accident Ir	vestigatio				М	1 🗆 Y						
Z	har de irect n by n		3 ☐ Suicide 6 ☐ C 4 ☐ Homicide	ould not be etermined	Zoe. Place of	Injury - At I etc. (Spec		m, street, factory, of	ffice		28f. Location (S City or Tow	treet end Numi n, Stete)	ber or Rui	re/ Route Num.	ber,
	rai D	5													
	To the Hospital or Attanding Physician: The i within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page Madical Cartification: To Re Comm	2	29a. Certifier 1 1 Cs (Check only 2 Me	tifying Pi dicai Exa	nysician: To the be miner: On the basi end menne	s of examin	owledge, etion and	death occurred et to Vor investigation, in	he time my opi	e, date and place, nion, death occuri	end due to the or red at the time, or	euse(s) and m late end piece,	enner as	stated. to the ceuse(s	)
	ithin sithin omple		9b. Signature and title of c	ertifier	ond monte	Stateu.		29c. Li	cense	number		29d. Dete signe	ed (Month)	Day, Year)	
	F 3 F 8		· . Mw		M.D.			0	30	רזה		4123	198		
		2	0. Neme end eddress of pe	rson who	Completed cause	of death /lto	m 23e) /	Type Print)	2 ,	[- (3 )		4123	110		
		3	LUTFI ST	tyy 1				1 LOCH	RA	WEN 2	LVD	BACTIV	MORE	MD 2	1239
	State	3		1	32 Fleg	istrag Sign	neture .		1-1	, D	CAN	J 11 - 1 11	100		1001
	Registrar		1. Date filed (Month, Dey, APR 3	1998	900	istrar Sign	son-A	andelle							

DHMH 16 Rsv 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #5 Per FH Film G758 4-30-98RC Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month Day **Physician** SHIRLEY RABIN APRIL 27 1998 5:15 PM /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daeth 4c. County of Death Examiner CROFTON CONVALESCENT & REHAB CENTER CROFTON ANNE ARUNDEL If Under 1 Yeer | If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Sacurity Number **Funeral** Months Days Hours Min 10 M 20 F Yrs. Director 121--9-4142 81 JUNE 20, 1916 NEW YORK Usual Rasidance of Dacedant with the Meryland permit. Peges 1 and 2 should be filed within 72 hours after death with the Merylen Department of Health end Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any highry or other treumstic event, the Medical Exactives must be notified at once. 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☐ No Director BROWARD FLORIDA COCONUT CREEK 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 3501 BIMINI LANE, APT. N-1 33066 USA Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispenic Origin? (Specify Yes or No If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indien, Black, Whita, etc. 1 ☐ Yas ② No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 🎾 No Specify Specify: WHITE þ 3 ☐Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Etamantary/Secondary (0-12) 5+ TEACHER/LIBRARIAN PUBLIC SCHOOL 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) HARRY SLADON **JENNIE** DENNY 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) GLEN S. RABIN (SON) 400 EPPING WAY ANNAPOLIS, MD 21401 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 N Buriel 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) RIVERSIDE 4/29/98 SADDLEBROOK, NJ 22. Name and Address of Eaching & BROS., INC. 21. Signatura of Funaral Sarvice Licental PIKESVILLE, 8900 REISTERSTOWN RD. MD 21208 of complications that causad tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, st only one cause on each line. Approximata Interval Batween Onsat and Death 23a. Part1. Entar tha disaesu shock, or haart failura. **Physician** /Medical Immediata Ceusa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Examiner Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarfying Ceusa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): physicien s the buriel O. Box 68760 the deeth certificate be Physician/Medical Dua to (or as a consequence of): 80 for use es signed by the e 23b. Did tobacco usa contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Honknown Division of Vital Records, þ The law requires 24b. Wara autopsy findings availabla prior to complation of ceuse of death? should I 24a. Was an autopsy performed? Completed is certificate hes director, page 2 1 Yas 2 No 1 Yas 2 No or Attending Physician: Be 25. Was cesa rafarred to medical axaminar? 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) t Yas 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Daath 28d. Dascribe how injury occurred 28b. Tima of 28c. injury at Work? After 1 ENatural 5 Panding death. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant ofter deat Director: 6 ☐ Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicide To the Hospital or A within 24 hours efter To the Funeral Direcompletely filled in b 29a. Cartifiar 1 🖰 Certifying Physician: To tha bast of my knowladga, daath occurrad at tha tima, data end placa, and dua to tha causa(s) and mannar as stated. edical 2 Madical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and titla of certif 29c. Licansa number 30. Nama and addrass of parson omplated cause of death (Itam 23a) (Type, Print) Gambrills how 21054

State

Registrar

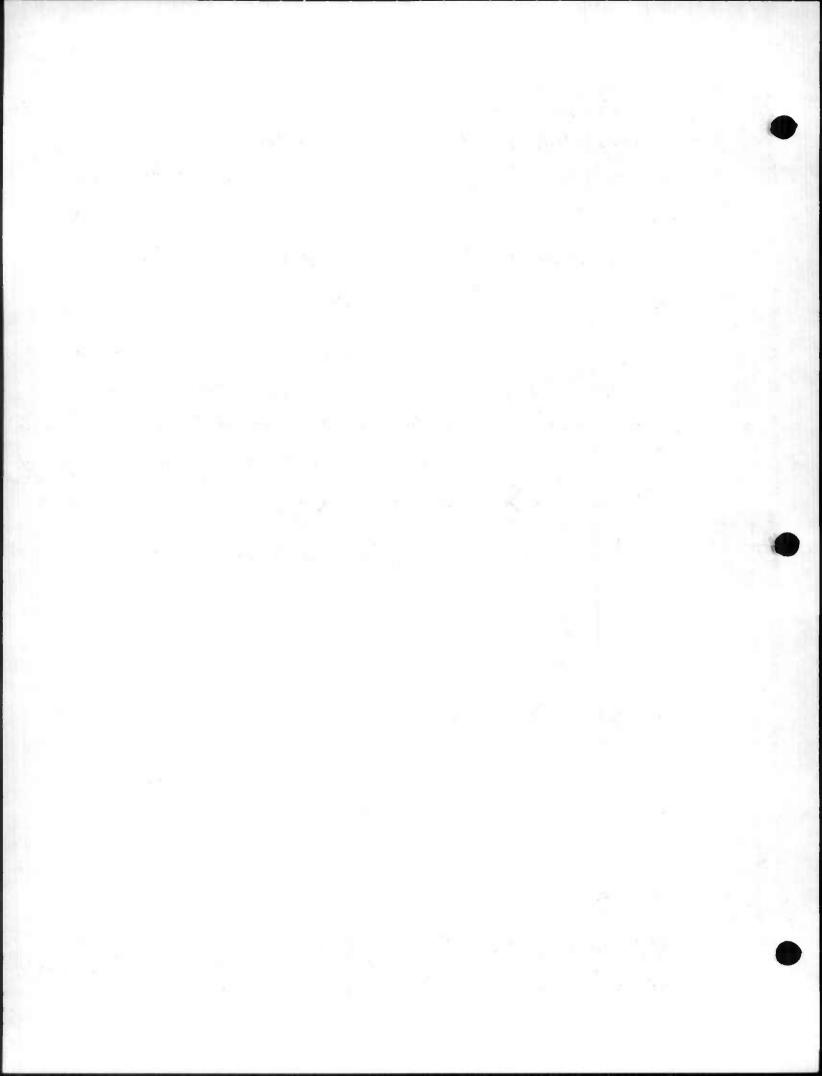
1438 Detense Hun 32. Registrer's Signature

The second second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

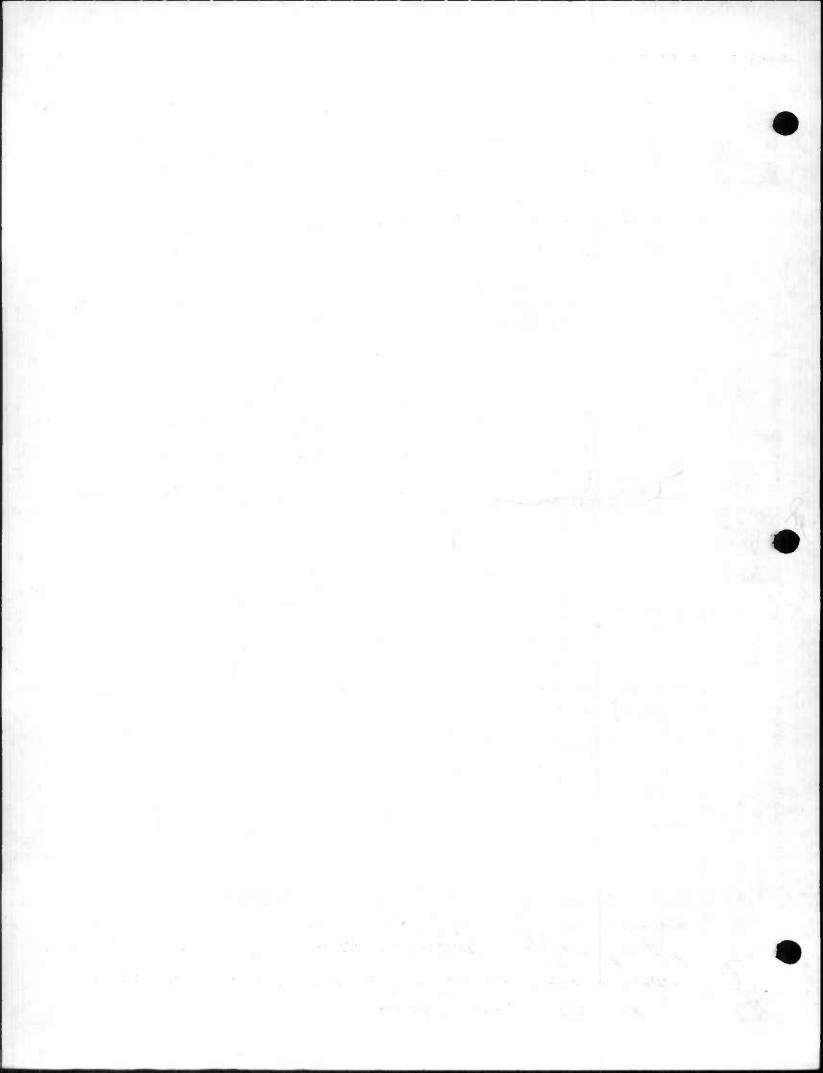
State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death	Reg. No.	
Physic	ian	1. Decedent's Name (First, Middle, Last)	74 Z	2. Dete of Death A Month . / Day / Y	3. Time of Death
/Medi		Phyllis E. Keea		ADMI 24 19	48 4:40 P
Examir		4a. Facility Name (If not institution, give street end number)	4b. City, Town, or Lo	ocation of Death 4c. County of	Death
		Liberty Medical Cente	's Baltin	rore Ban	timore
Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last	birthday) If Under 1 Year If Under 24 Hrs.  Months Devs Hours Min.	8. Date of Birth (Month, Day, Year)	Birthplace (State or Forgi
Director		212.32.6346 10M 2XF 63	Yrs. Months Deys Hours Min.	12/26/1934	Manyland
D.		Usuai Residence of Decedent			
thow thow		11 1 1	own or Location		10d. Inside City Limi
W F	8	Maryland 13a1-	hmore		12 Yes 2□1
# 28 F	- E	10a. Sweet end Number	10f. Zip Code	10g. Citizen of Wha	it Country?
la de	O T	2609 Garrison Blvd.	21216	11.5 4	
72 hours efter death with the Maryland natural, or items 23s or 28s-f show deal Examiner must be notified at	Funeral Director	11. Mantai Stetus 12. Was Decedent Ever In U.S.	13. Was Decedent of Hispanic Origin? (Speif Yes, specify Cuban, Mexican, Puerto	ecify Yes or No- 14. Race -	Americen Indien,
at a see	3	Armed Forces?  1 Never Married 2 Married 1 Yes 2 No		Ricen, etc.) Black, 1	White, etc.
urs urs	by	3 Widowed 4 □ Divorced if Yes, Give Year or Dates:	1 ☐ Yes 2 ☐ Yeo Specify:	Specify:	Black
"natural", or	Completed	15. Decedent's Education	6a. Decedent's Usuet Occupation	16b. Kind of Busin	ess/Industry
nu u	pie	(Specify only highest grade completed)  Eiementery/Secondery (0-12)  College (1-4or 5+)	(Give kind of work done during most of work) life. DO NOT use retired)	ing	
filed within Hyglene. ort, the Me	ПО	9	Housewife	HOUSEKE	RPING
ent, ent,	Be C	17. Fether's Name (First, Middle, Last)	18. Mother's Neme	(First, Middle, Meiden Sumame)	
Mental Mental Brked o	ToB	Leander Bailey	Const	IMPR. Som	CPM
2 should be filed within end Mental Hyglene. Is marked other than aurmatic event, mark	-	19a. Informant's Name/Relationship (Type, Print)	19b. Mailing Address (Street end Number or Rure	al Route Number, City or Town, Ste	nte Zin Code)
iges I and z should be filed within 72 hr it of Heelth and Mental Hyglene. If flem 27 is marked other than "natur or other traumatic event, the Madest		LAUNG REED Doughter:	3447 Diedmount	ALL Baltimor	× 1/10/212
other tr		20a. Method of Disposition 20b. Place	e of Disposition (Name of	Date 20c. Location - Cit	v of Town. State
Peges nent of I int: If its iry or o		Depurial 2 Cremation 3 Li Hemovet from State	efery, cremetory or other place)	1/2/px EII:	40.1.
		4 Donation 5 Other (Specify)	an Far Cemetery	121/98 E111CO	City
permit. Pege Department of Important: If any injury or phos.		21. Signature of Funeral Service Literature	22. Name end Address of Facility	errick C. Jones	turbral t
40 E 6 0		Deril C-Jan	4611 Park Hak	AP Butt. 1	11.21215
		23a. Pert1. Enter the diseese, or complication, that caused the death. D shock, or heart failure. List only one cause or each tine.	to not enter the mode of dying, such es cardiac of	or respiratory arrest,	Approximete Intervat Between
hysician		2			Onsel and Deeth
/Medicai	Н	Immediate Cause (Final disease or condition	saylar Disease,	A thomas long	20
Examiner		resulting in deeth) a.	a consequence of):	TIMO XILO	79
n ~	ner				
eain cernicate be executed ettending physician and for use as the burial-transit	Examiner	Sequentially tist conditions Due to (or as	a consequence of):		
an ar rial-t	X.	if any, leading to immediate ceuse. Enter Underlying			•
ysicii Ne bu	edicai	that initiated events	a consequence of):		
as th	Pa	resulting in death) Last	a concoquonos on,		
ndin	Z	d			
requires triat ma death been signed by the etter hould be deteched for in	Physician	Dort II Other algorities at annelling and the size of the best of the size of			
ed by the deteched	ys	Part II. Other significant conditions contributing to death but not resulting	j in the underlying ceuse given in Part i.	23b. Did tobacco usa contri	
dete dete		gerzure Disorder		1 Yee 2 No 3	Probably 40 Unkn
been signed t	d by			240 Wee on outerous 2	4b. Were autopsy finding
noda noda	Completed			24a. Was an autopsy performed?	avaitable prior to completion of ceuse
SON	du				of death?
ate he	S			1□ Yes 2□ No	1 ☐ Yea 2 ☐ No
certificate rector, peg	Be	25. Was case referred to medical examiner?	26. Piece of Death	(Check only one)	
this co	2	Hospitei:	Outpatient 3000A Other: 4 Nursing Hor	me 5 Residence 6 Other (	Specify)
Affecthis is funeral di	ü	27. Menner of Death 1 Naturel 5 Pending 28a. Date of Injury (Month, Day Year) 28th	b. Time of 28c. tnjury at 1.5 Work?	28d. Describe how injury occurred	
A True	atio	2 Accident Investigation	M 1 Yes 2 No		
200	tiffe	3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, building, etc. (Specify)	farm, street, factory, office	28f. Location (Street and Number of City or Town, State)	or Rurel Route Number,
ed in	Certification:	outside (openity)		ony or rown, olato,	
hour hour hour hy fill	cai	29a. Certifier 12 Certifying Physician: To the best of my knowled	ige, death occurred at the time, dete and place,	and due to the cause(s) and menne	er es stated.
n 24 ne Fi	edical	(Check only one) 2 Medical Examiner: On the basis of examination and manner stated.	and/or investigation, in my opinion, death occurre	ed at the time, date end place, and	due to the ceuse(s)
within 24 hours effective to the Funeral Directory filled in its completaly filled in its completal fil	M	29b. Signature and title of certifier	29c. License number	29d. Date sigged (N	fonth, Day, Year)
0		Reworth Charle- 35 to	Dens. DHAICI	4/24	198
	- }	20 Name and address of parties	100000000000000000000000000000000000000	- ahantat	2010
		30, Name and address of person who completed cause of death (Item 23a	1) (Type, Pnn)	YUN HS FO	Honberry
		31 Date filed (Aldrith Day Your)	and criscity trops.	HVE	/
Sta Registr		31. Dete filed (Month, Dey, Year)  APR 3 0 1998  32. Registrar's Signature  APR 3 0 1998	0.4.00		
Registr	CI (	HER 3 II TUUN GUNDUNGAMA	rangeble		



13525

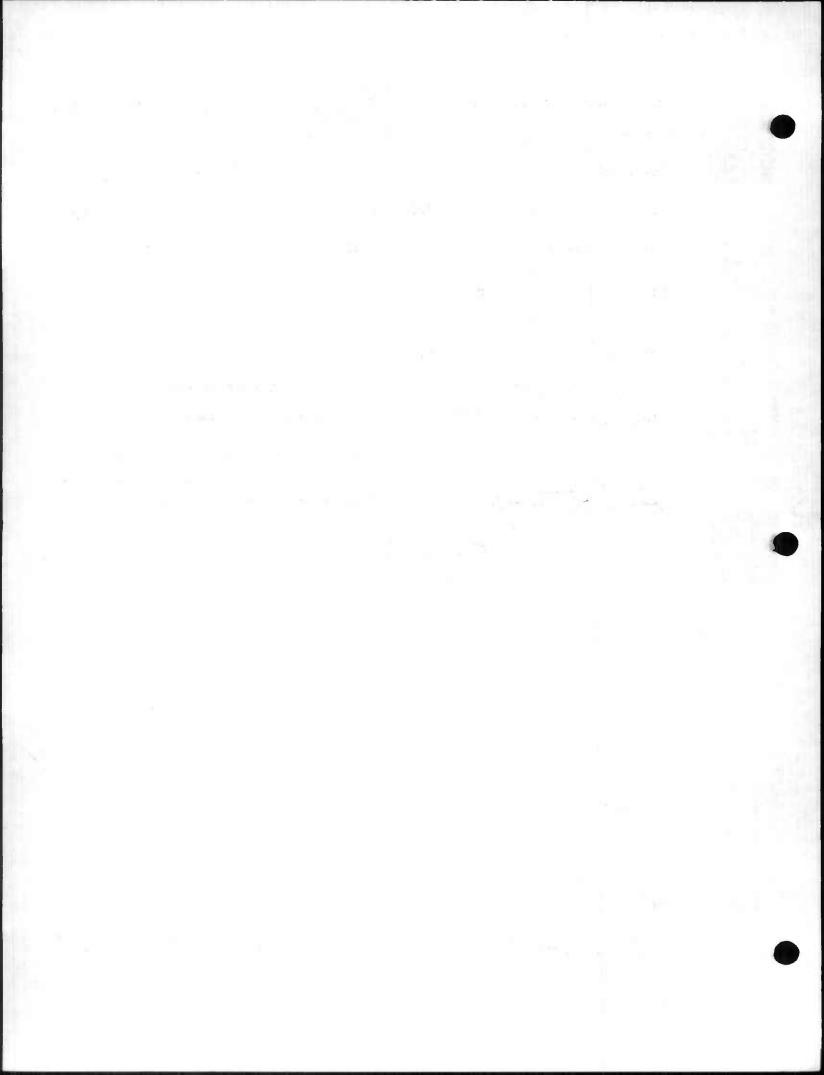
						Ce	rtificate	of	Death		Reg. No.	0 1	0060	
Dhuolala		1. Decedent's Neme (First, Midd	lle, Last)							2. Date of I	Death	Voor	3. Time of Death	
Physicia /Medic		LEONA					RI	IGRO	SE	APRIL	26	1998	1:15 PM	
Examine		4e. Facility Name (If not institution	n, give street en	nd number)					4b. City, Town, or	Location of De	ath 4c. Cou			
		Berlin Nurs	ing Ho	me					Berlin		Wor	ceste	er	
Funerai		5. Social Security Number	6. Sex 1 □ M 2 €		e (In yrs. lest l		if Under	Year	If Under 24 Hrs Hours Min	8. Date of B			place (State or Foreign	
Director		212-56-6886	1 L M 2E	11-	<del>87</del> 88	Yrs.	- NOTATIO	Days	TIOUIS WIII	March	8,1910	Mary	land	
D .		Usual Residence of Decedent 10a. State 10b. County			10a City Ta									
r 28a-f show	70	,			10c. City, To									
Ne M	Scto		/A		Balti	Lmor							NU Yes 2U No	
or 2	Director	10e. Street and Number	7				10f. Zip (							
ath w	<u>a</u>	3549 Wilken					21	229			Unite	d Sta	ates	
er da	Funeral	11. Maritel Status	Arme	Decedent E ed Forces?		13.	Was Decade If Yes, speci	nt of H	lispanic Origin? (3 en, Mexicen, Pue	Specify Yes or for to Ricen, etc.)	14. F	lace - Americal American Ameri	cen Indian, etc.	
72 hours after daath with the Maryland natural', or flems 23a or 28a-f show sign Enaminer must be notified at	by F	1 ☐ Never Married 2 ☐ Mar 3 ☐ Widowed 4 ☐ Divorced		Yes 2 ☐ N s, Give	lo		1   Yes 2	No No	Specify:					
natural	D D			or Dates:										
and	Be Completed	(Specify only highe	nt's Education st grade comple	eted)	16	(Give	dent's Usuel	done d	eation during most of wo d)	orking	16b. Kind of	Business/In	dustry	
r than "	E	Elementary/Secondery (0-12)	Coile	ege (1-4 or 5			_		2)		0			
other	ပိ	17. Father's Name (First, Middle,	( act)		1.	TOILLE	make:	<u> </u>	19 Mother's No	mo /Eirot Midd				
	Be	Robert Meyer	Casij							Eichne		Ath Day Year 26 1998 1:15 PM  4c. County of Deeth Worcester  19. Birthplace (State or Fore County)  19. Birthplace (State or Fore County)  10d. Inside City Lim Yes 2 1  10g. Citizen of What County?  United States  14. Race - American Indian, Black, White, etc.  Specify: White  16b. Kind of Business/Industry  OWN HOME  Maiden Sumame)  7. City or Town, State, Zip Code)  11, Maryland21811  20c. Location - City or Town, State  Baltimore, Maryland  11c. Arbutus  ad Maryland 2122  Approximate  Inc. Arbutus  add Maryland 2122  Approximate  Inc. Arbutus  add Maryland 2122  Approximate  Inc. Arbutus  add Maryland 2122  Approximate  Inc. Arbutus  Arbutus  Arbutus  Approximate  Inc. Arbutus  Arbutu		
markad markad imatic e	ဥ													
rau trau		John T. Mille	enbura	, nept	1ew 1	ρ. Mailir	Whit	Street H	and Number or R	ural Route Num	lber, City or Tov	vn, State, Zip	Code)	
Item 27 other t	-	20a. Method of Disposition	9	,			sition (Nem		OISC D.	Date				
or or		1 Burial 2 ☐ Cremetion	3 □Removei f	from State	cemet	ery, crer	natory or oth	er plac						
Department of Important: If I any Injury or once.		4 □ Donation 5 □ Other (S			Loud				metery	4/29	Balti	more,	Maryland	
mpol any Ir		2) Signature of Funeral Service	Licensee						ss of Facility	Homo	Tno	2 1-		
0280		tanksta	gan			13	28 S1	lp	hur Sp	ring R	oad M	arvla	outus and 21227	
100		23a. Part. Enter the diseese, or shock, or heert failure. List	omplications t	hat caused on each lin	the death. Do	not ent	er the mode	of dyln	g, such es cardla	c or respiretory	arrest,	1	Approximate	
hysician													Onset end Death	
/Medicai xaminer		Immediate Cause (Final disease or condition	. 6	vice	noma	2 0	1 Kt	. T	Breast	uni	the Bo	re	2 yres	
		resulting In death)	u		Due to (or as a	a consec	uence of):	92	utan	ر زر ما				
Sit	e l		<b>a</b> h							, week				
g physician and as the bunal-transit	/Medical Examiner	Sequentially list conditions,			Due to (or as a	conseq	uenca of):							
buna	E I	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	G											
phys the	D C	that initiated events resulting in deeth) Last			Due to (or as a	conseq	uenca of):							
ding sa as	Me		d											
the d	Physician	Part II. Other eignificant condition	ons contributing	to death bu	t not resulting	In the ur	nderiying ce	ise giv	en in Part i.	23b. Di	d tobacco use	contributa to	the cause of death?	
d by		1 Sychole	e D	iso	role	/				10	☐ Yes 2. No 3 ☐ Probably 4 ☐ Unknow			
5 2	Ď	01 11	0	1	A		,			-				
should l	ed	Essentis	el to	type	rlen	au	n			24a. We	s an autopsy formed?	av	allable prior to	
5 CA 1	Completed	12 10 0	• —	10		1 0	1		~			of	death?	
s cartificata ha	5	Pathology	ie Tro	zetu	re L.	he	p from	n r	news. co	2. 1□	Yes 2X No	10	Yes 2 No	
this cartificata	Re	25. Was case referred to medical examiner?							26. Place of De	ath (Check only	one)			
is ce	0	1 ☐ Yes 2 No	Hospital:	1 Inpatien	nt 2 ER/O	utpatien	t 3 DOA	Othe	er: 4 Nursing I	fome 5 ☐ Res	sidenca 6 🗆 C	ther (Specif	y)	
Aftar thi funarai		27. Manner of Death 1 → Natural 5 → Pendin	28a. D	Date of Injury Month, Day	Year) 28b.	Time of	28	injun Work						
A: Af	atic	2 ☐ Accident investig	ation	,,		,,	M		Yes 2 □ No					
recto		3 Sulcide 8 Could r	not be ined 28e. P	Place of Inju	ry - At home, f (Specify)	arm, stre	eet, factory,	office		28f. Location	(Street and Nul	nber or Rure	I Route Number,	
within 24 hours after death.  To the Funeral Director: After this complately filled in by the funeral after the funeral	Certification:			anomy, oto.	(opcoy)					Only of 1	om, oraco,			
within 24 hours aftar death.  To the Funeral Director: All complately filled in by the funeral Bladford.	edicai	29a. Certifier 1 Certifyin	g Phyeician: To	the best of	my knowledg	e, death	occurred at	the tim	ne, date and place	and due to the	e ceuse(s) end	manner as si	tated.	
the F		one)	end i	manner stet	ed.	novor inv	estigetion, ii	i my op	oinion, death occi	irred et the time	, date and plec	e, end due to	the ceuse(s)	
To	Σ	29b. Signature and title of certifier			7 1	2	29c.	icense	number		29d. Date sign	ned (Month,	Dey, Year)	
		Gregore	o M.	(6	Ello	1	D.	2950	05		4-	26-	-98	
X	1	50. Name end address of person	who completed	cause of de	ath (Item 23a)	(Type, I	Print)							
()	4	GREGORIO BELLO	OSO MD	5302	CHINAB	ERRY	DR.	SAL	ISBURY M	D 21801	410-3	41-032	21	
State	e	31. Dete filed (Month, Day, Year)	3		s Signeture	0 .								
Registra	r	APR 3 0 19	38	Juna Di	avidson-l	pande	المال							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** Calvin Lee Rhone, Jr. 26, 1998 April 7:11p.m. /Medicai 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 1909 Beechwood Avenue Baltimore 5 Social Security Number If Under 1 Yeer if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1₽M 2□ F Months Days Hours 214-94-0068 22 Yrs. Director July 15, 1975 Md. Usuel Residence of Decedent the Marylend 10c. City, Town or Location Baltimore 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Md. n/a XXYes 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1909 Beechwood Avenue 21207 USA deeth Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes \$55 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours effer or Department of Health end Mental rhygiene. Important: If Item 27 is merked other than "natural", or item any injury or other traumetic event. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 25 No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 10th Grade n/a n/a 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Calvin Lee Rhone, Sr. Veronica Barnes 19a. Informant's Name/Relationship (Type, Print) father 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1909 Beechwood Avenue Baltimore, Md. 21207 Calvin L. Rhone Sr. 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burlal 2 Cremation 3 Removel from State New Cathedral Cemetery April 30 Baltimore, Md. 22. Name and Address of Facility 21. Signeture of Funeral Service Licensee Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Part i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** SeIZURE /Medicai Immediate Cause (Final 5 MINUTEI disease or condition resulting in death) Examiner Due to (or as a consequence of): shysician and the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): signed by the attending physician d be detached for use as the burie Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use coptribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were eutopsy findings available prior to Completed 24e. Was an autopsy performed? Deed completion of cause of deeth? certificata has 1 ☐ Yes 2 ☑ No 1 Yes 2 No Be 25. Was cese referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 PResidence 6 Other (Specify) 2 1 Yes 1 Inpatient 2 ER/Outpatlent 3 DOA this 27. Manner of Deeth 28c. injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 5 Pending investigation 1 Natural Injury deeth. 1 Yes 2 🗹 No 2 Accident after deeth 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 T Homicide Hospital of 24 hours at To the Hospital
within 24 hours a
To the Funeral C 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. edical 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 31072 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Pediatric Associates Oscar M. TRUBE, M.D. GREENSPRING PEDIATRIC ASSOCIATES

**DHMH 16 Rev 6/95** 

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 045 Month Dey **Physician** SILBERMAN RONNIE AARON 28,1998 APRIL /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE 7211 PARK HEIGHTS AVE., APT. 203 8. Date of Birth (Month, Dey, Year) AUG-29,1913 If Under 24 Hrs. Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In vrs. last birthday) **Funeral** 1XM 2□ F Months Deys Hours 84 MARYLAND Director 216-05-1205 Usual Residence of Decedent with the Maryland 10d Inside City Limits 10e State 10h Counts 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner mant or notified at 1 Yes 2 No Director MARYLAND N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 7211 PARK HEIGHTS AVE., APT. 203 21215 USA Funeral 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 1 ②Yes 2 □ No If Yes, Give Year or Dates: 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married WHITE 1 ☐ Yes 2 No Specify: Specify by 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) OWNER CLOTHING MANUFACTURER 18 Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Lest) 10 **GEORGE** SILBERMAN N. BELLE TISSENBAUM 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) DEE SILBERMAN (WIFE) 7211 PARK HEIGHTS AVE., APT. 203 BALTO., MD 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State BALTIMORE HEBREW 4/29/98 REISTERSTOWN, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Lice 22. Name end Address of Fecility
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 Approximete Interval Between Onset and Deeth ons that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, **Physician** /Medical Immediate Ceuse (Fine) disease or condition resulting in deeth) Examine Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 6876 Due to (or es e consequence of) The law requires that the death certificate Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown P 24b. Were eutopsy findings available prior to completion of cause of deeth? been si Completed 24a. Wes en eutopsy performed? s certificate hes t 1 D W 1 Yes 2 No Hospital or Attending Physician: director, 25. Wes case referred to undical Be 26. Piece of Deeth (Check and 2/7/10 Other: 4 Nursing Home Definishmence 6 Other (Specify) 10 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mennes of Deeth Dete of Injury (Mopth, Dev Year) 28c. Injury et Work? 28d. Describe how injury occurred Certification: 28b. Time of After 5 Pending investigation Neturel deeth. 1 ☐ Yes 2 ☐ No 2 Accident Director: / 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide the Funeral Dinpletely filled in hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and menner es steled.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) end menner stated. edical 29a. Certifier within 24 h To the Fur To the 29d. Date signed (Marith, Day, Year) 29b. Signature and title of equitie 29c. License number

19

State Registrar

APR 30 1998

30. Name and address of person

31. Dete filed (Month, Day, Yee)



THE PART OF THE PA

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Red No 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month **Physician** JOSEPH SCHEINBERG APRIL 28 1998 12:30AM /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Death **Examiner** REISTERSTOWN BALTIMORE CHERRYWOOD NURSING HOME If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** M 2DF Months Days Hours Min Yrs. 217-09-5094 81 APR. 14, 1917 NEW YORK Director Usuai Rasidanca of Dacedant the Marylend 10a Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-1 show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director MARYLAND BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 10 6701 CHIPPEWA DR. 21209 USA 234 Funeral death 12. Was Decedant Evar in U,S.
Armed Forcas?
X1 □ Yas 2 □ No
If Yas, Giva
Yaar or Datas: Home Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, spacify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian. 11. Marital Status permit. Peges 1 and 2 should be filled within 72 hours after to Department of Health and Mental Hygiena. Important: If item 27 is marked and any injury or other companies. Biack, Whita, atc. 1 Navar Married Married WHITE 1 Yas 2 No Specify: Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedant's Education (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada complated) College (1-4or 5+) Eiamantary/Secondary (0-12) SUPERVISOR INSTALLMENT 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) **JACOB** SCHEINBERG IDA REISMAN 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) GOLDIE SCHEINBERG (WIFE) 6701 CHIPPEWA DR. BALTO., MD 21209 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 XBurlal 2 ☐ Cramation 3 ☐ Ramovai from Stata MOSES MONTEFIORE WOODMOOR HEBREW 4/29/98 BALTO., MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Fynaral Sarvice Licensas 22. Name and Address of Eachility BROS. INC. 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner cardiovascular de Eas 22 years Examiner Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) burial-1 certificate be ex physician Physician/Medical the Dua to (or as a consaquance of): SE attending p the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 triknown Division of Vital Records, by 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy peen : parformed' has pege 2 1 Yas 2 HM 1∏Yas 2∏No or Attending Physician: funeral director, 25. Was casa rafarrad to medical axaminar? 26. Placa of Daath (Check only ona) Be Othar: 48 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: After 1 Matural 5 Panding efter death. Director: Aft 1 Tas 2 🗆 No invastigation 2 Accidant 6 Could not be 3 Suicida 28a. Piaca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida n 24 hours e 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifiar To the To the To the P 29d. Data signed (Month, Day, Year) 29b. Signature and fitta of cartifian 29c. Licansa number 30. Nama and addrass of parson who complated causa of death (Itam 23a) (Type, Print) 31. Data filed (Month, Day, Year)
APR 30 19 State

Registrar

To a lower Riv Theorem 73

and the first of the state of t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death 1. Decedent's Name (First, Middle, Last) Month A PS Day 24 **Physician** Talcolm 11:35 AM. Manhing /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and humber) 4c. County of Death Examiner 3502 SLADE AVENUE BALTIMORE BALTIMORE 8. Date of Birth Month Day Year 1934 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6 Sex Birthplace (State or Foreign Country) **Funeral** Months Days Min 1 X M 2□ F Hours 63 216-28-8100 Yrs. MARYLAND Director Usual Residence of Decadent death with the Maryland 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits Nem 27 is marked other than "natural", or Nems 23s or 28s-f show other traumatic event, the Modical Examinar must be notified at BALTIMORE BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3502 SLADE AVENUE 21208 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Bace - American Indian. 11. Marital Status Black, White, etc. 1 Yes 2 VNo If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married WHITE 1□ Yes 2□ No Maryland 21215-0020 Specify: PY 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) ATTORNEY LAW 5+ 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) LOUIS SCHLOSSBERG TDA SILVERMAN. 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) SANDRA SCHLOSSBERG / WIFE 3502 SLADE AVENUE: BALTIMORE, MD 21208 altimore, 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 XXurial 2 ☐ Cremation 3 ☐ Removal from State 4-26-1998 RANDALLSTOWN, MD BETH EL MEMORIAL PARK 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility 21. Signature of Funeral Service Licenses SOL LEVINSON & BROS., INC. the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, art failure. List only one cause on each line. 8900 REISTERSTOWN RD; PIKESVILLE, MD 21208 Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or as a consequence of): physician Box 68760 Physician/Medicai certificata be Due to (or as a consequence of): the SIS use Por signed by the a d be datached f 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 24 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to Completed 24a. Wes en eutopsy performed? peen completion of cause of death? has page 2 1 Tyes 28No 1 ☐ Yes 2 ☐ No cartificate Division of Vital Hospital or Attending Physician: 24 hours after death. 25. Was case referred to medical Be 26. Place of Death (Check only one) 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 this 28a. Date of Injury (Month, Day Year) funeral 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred After 5 Pending investigation Injury 1 Natural after death. 2 No 2 ☐ Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 24 hours Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the ceuae(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 To the

State Registrar

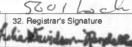
31. Date filed (Month, Day, Year)

Davis

29b. Signature and title of certifier

30. Neme and address of person who

APR 30



mpleted cause of deeth (Item 23a) (Type, Print)

29c. License number

20396

29d. Date signed/(Month./Day, Year)

the way of the single

500 1 CCB

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 5. per F.H. G-759 5/6/98 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death April **Physician** RETHA SCHLOSSER 10:17 PM 28 /Medical 4e. Fecility Neme (if not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Fairhaven Nursing Home Sykesville Carrol1 If Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 217-14-1765 218-68-1009 9. Birthplece (State or Foreign Country)
0 Maryland 7. Age (In yrs. last birthday) **Funeral** 1□M 219 F 98 Yrs. Director January 10, 1900 Usuei Residance of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Heelth and Mental Hygiene. Illimportant: If Item 27 is marked other than "natural", or Items 23s or 28s-f show eny Injury or other traumatic event, the Medical Examiner must be normal encorre 10a Stete 10b. Counts 10c. City. Town or Location 10d. fnside City Limits Maryland Carroll Sykesville 1 ☐ Yes 2XXNo Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21784 United States 7200 Third Avenue 12. Wes Decedent Ever in U,S. Armed Forces? 11 Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Yes 2 No ff Yes, Give Yeer or Detes: Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Coilege (1-4or 5+) 12 Rank Teller 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Henry Schlosser unk 19e. Informent's Nems/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Debra Holub 1496 Ascot Drive, Pasadena, MD 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 5/1/98 Baltimore, MD Loudon Park Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility Loudon Park Funeral Home 21. Signeture of Funerel Service Licensee 3620 Wilkens Avenue, Baltimore, MD 21229 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete interval Batween Onset end Deeth /Medical Immediate Cause (Final PNEUMONIA 3 day diseese or condition rasulting in death) Due to (or as a consequence of) Examiner the burial-transit and Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last Dua to (or es a consequence of) certificate be am physician Physician/Medical Due to (or es e consequence of): use as

**Physician** Examiner

ō

been signed by should be detec

page 2 certificate

director,

funeral

filled in by the

ဥ

Certification:

Medical

I or Attending Physician: 'after death.
Director: After this certifica

To the Hospital o within 24 hours af To the Funeral Di completaly filled in

altimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.

Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Cerebrovescular accident þ Completed 25. Was case refarred to medical Be

28e. Deta of Injury (Month, Day Year)

23b. Dfd tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed?

1 Yes 2 ₽ No 1 ☐ Yes 2 ☐ No

28. Placa of Death (Check only ona) Other: 4 Thursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier 1 Certifying Physician: To the best of my knowledge, daeth occurred at tha time, dete and place, end due to the cause(s) and mannar es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) end menner stated. (Check only one)

29b. Signature and title of certifier

1 Yes 2 No

27. Menner of Death

1 Naturel

2 Accident

3 Suicide

4 ☐ Homicide

29c. License number

28c. Injury et Work?

29d. Dete signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Thrd Avenue Ellu Mez mo 7200

Sykesulk, MD.

State Registrar

31. Dete filed (Month, Day, Year)

APR 3 0 1998

5 Pending invastigation

6 Could not be detarmined

32 Registrace Signeture Tondoss

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Pleca of Injury - At homa, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

98-2210-510 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. AM State of Maryland / Department of Health and Mental Hygiene DANTEL SMITH Certificate of Death 1. Decedent's Name (First. Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** DANTEL SMITH APRIL 21,1998 9:31 P /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner SHOCK TRAUMA UNIT BALTIMORE If Under 1 Year | If Under 24 Hrs. 8. Date of Birth
Jul. 14 1975 5. Sociei Security Number 6.Sex XIM M 2□ F 7. Age (In yrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** Months Deys Hours 22 MARYLAND Yrs. 218-86-6393 **Director** Usuel Residence of Decedent 10e. Siele 10b. County 10c. City, Town or Location 10d, Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Medical Examiner must be notified at the Maryle 1 XX es 2 □ No Directo MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1120 W. SARATOGA STREET 21223 U.S.A. Funeral 14. Race - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 1 No If Yes, Give Year or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 2 should be filed within 72 hours after on and Mental Hygiene.
Is marked other than "natural", or item 1 Never Married 2 Married 1 ☐ Yes 2)(No Specify: Specify: BLACK p 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) ementery/Secondery (0-12) College (1-4or 5+) HOUSEMAN MARRIOTT HOTEL 12th grade 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) RAYMOND JOHNSON ROSALIND KNOTT 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) permit. Pages 1 end 2 sh Department of Health and Important: if Item 27 is m any Injury or other traum once. Rosalind Knott/Mother 1120 W. SARATOGA ST., BALTIMORE, MARYLAND 21223 altimore, 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other placa) 20c. Location - City or Town, Stete Dete Buriel 2 Cremetion 3 Removel from State 4-30-98 BROOKLYN, MARYLAND CEDAR HILL CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 21. Signeture of Funeral Service Licensee 1206 W. NORTH AVENUE 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximata Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Final GUNSHOT WOUND OF HEAD disease or condition resulting in deeth) Examine Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) USB 23b. Did tobacco uss contributa to the causs of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to 24e. Wes en eutopsy performed? Completed peen completion of cause of deeth? page 2 has 1 Yes 1 PYes 2 No 2 No certificate funeral director, 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 XER/Outpetient 3 ☐ DOA 2 1XXYes 2□ No this 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury el Work? 1 Neturel 5 Pending 21/6 1 1 Yes 2 No Sins sour was shor. 98 Investigation 21 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide

Division of Vital Records, P.O. Box or Attending Physician: efter death. 24 hours Hospital within 2 To the

completely

THE GIBERT (MONTH, Day, Year)
APR 3 0 1998 State Registrar

29a. Certifier

(Check only one)

29b. Signeture end title of cartified

Wyme

Medical

N. KOLEU WM 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature ia Aguidson-Handalle

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

\*\*Madical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stelled.

29c. License number

OCME

11 00 W. SARATOGAST BALTIMERE MM

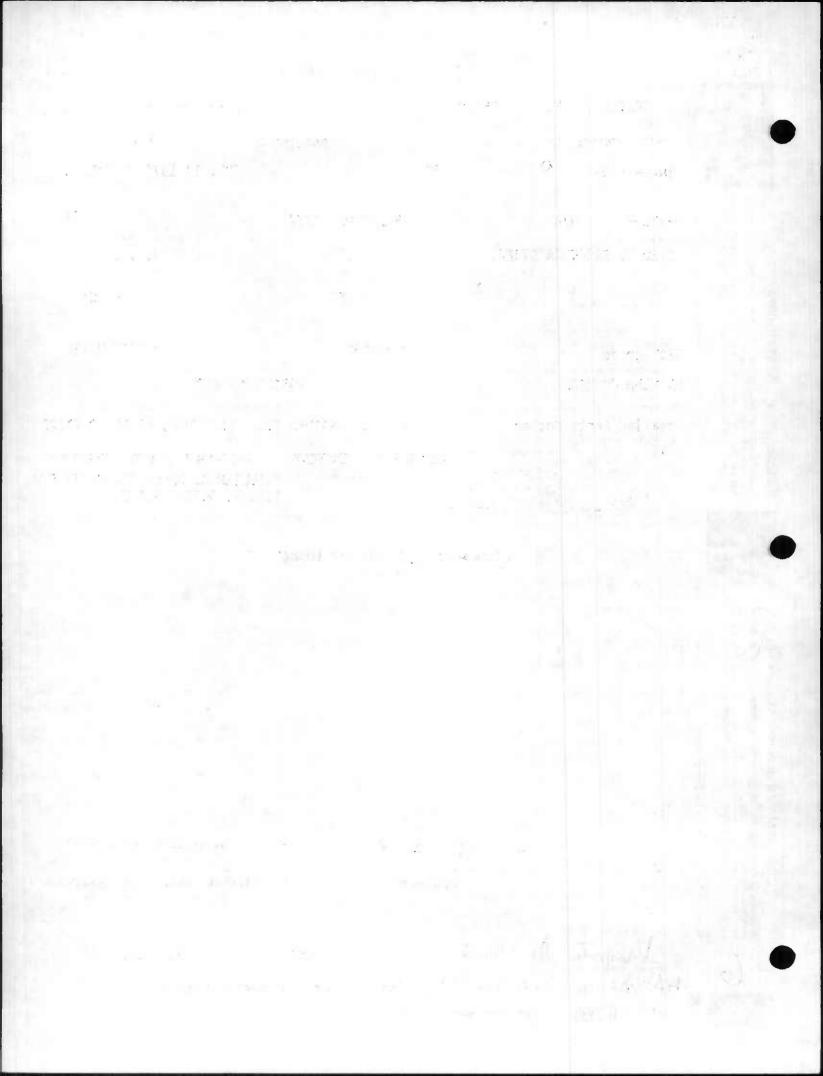
29d. Date signed (Month, Day, Year)

APRIL 22,1998

STREET

rule

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Dev Vee DAVID BEN TOBB APRIL 26 1998 1:06 AM 4b. City. Town, or Location of Deeth 4a Facility Neme (If not Institution, give street and number) 4c. County of Death SHADY GROVE ADVENTIST HOSPITAL Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year Months Deys MONTGOMERY Birthplace (State or Foreign Country) 5. Social Security Number X M 2□ F 73 218-12-4117 MARYLAND Usuel Residence of Decedent 10a State 10h Counts 10c. City, Town or Location 10d Inside City I Imits 1 ☐ Yes 2X No MARYLAND BALTIMORE BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8138 SCOTTS LEVEL RD. 21208 USA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian Black, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 ☐ Married 1 Yes X No Specify: WHITE 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) College (1-4or 5+) Elementery/Secondery (0-12) MANAGER FURNITURE 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) FABRICANT MOSES TOBB ROSE 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Reletionship (Type, Print) 2219 CARTER MILL WAY BROOKEVILLE, MD RONDALD E. TOBB (SON) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State 20e. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removel from State HEBREW YOUNG MEN 4/28/1998 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service License 22. Namo and Address to South & BROS., INC. 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 unun 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth -6 kg. Immediate Ceuse (Final disease or condition resulting In deeth) DAYS HOUR Due to (or as a consequence of): MONTHS 23b. DId tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Acone 24e. Wes an autopsy performed?

**Physician** /Medical Examiner

law requires that the death certificate be axecuted

Box 68760,

۵.

Division of Vital Records,

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certified

After this funaral

in by

• Funeral Di

To the Hospi within 24 hou To the Funer completaly fil

any la

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

Director

Funeral

by

Completed

7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Mod cal Examinat must be notified at

filed within 72 hours efter death 'Hygiene. ther than "natural", or Items 23

permit. Pages 1 and 2 should be f Department of Heelth end Mental I Important: If item 27 Is marked of any Injury or other traumatic eve

with the Marylend

Examiner Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last and physician a s the burial Physician/Medical signed by þ Completed certificate

Be

Certification: To

edical

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ding.

24b. Were autopsy findings evailable prior to completion of cause of deeth?

1 Yes

1 ☐ Yes 2 ☐ No

25. Was cese referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 1 Yes 2 No 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Natural 5 Pending

1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

2 NO

1 🖸 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. 29a. Certifier (Check only one) 2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29d. Date signed (Month, Dey, Year) 29c. License number APRIL-26-1998

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

18/11 PRINCE PILLER Dr. MD. TARED H. DISZ OLarry 31. Dete tiled (Month, Day, Year)

State Registrar

0

APR 30 1998

29b. Signature and title of continer



100 A 100 A

25 Sept. 11 Sept.

CONTROL OF THE STATE OF A THE STATE OF THE S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 52.2-98RC State of Maryland / Department of Health and Mental Hygiene Amend: #7 Per Anatomy Board Film G759 Amend: #1 Per MD Film G758 4-30-98RC Certificate of Death 1. Decedent's Name (First, Middle, Last)
CARL H. YUNGMANN 2. Date of Death 3. Time of Death JR Month **Physician** April 5, 1998
April 5, 1998
4c. County of Death 11:03 PM /Medical 4a. Facility Neme (#not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 8941 Twin Ridge Drive Glen Burnie Anne Arundel If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dev. Year) **Funeral** Months Devs 78 Yrs. 68 Director 213-26-2866 Sept. 22, 1929 Maryland Usual Residence of Decedent death with the Meryland 10c. City, Town or Location 10a. State 10b. County 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner naist be notified at 1 ☐ Yes 2 ☑ No Maryland Anne Arundel Director Glen Burnie 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8941 Twin Ridge Drive 21061 U.S.A. Funeral 14. Race - American Indien, Bleck, White, etc. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. Meritei Stetus filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within bepartment of Health and Mental Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic event." College (1-4or 5+) Elementary/Secondary (0-12) Supervisor Nursing Home 10 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Lillian Elizabeth Kaufman Carl Henry Yungmann 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8941 Twin Ridge Drive, Glen Burnie, Maryland 21061 Nellie E. Yungmann/wife 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donation 5 ☐ Other (Specify) 21. Signature of Fureral Service Licensee

Royald S. Wade Director

State Anatomy Board, 655 W.

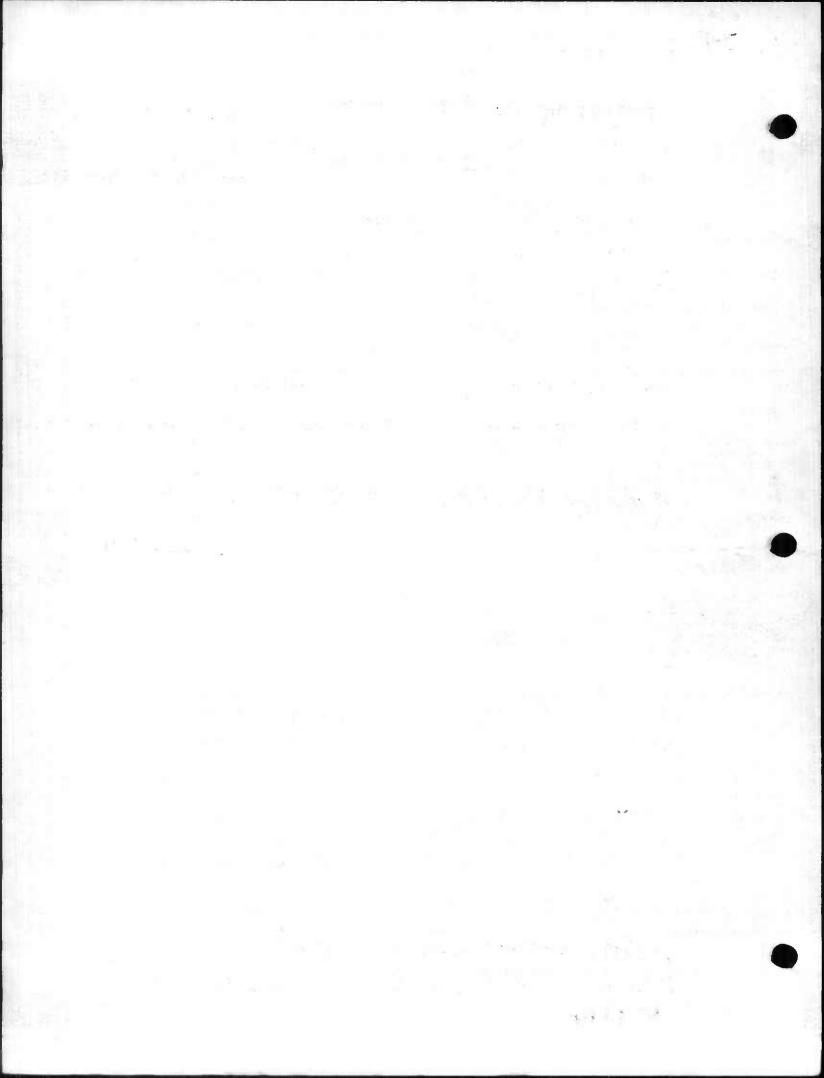
Baltimore, Maryland 21201

23. Furt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, whick, or heart failure. List only one cause on each line. 22. Name end Address of Facility
State Anatomy Board, 655 W. Baltimore Street Approximate interval Between Onset end Deeth Physician immediate Cause (Final disease or condition resulting in death) a. Sepsis with disseminated

Due to (or as a consequence of): /Medical Examiner Examiner Dreimonia physician end the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury prostate Division of Vital Records, P.O. Box 68760, metastatic Physician/Medicai that initiated events resulting in death) Last USB 88 ò Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was an autopsy Completed peen has ease 25. Was case referred to medical examiner?
1 ☐ Yes 2 No Be 28. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 2 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28e. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Menner of Death 28b. Time of 28c. Injury et Work? Certification: Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 ☐ Accident or Attended efter death 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 24 hours e 24 hours Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) 273B con onins 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State 21012 Registrar

DHMH 16 Rev 6/95



# lie Adkins alt-10-3957

**DHMH 16 Rev 6/95** 

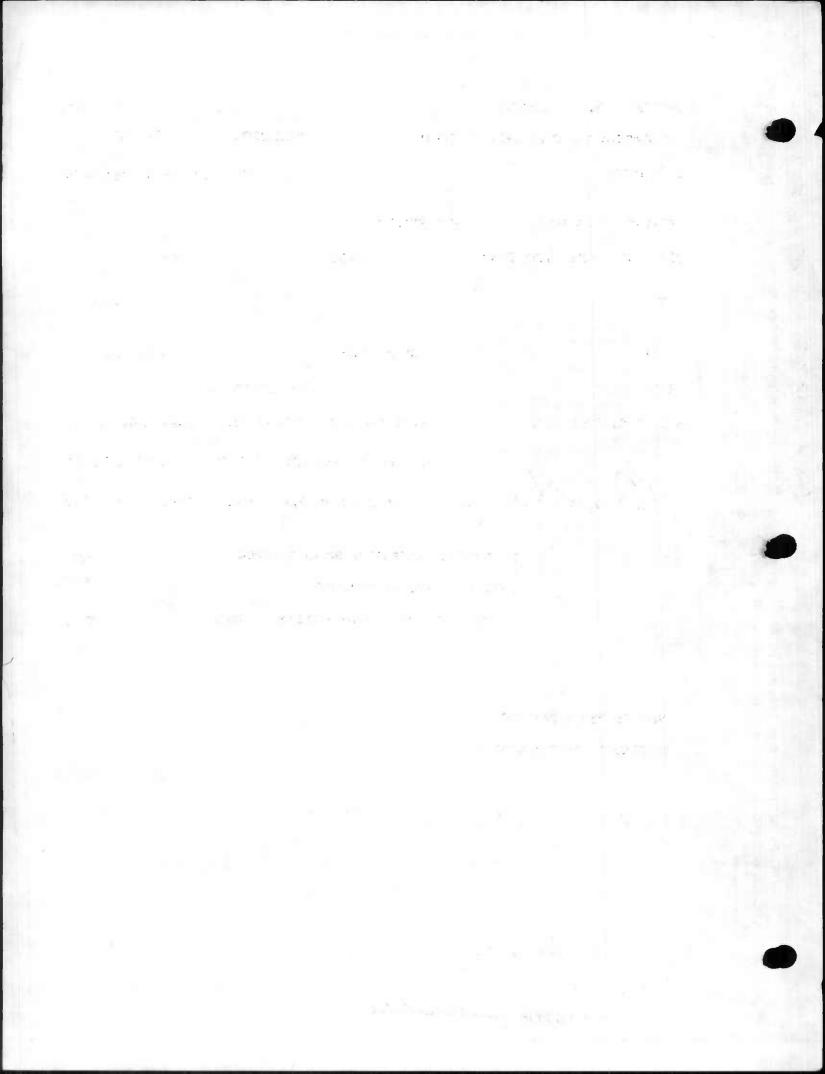
Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey Year **Physician** DOLLIE Μ. ADKINS 15 1998 0640 April \* /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Under 1 Year Birthpiece (State or Foreign Country) 7. Age (In yrs. lest birthday) 5. Social Security Number 8. Dete of Birth (Month, Dey, Yeer) **Funeral** Months Deys Hours 1□ M 20XF Yrs. 217-10-3957 **Director** NOV. 19, 1913 MARYLAND Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-1 show other traumatic event, the Medical Examinal must be notified at deeth with the Meryler 1 Yes 2 □ No Directo MARYLAND WICOMICO PITTSVILLE 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number 35049 OLD OCEAN CITY ROAD 21850 USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ঐ No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: þ WHITE 3 ₺ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry and Mental Hyglene. Elementery/Secondary (0-12) College (1-4or 5+) SEAMSTRESS 11 CLOTHING 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) HENRY DENNIS IDA LITTLETON OL 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Department of Health Important: If Item 27 ROBERT R. JONES JR. 9408 CROPPER'S ISLAND RD., NEWARK, MD. 21841 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 20e. Method of Disposition Date any injury or conce 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) PITTSVILLE CEMETERY 4/17/98 PITTSVILLE, MD. 22. Name end Address of Fecility HASTINGS FUNERAL HOME, SELBYVILLE, DE.

Part. Enter the disease, or complications that the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause the mode line. 19975 Approximate Intervel Between Onset end Death **Physician** Immediete Ceuse (Final diseese or condition resulting in death) /Medical REFRACTORY CONGESTIVE HEART FAILURE WEEKS **Examiner** Due to (or es e consequence of): WEEKS Examiner CONGESTIVE CARDIOMYOPATHY hysician end the burial-transit that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of): ATHEROSCLEROTIC CARDIOVASCULAR DISEASE YEARS Box 68760, attending physician Physician/Medical Due to (or es e consequence of): 80 esn jo 23b. Did tobacco uea contribute to the cause of death? ed by the s Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown CHRONIC RENAL FAILURE þ Division of Vital Records, 24b. Were eutopsy findings aveilable prior to Completed 24e. Wes en eutopsy performed? CEREBROVASCULAR ACCIDENT completion of cause of death? page 2 s Ser 1 Yes 2 No 1 Yes 2K No certificate Attanding Physician: funeral director, 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Be 1 Yes 21 No 27. Menner of Deeth Other: 4 Nursing Home 5 Residence 6 Other (Specify) Defe of Injury (Month, Dey Year) 2Bb. Time of Injury 28c. Certification: To After this 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No 24 hours after death.

Funeral Director: Af investigation 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide ò Hospital 156 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steled.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) within 2 100 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier da 30. Neme end andress of person who completed cause of deeth (Item 23e) (Type, Print) auincy ST. SAL158414 Green 403 21804 GAIL 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State eun d'avelor-Rardall APR 16 1998 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

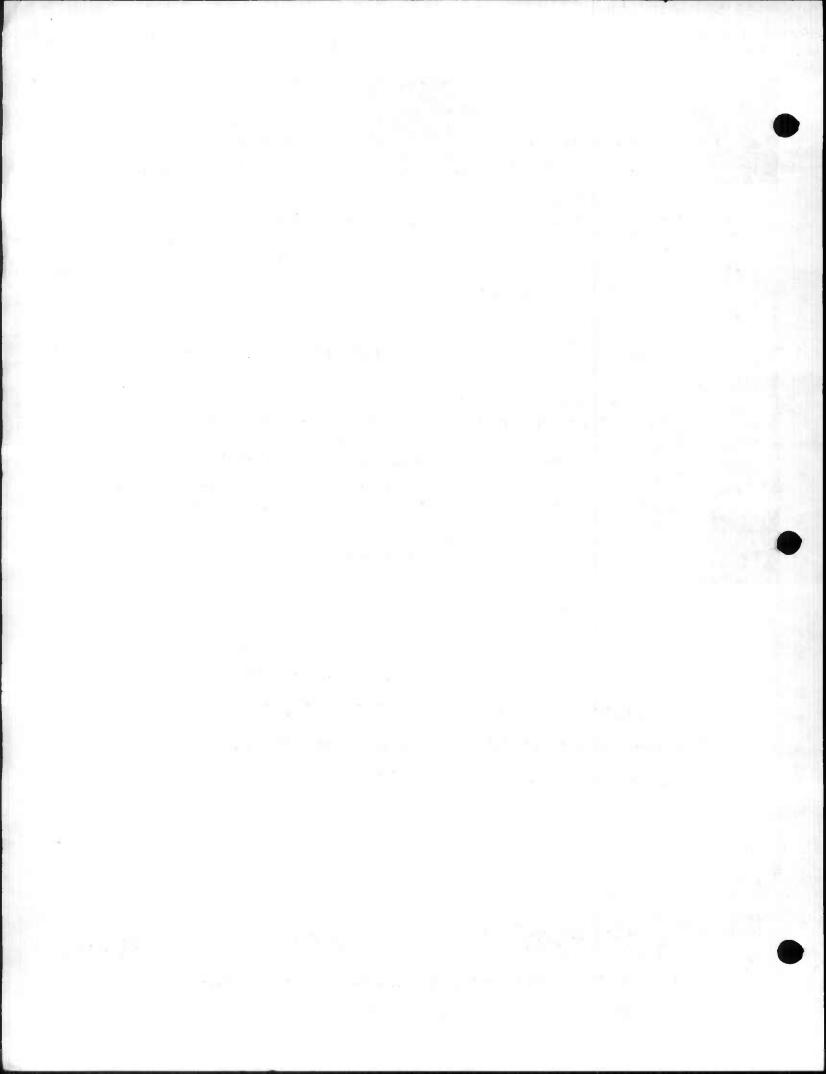
State of Maryland / Department of Health and Mental Hygiene

13535

					Cer	tificate o	f Death		Reg. No.		
Physic	ian	1. Decedent's Name (First, Middle, L	ast)			1		2. Date of De Month		Year 3.	Tima of Death
/Medi		Id	a Balses A	Astle				April	5 1		11:15 a
Exami		4a. Fecility Name (If not institution, g	ive street end numbe	er)			4b. City, Town,	or Location of Deeth	4c. County	y of Deeth	
		Harford Mem	orial Hos	pital			Havre	de Grace		Harfor	d
Funeral Director		5. Social Security Number 6. 219-16-2659	Sex 7 1 □ M 2 ¼ F	Age (In yrs. I	last birthday) Yrs.	If Under 1 Ye Months Day		lin. 8. Data of Bir (Month, Da Dec. 2	th Y. Year) 1, 1923	9. Birthplace Country) M10	(State or Foreighigan
naturel', or items 23a or 28a-1 show		Usual Residence of Decedent									
ahow T	_	10a. State 10b. County		10c. City	, Town or Lo	cation					nside City Limits
I	Director	Maryland Ceci	1			Ris	ing Sun				Yes 2 No
or 26	-Jre	10a. Street and Number				10f. Zip Code	)		10g. Citlzen of	What Country?	
23a		2447 Red Toad Ro	ad				21911		U.	S.A.	
jene. r than "naturel", or items 23s or 28s-f show the Medical Exactivet must be notified at	by Funeral	11. Maritel Status  1 □ Never Merried 2 □ Married  3 ☒ Widowed 4 □ Divorcad	12. Wes Decede Armed Force 1  Yes 2 tf Yes, Giva Year or Date	s? XINo		Vas Decedent of f Yes, specify C		(Specify Yes or No erto Rican, etc.)	14. Rad Bia Specif	ce - American lick, White, etc.	
a la	8	15. Decadant's I	Education		16a. Deced	lant's Usual Occ	upation		16b. Kind of B	usiness/Industr	
A Des	Completed	(Specify only highest g	rade completed)		(Give	kind of work do	ne during most of a	working	TOD. TRITO OF D	4311034110431	,
of Hygiene.  I other than vent, it is M	E	Elementary/Secondary (0-12) Twelve Years	College (1-4d			Clerica	1/Secret	arv	State	of Mary	land
5 g f		17. Fether's Name (First, Middle, Las	it)			olcilca		Name (First, Middla,			Luna
200	o Be	John B	alses					Helen (m	aiden n	ame unk	nown)
realment merked tem 27 is marked other traumatic e	2	19a. Informant's Name/Raiationship			10h Mailin	a Addross /Ctr	at and Number as	Rural Route Number			
7 Is ma traum				)		-					
item 27 other tr		Norris C. Astle,	JI. (SOII.			sition (Name of	d Koad,	Rising Su			1911
o F it		1X Buriai 2 Cremation 3	☐Removal from Sta		emetery, crem	netory or other p	elace)	Date	20c. Location	- City or Town,	State
ant		4 ☐ Donation 5 ☐ Other (Spec			oseban	k Cemet	ery	4/17/98	Rising	Sun, M	laryland
Important: If ite any injury or of once.		21. Signature of Funeral Service Lice	ensee			Neme end Add		& Son Fu	noral H	omo	
25 9 9		homes m.	1001150	NEV.				land 219			
		23a. Part1. Enter the disease, or cor shock, or heart failure. List only	nplications that caus	ed the death	Do not ente	er the mode of d	ying, such es card	liac or respiratory as	rrest,	App	proximate
ysician		SHOCK, OF HEART MINUTE, LIST OFF	y ona cause on each	i line.	//						rvai Between set and Death
Medical		tmmediate Causa (Finel			blew	110114	1			į	
aminer		disease or condition rasulting in death)	a	5	2100						
	ē			Due to (or	as a conseq	uenca of):				į	
attending physician end for use as the bunel-transit	Medical Examiner		b	Due to for		-0				1	
n en ief-tri	Exa	Sequantially list conditions, if any, leading to immediate		Due to (or	as a consequ	uenca or):				1	
sicial bun	a	cause. Enter Underlying Cause (Disaese or Injury that initiated avants	C								
phys s the	pa	resulting in death) Last		Due to (or	as e consequ	uence of):					
ding se a	8		d								
for u	lar			-	CEREB	ROVISCUL	TR ACCIN	DEN (.			
thed	Physician	Part II. Other significant conditions	contributing to death	but not resu	Iting in the un	derlying cause	given in Part I.	23b. Dld 1	obacco use co	ntribute to the	cause of death
igned by the attendin be deteched for use	by Ph	-MECAPORE W.	FARCIAN		_	1991664	PIDEMIA	101	Yes 2□ No	3 Probably	Unknow
has been si	Completed	Williell Defenser	1 DIABELL	15 -	CERET.	shouds eu	LKR ADEI		an autopsy med?	availeb	utopsy findings le prior to tion of cause n?
0 0		CORDLARY ARTER	As.		-HEK	KUPIOE	unt-	101	res 21 No	1 □ Ye	s 2 No
icate r. pag		25. Was case referred to medical	Hospital:					Death (Check only o	ne)		
ector, pag	B	examiner?	10 Inne	tiant 2 🗆 E	ER/Outpatient	JU DON		Homa 5 ☐ Resid	denca 6 □Oth	ar (Specify)	
this certificate all director, pag	ဥ	1 ☐ Yes 2 ☑ No	4.6		OBb Time of	28c. In	jury at	28d. Describe t	now Injury occur	red	
fier this certificate uneral director, pag	ဥ	1 ☐ Yes 2 ☑ No 27. Mannar of Death	28a. Date of In (Month, L	jury Day Year)	28b. Time of Injury	28c. In	7ork?				
n. After this certificate funeral director, par	ဥ	1 Yes 2 No  27. Mannar of Death  10. Natural 5 Panding 2 Accident investigation	28a. Date of In (Month, L	njury Day Year)			7ork? □Yas 2□No				
After this certificate funeral director, par	ဥ	1 ☐ Yes 2 ☑ No  27. Mannar of Death 12. Natural 5 ☐ Panding	28a. Date of In (Month, L	Day Year)	Injury me, farm, stre		☐ Yas 2 ☐ No	28f. Location (S City or Tow	Straet and Numb vn, Stete)	per or Aural Ro	ute Number,
After this certificate funeral director, par	Certification: To	27. Mannar of Death  12. Matural 2   Accident 3   Suicide 4   Homicide  29a. Certifiar    No.	28a. Date of Ir (Month, L 28e. Placa of building, hyalclan: To the besiminer: On the basis	njury - At hor etc. (Specify, st of my know of examinati	Injury me, farm, stre	M 1 eet, factory, office occurred at the	☐ Yas 2 ☐ No a time, date end pla	City or Tox	vn, Stete) causa(s) and ma	anner as stated	
n. After this certificate funeral director, pac	ဥ	27. Mannar of Death WMatural 2   Accident 3   Suicide 4   Homlcide  29a. Certifiar (Check only one)	28a. Date of Ir (Month, L) 28e. Placa of I building,	njury - At hor etc. (Specify, st of my know of examinati	Injury me, farm, stre	M 1  pet, factory, office occurred at the astigation, in my	☐ Yas 2 ☐ No a time, date end pla oplnion, daath oc	City or Tow	vn, Stete) causa(s) and madate and piace,	anner as stated and dua to the	cause(s)
n. After this certificate funeral director, pac	edical Certification: To	27. Mannar of Death  Whatural 2   Accident 3   Sulcide 4   Homlcide  29a. Certifiar (Check only) 2   No 5   Panding investigatio 6   Could not idetermined	28a. Date of Ir (Month, L 28e. Placa of building, hyalclan: To the besiminer: On the basis	njury - At hor etc. (Specify, st of my know of examinati	Injury me, farm, stre	M 1  pet, factory, office occurred at the astigation, in my	☐ Yas 2 ☐ No a time, date end pla	City or Tow	vn, Stete) causa(s) and ma	anner as stated and dua to the	cause(s)
within 24 hours after death.  To the Funerel Director: After this certificate h completely filled in by the funeral director, page	edical Certification: To	27. Mannar of Death WMatural 2   Accident 3   Suicide 4   Homlcide  29a. Certifiar (Check only one)	28a. Date of Ir (Month, L 28e. Placa of building, hyalclan: To the besiminer: On the basis	njury - At hor etc. (Specify, st of my know of examinati	Injury me, farm, stre	M 1 pet, factory, office occurred at the astigation, in my	☐ Yas 2 ☐ No a time, date end pla oplnion, daath oc	City or Tow	vn, Stete) causa(s) and madate and piace,	anner as stated and dua to the	cause(s)

DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year) APR 1 5 1998



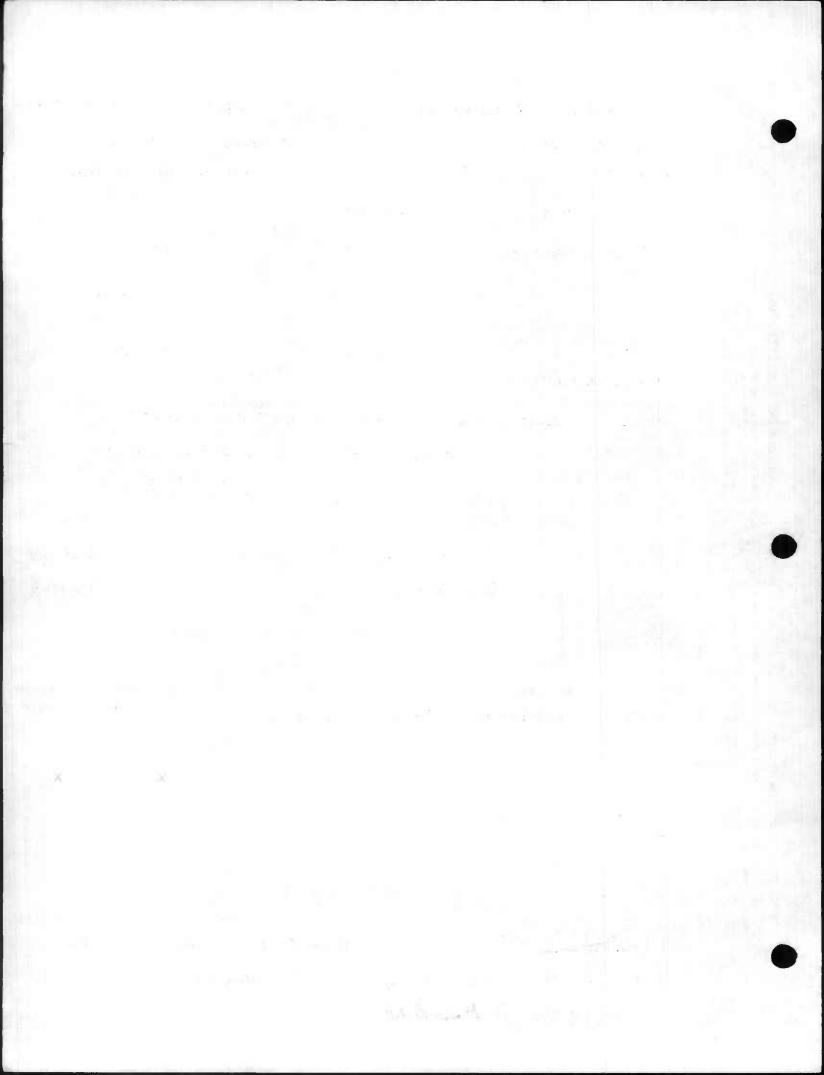
# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month **Physician** April Day 4:30 pm ALEXANDER HARAK /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** RANDALLSTOWN Baltimore Northwest Hospital Center If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Dec. 5 1910 If Under 1 Year 9. Birthpiece (State or Foreign Country)
California 5. Social Security Number 7. Age (In yrs. lest birthday) 6. Sex **Funeral** 1□M 2/2 F Months Deys 87 215-64-1411 Yrs. Director Usual Residence of Decedent 10d. Inside City Limits 10e State 10h County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner mant be notified at Sykesville MD Carroll 1 ☐ Yes 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7200 Third Avenue C-123 21784 USA Funeral death 12. Was Decedenf Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Manital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Itsm 27 is merked other than "naturaf", or item any injury or other traumetic avant. Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: white by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Domestic Homemaker 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Lulu Richter William Hardin Wheeler 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Robert B. Alexander (husband) 7200 Third Ave. C-123 Sykesville MD 21784 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donelion 5 ☐ Other (Specify) 4/14/98 Hampstead MD Carroll Cremation Serv. 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Haight Funeral Home P.O. Box 195 Sykesville MD 21784 X. Naighta 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Finel Pneumonia 5 days disease or condition resulting In death) Examiner Due to (or as e consequence of): Examiner 2 weeks Bronchitis physician and the buriai-fransit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet Initiated events resulting in deeth) Lest Due to (or es a consequence of) P.O. Box 68760. Physician/Medical Due to (or es a consequence of): the t Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the ceuse of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown obstructive pulmonary disease Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy Completed page 2 s 1 Yes 2 No 1 ☐ Yes 2 No certificata after death.

Director: After this certifications Be 25. Was cese referred to medicel examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 2 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Natural 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completaly filled in (Sertifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner es steled.

2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(a) end manner stated. Medical 29a. Certifier 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signeture and little of confiden D34849 April 13 1998 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Rd Eldersburg MD 21784 William Tan MD 1645 Liberty 31. Date filed (Month, Dey, Yeer) 32, Registrar's Signature State Juli Davidson Redall Registrar APR 1 6 1998

DHMH 16 Rev 6/95



				- 41			Cei	rtificate o	f Deat	h		Reg. No.	10	1	1001
Physician * /Medical	1	Decedent's Name (First, M.	iddle, La: Qp Q	20	A	+ 2	ni.	sar			2. Date of I	Dey	0,19	Yeer	3. Time of De
Examiner		a Facility Name (If not institu PENINSULA RE	1000			CENT	TER			Town, or L	ocation of De	-	County	of Death	co
Funeral Director		Social Security Number	6. 5		7. Age (		st birthday) Yrs.	If Undar 1 Yas		lar 24 Hrs. Min.	8. Date of E (Month, 09/28	Birth Day, Year)		9. Birthp Cour Marv	place (State or Fo
	U	Jsuel Residence of Decedent									00/20	/ 1014			
r items 23a or 28a-f show whet must be northed at Funeral Director		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	erse	t	10c. City, Town or Location Princess Anne					Lan Ont to Junior				0d. Insida City L	
Dire	5 1	0e. Street end Number						10f. Zip Code		2		10g. Citi		Vhat Cour	ntry?
re 23a	1	11974 Edgehill  1. Marital Stetus	I le:	12 Was Do	ecedent Ev	21853  nt Ever in U,S.   13. Was Dacedent of Hispanic Origin?   15 Yas, specify Cuban, Mexicen, Pur					(Specify Yas or No- 14. Race			A ce - American Indien,	
Health and Mental thygiene.  Item 27 is marked other than "natural", or items 23s or 28s-f shoother traumstic event, the Medical Examinet must be notified as  To Be Completed by Funeral Director		1 Never Married 2 Nover Marrie		Armed	Forces? s 2 No Give	01 41 0,0.		f Yas, specify Co			Rican, etc.)			k, Whita,	
ted it		15. Dece			ad)		16a. Deced	dent's Usual Occ	upation	ont of word	cina	16b. Ki	ind of Bu	siness/in	
nd Mental Hygiene. marked other than "naturi imatic avent, the Medical. To Be Completed	admon	(Specify only high Elementary/Secondery (0-1)			(1-4or 5+)			kind of work dor DO NOT use reti EWIFE	red)	ost of wor	ving	Ow	n Ho	ome	***
d other event, I Be Cc	1	7. Fathar's Name (First, Midd				18. Mother's Name (First, Middle, Maid								10)	
Ment marked marked	1	John Irvin McDaniel  Mary Ann Bloodsworth  19a. Informant's Name/Relationship (Type, Print)  19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code								Code					
if Health and Itam 27 is me other traums		John Ford/Son	onship (	Type, Print)			9345	Rumridge			lmar,	Md. 2	1875	5	
Department of H Important: If Ital any Injury or ott ance.	2	Oe. Method of Disposition  Burial 2 Cremati  Donation 5 Other				cem	ce of Disponentery, cref Ceme	sition (Name of m <i>atory</i> or other p tery	elaca)	4	Dete /24/98				er, Md.
nysician Medical kaminer	0	Part1. Enter the disease shock, or heart failure. I	, or com List only	plications that one ceuse or	t caused the each line.	te	Do not ent	er the mode of d	nerse lying, such	t Ave	nue, P	arrest,			Md. 21 Approximate Interval Betwee Onset end Dee
Medical mulal-transit mulal-tr	CYCHILICI	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, i any, leading to immediate seuse. Enter Underlying Causa (Disease or injury	, or com List only	b	t caused the each line.	ue to (or e	Do not ent	1673 Solder the mode of determined of:	nerse lying, such	t Ave	nue, P	arrest,			Approximate Interval Betwee Onset end Dee
Medical mulal-transit mulal-tr	CYCHILICI	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, I any, leading to immediate cause. Enter Underlying	, or com List only	pilcations that one cause or e	t caused the each line.	ue to (or e	Do not ent	1673 Solder the mode of determined of:	nerse lying, such	t Ave	nue, P	arrest,			Approximate Interval Betwee Onset end Dee
Medical mulal-transit mulal-tr	CYCHILICI	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate buse. Enter Underlying Causa (Disease or injury hat initiated events	{	e. A C	t caused the each line.	ue to (or a	Do not ent	1673 Soli er the mode of d punce of): quence of):	Merse lying, such	t Ave	nue, P or respiratory	arrest,	usa con	to	Approximate Interval Betwee Onset end Dee
is been signed by the attending physician end in p. 2 should be detached for use as the bunk-transit in p. 18 p. 19 pleted by Physician/Medical Examiner	CYCHILICI	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, any, leading to immediate cause. Enter Underlying Causa (Disease or injury hat initiated events resulting in death) Lest	{	e. A C	t caused the each line.	ue to (or a	Do not ent	1673 Soli er the mode of d punce of): quence of):	Merse lying, such	t Ave	nue, P or respiratory	arrest,	usa cor	ntribute to 3 Pro	Approximate Interval Betwee Onset end Dee
is been signed by the attending physician end in p. 2 should be detached for use as the bunk-transit in p. 18 p. 19 pleted by Physician/Medical Examiner	CYCHILICI	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury hat initiated events resulting in death) Lest	{  dittone or  e  f  e  f  e	e. A C	t caused the each line.	ue to (or a	Do not ent	1673 Soli er the mode of d punce of): quence of):	merse ying, such	t Ave es cerdiac	23b. Di 24e. W.	Id tobacco Yes 2 as an autor	usa cor	ntribute to 3 Pro	Approximate Interval Betwee Onset and Dee
is been signed by the attending physician end in p. 2 should be detached for use as the bunk-transit in p. 18 p. 19 pleted by Physician/Medical Examiner	or composed by regarding the composed by the c	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury hat initiated events resulting in death) Lest  Part II. Other eignificant conditions.	{  dittone or  e  f  e  f  e	e. Ac b. c. d. sontributing to	t caused the each line.  Du  Du  Du  death but r	ue to (or a	Do not ent  Do not ent  as a consequence of the unit o	1673 Soli er the mode of de the mode	merse ying, such	t Ave es cerdiaci	23b. Di 24e. W pe	id tobacco Yes 2 as an autoridormed? Yes 2	usa con	antribute to 3 Pro	o the cause of debably Universe eutopsy find alleble prior to mpletion of ceus death?
ther this certificate has been signed by the attending physician end in property and in proper		mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, fany, leading to immediate cause (Disease or injury hat initiated events esulting in death) Lest  Part II. Other eignificant conditions of the cause (Disease or injury hat initiated events esulting in death) Lest  2 and II. Other eignificant conditions of the cause (Disease or injury hat initiated events esulting in death) Lest  2 and II. Other eignificant conditions of the cause of the ca	Editions of the Control of the Contr	e. AC  b  c  d  contributing to   Lygic  Hospitel: 15  28e. Dat  (Mc	t caused the each line.	ue to (or a ue to	Do not ent	1673 SOII er the mode of d  unnes of):  unuence of):  unue	merse ying, such	t Ave es cerdiacies ce	23b. Di 24e. W.	dd tobacco Yes 2 as an autoj Yes 2 y one)	usa con Dono	antribute to 3 Pro	o the cause of debably Universe eutopsy find alleble prior to mpletion of ceus death?
ther this certificate has been signed by the attending physician end in property and in proper		mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury hat initiated events resulting in death) Lest  Part II. Other eignificant conditions in death) Lest  Part III. Other eignificant conditions in death (Capacidant of Capacidant of Ca	Editions of the Control of the Contr	e. AC  b	Du death but of a line and a line	ue to (or a la to	Do not ent  Do not ent  as a consequence of the unit o	1673 SOII er the mode of d  unnes of):  unuence of):  unue	given in Pe	t Ave es cerdiacies ce	23b. Di 1 24e. W pe 11 th (Check onlo	id tobacco Yes 2 as an autopriformed? Yes 2 yone) esidence be how injure	usa con No psy  No Othery occurre	antribute to 3 Pro 24b. W co of 1 (	o the cause of debably Universe eutopsy find alleble prior to mpletion of ceus death?
ther this certificate has been signed by the attending physician end in property and in proper		mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate beause. Enter Undertying Cause (Disease or injury hat initiated events resulting in death) Lest  Part II. Other eignificant conditions are sequentially list to the examiner?  1	dittlone of the control of the contr	e. AC  b	Du Du death but I	ue to (or a ue to	Do not ent  Do not	1673 SOI er the mode of der th	merse ying, such given in Pe 26. Pi Dther: 4 — jury at Lork? — Yes 2 time, dete	t Ave es cerdiaci	23b. Di 24e. W pe  th (Check onlower 5 □ Re 28d. Describ	as an autopriormed?  Yes 2  yone) esidence be how injuri	usa con Usa con No psy 6 Othery occurrend Numb 9) and ma	ntribute to 3 Pro  24b. We ever coo of 1 ( er (Special red	Approximate Interval Betwee Conset and Dee of the cause of debty Underseason of the cause of the
this certificate has been signed by the attending physician end in post at director, page 2 should be detached for use as the bunal-transit in post in the property of the pro	Colored Colored Dy Tripsical Dy Colored Dy C	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, fany, leading to immediate beuse. Enter Underlying Causa (Disease or injury hat initiated events esulting in death) Lest  Part II. Other eignificant conditions or carried to mediate between the conditions of the conditions o	ditions of the state of the sta	e. AC  b	Du Du death but it cort in jury liding, atc. (the best of ribbasis of expenses	ue to (or a ue to	Do not ent  Do not	1673 Soli er the mode of derivative of the mode of derivative of the mode of derivative of the mode of	merse ying, such given in Pe 26. Pi Dther: 4 — jury at Lork? — Yes 2 time, dete	t Ave es cerdiacient de la cerdiacient la cerdiacie	23b. Di 24e. W pe  th (Check onlower 5 □ Re 28d. Describ	arrest,  dd tobacco  Yes 2  as an autoprformed?  Yes 2  yone)  sedence injure  fown, State  ne ceuse(s)  e, dete and	was con No psy  6 Other occurs of Number of Number of Description of Number of Description of Number of Nu	anner as send due to	Approximate Interval Betwee Conset and Dee of the cause of debty Underseason of the cause of the
ther this certificate has been signed by the attending physician end in property and in proper	Colored Colored Dy Tripsical Dy Colored Dy C	mmediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate beuse. Enter Underlying Causa (Disease or injury hat initiated events esulting in death) Lest  Part II. Other eignificant conditions of the condition of th	ditions of the state of the sta	e. AC  b	Du Du death but it cort in jury liding, atc. (the best of ribbasis of expenses	ue to (or a ue to	Do not ent  Do not	1673 Soli er the mode of derivative of the mode of derivative of the mode of derivative of the mode of	merse ying, such given in Pe  26. Pl  26. Pl  ijury at bork?  Yes 2  time, dete y opinion, of	t Ave es cerdiacient de la cerdiacient la cerdiacie	23b. Di 24e. W pe  th (Check onlower 5 □ Re 28d. Describ	arrest,  dd tobacco  Yes 2  as an autoprformed?  Yes 2  yone)  sedence injure  fown, State  ne ceuse(s)  e, dete and	was con No psy  6 Other occurs of Number of Number of Description of Number of Description of Number of Nu	anner as send due to	Approximate Interval Betwee Conset and Dee of the cause of debely Undere eutopsy find alleble prior to mapletion of cous death?  Yes 2 No.

# Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death 3. Time of Death 1. Decedent's Nama (First, Middle, Last) Month **Physician** 4b. City, Town, or Location of Death 525 BURTON 1998 BOOKER T. /Medical 4c. County of Death 4a Facility Name (If not institution, give streat and number) Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 8. Date of Birth (Month, Day, Year)
JULY 10, 1910 If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign BUENO VISTA, GA 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months 1QM 20F Days Hours Yrs Director 260-07-9240 55# 260-07-9240 Usuat Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be nothed at 1 Yes 2 No MD. WICOMICO EDEN Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA 26738 WALNUT TREE ROAD 21822 Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Datas: 14. Race - American Indian, 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, White, atc. Pages 1 end 2 should be filed within 72 hours efter nent of Health end Mental Hygiene.
int: If item 27 is marked other than "naturel", or ite 1 Nevar Marriad Married 1 ☐ Yes 2 ☐ No Specify: Specify: p BLACK 3 Widowed 4 Divorced Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) TRUCKER (INDEP.) LABORER 7th Booker Burton
Baltimore, Marvland 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) ANNA WILLIAM THOMAS BURTON 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) 19e. Informant's Name/Relationship (Type, Print) Depertment of Health Important: If item 27 ADDRESS SAME AS ABOVE NOVELLA BURTON 20b. Placa of Disposition (Name of cemetery, crematory or othar place) 20c. Location - City or Town, State 20a. Method of Disposition 1 □XBurial 2 □ Cremation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify) any injury or c SPRINGHILL MEMORY GARD. 4-20 HEBRON. MD. 21830 22. Nama and Address of Facility 21. Signature of Funeral Service Licenses JOLLEY MEMORIAL CHAPEL Salisbury, Md. 21801 1213 Jersey Road; 23a. Part1 Enter the disease, or complication, that caused the dishock, or heart failure. List only one cause on each line. ith. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in death) 45C VD Examiner Due to (or es a consequence of): Examiner physician end the burial-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or as a consequence of) 88 esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco usa contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown Conshipedin þ Division of Vital Records, 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Notes forted in testine Completed completion of cause of death? After this certificate hes Probasa Prostate Co 1 ☐ Yes 2 No or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) 1 Yes 2 No Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 28e. Dete of tnjury (Month, Day Year) funeral 27. Menner of Deeth 28c. tnjury at Work? 28d. Describe how injury occurred 28b. Time of Certification: 1 Naturai 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Suicida Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) To the Within 2 29d. Data signad (Month, Day, Year) 29b. Signature and title of certifier 29c. Licansa number D47619 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 262 Tilghman Pl Seesbury 1021809 JUALTERES 1D

32 Registrar's Signature Parall

DHMH 16 Rev 6/95

Registrar

31. Dete filed (Month, Day, Year)

APR 17 1998

ternit more the mile by suitting felt his clear has the party

State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey **Physician** BRATTEN LEAMON 4b. City, Town, or Location of Deeth 3,1988 /Medical 4a Facility Neme (If not institution, give street end number) Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** Deys Hours 1₽M 2□F Yrs. 88 **Director** 214-18-4458 JULY 3, 1909 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at the Merylar SNOWHILL WORCESTER MD. Director 10e. Street end Number 10f. Zip Code 4325 RED HOUSE ROAD 21863 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specity Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married 1 Yes 2 No Specify à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementery/Secondary (0-12) LABORER 4TH Maryland 17. Fether's Neme (First, Middle, Last) merked of eq pinous FTHEL BRATTEN CHARLES BLAKE EAM 19e. Informent's Name/Reletionship (Type, Print) epertment of Heelth a important: if item 27 is any injury or and 27 is a 1 end 2 CARRIE BRATTEN altimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other p 20e. Method of Disposition Pages ' 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) HUTT'S MEMORIAL UMC 4-18 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility 23a. Pert1. Enter the diseese, or complications that caused the shock, or heert feilure. List only one celese on each line. eeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

**Physician** /Medical **Examiner** 

certificate be

P.O. Box 68760,

Division of Vital Records,

or Attending Physician:

24 hours s

To the Hosp within 24 ho To the Fune completely i

physician and the burial-trans 80 980 signed t hes **Dege 2** After

Examiner Physician/Medicai p Completed To funeral Certification: after death.

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

29a. Certifier

(Check only one)

Medical

State

Registrar

Immediete Ceuse (Final disease or condition resulting In deeth)

hertenno

25. Wes case referred to medical exeminer? 1 Yes 2 No

27. Menner of Death 5 Pending investigation 2 ☐ Accident

29b. Signeture end title of certifier

6 Could not be 3 ☐ Sulcide 4 Homicide

1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year)

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

4c. County of Death WICOMICO Birthplece (State or Foreign Country)

> 10d. Inside City Limits 1 ☐ Yes 2 ☐ No

SNOWHILL.

3. Time of Death

0100

10g. Citizen of Whet Country?

14. Reca - American Indien. Bleck, White, etc. Specify: BLACK

FARMER

18. Mother's Neme (First, Middle, Maiden Sumeme) BRATTEN

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)
ADDRESS SAME AS ABOVE

20c. Location - City or Town, Stete

SNOWHILL, MD. JOLLEY MEMORIAL CHAPEL

1213 JERSEY ROAD, SALISBURY, MD. 21801

Approximete Interval Between Onset end Deeth Myocardial Infantion

Due to (of es a consequence of):

Tulan Dysfunction Et 26%.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

I months 23b. Did tobacco use contribute to the cause of death?

YVS

1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy

24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 1 Yes HONO 257 No

1 Yes 26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) and menner as steled.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steled. 29d. Date signed (Month. Dev. Year) 29c. License number

hore Drive

28c. Injury et Work?

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 614-0 rakes

Hospitei:

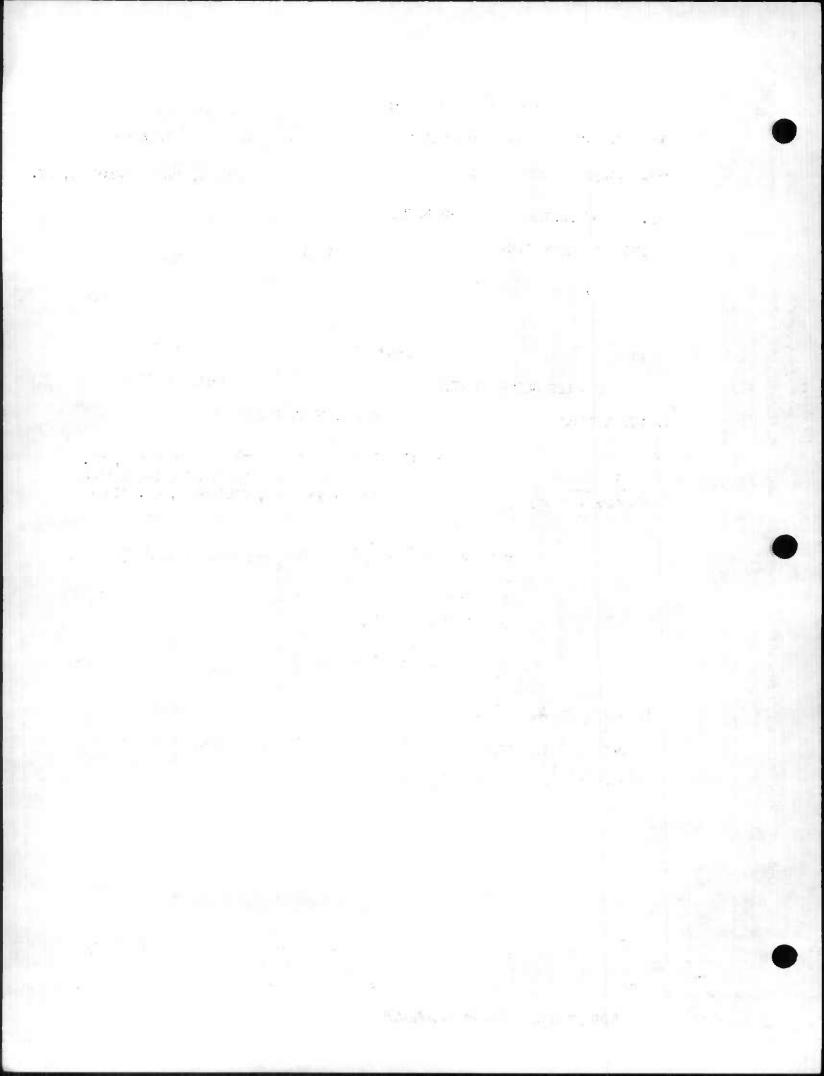
31. Dete filed (Month, Day, Yeer)

APR 17 1998

32. Registrer's Signeture In Min Davilson Rawlall

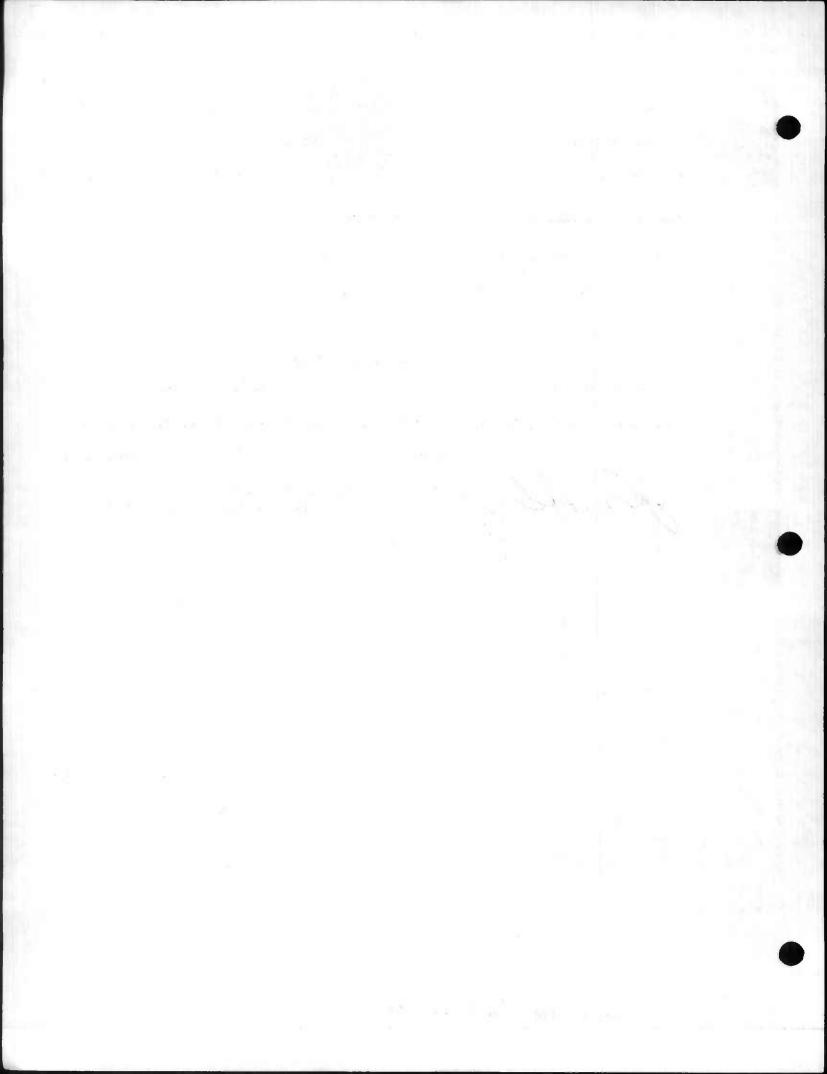
**DHMH 16 Rev 6/95** 

mp 21801



# Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

Physic		1. Decedent's Neme (First, Middle, Las	t)		rtificate of		2. Dete of De	Reg. No.		3. Time of Deet
		KATHLEEN	ANN	F	BROWN		Month April	. 11, 199	Yeer 98	6:45 F
/Med Exami		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or I				
		7656 Jones Hast:	ings Rd			Parsons	ourg	Wicon	nico	
Funeral	Г	5. Sociel Security Number 6. Se	M OFFE	rs. lest birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da	h y, Year)	9. Birthpled	e (State or Fon
Director		Usuel Residence of Decedent	46	113.			6/12/5	1	Penns	ylvania
yland		10a. Stete 10b. County		City, Town or Lo	ocation	-			10d	. tnside City Lin
e-fel	to	Maryland Wicomio	20	Parso	onsburg					1 <b>X</b> Yes 2 □
or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of W	/hat Country	?
23a		7656 Jones Hast:	ings Rd		218	49		US	SA	
filed within 72 hours efter deeth with the Maryland Hyglene. ther than "natural", or items 23s or 28s-f show int, tre Medical Examiner must be notified at	by Funeral	11. Marital Status  1 ☐ Never Married 2XMarried  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give		Was Decedent of H If Yes, spacify Cuba 1 ☐ Yes 2 ☑ No		pecify Yes or No Rican, etc.)	14. Rece Bled Specify:	- American k, White, etc	).
2 hour	ed b	15. Decedent's Edu	Year or Detes:	16e. Dece	dent's Usuel Occup	pation		16b. Kind of Bu		strv
d within 72 ho piene. r than "natur Ine Medical	Completed	(Specify only highest gred Elementery/Secondery (0-12)	fe completed)  College (1-4or 5+)	(Give	kind of work done DO NOT use retire	during most of wor	king			
e filed w Il Hygier other tr		12	2	Regi	stered N			Nurs		
S la b	Be	17. Fether's Neme (First, Middle, Last) Patrick Maloney	J			18. Mother's Nen			θ)	
d 2 should be th end Mental 7 le merked or treumatic eve	To	19e. Informent's Neme/Reletionship (T	·	19h Maill	ng Address (Street			recian	State 7in C	ada)
2 4 2 5		James W. Brown			Jones H					
- 5 E E		20e. Method of Disposition	20h	Place of Dieno	sition (Name of		Date	20c. Location -		
Pege ent o nt: If I		1 ☑ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify,	Removel from State Je	erusale	metory or other ple m Cemeter	Y	4/16/98	Parso	nsburo	, MD
permit. Peges I Depertment of H Important: If Ite any Injury or ot once.		21. Sign along of Fundal Service Licental Service Licenta	10/	- P	2. Name end Addre	Finoral L	iome			
g physician end as the burial-fransit	edicai Examiner	disease or condition resulting In death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated eyents	bDue to	(or es e consec	quence of):					?~~ · · · ·
ng phys		resulting in deeth) Lest			,				1	
ettending physical for use as the		resulting in deeth) Lest	d							
eeem cen e ettendin d for use	Physician/M	resulting in deeth) Lest	d	sulting in the u		en in Pert I.		tobacco use con Yes 2□ No		
aw requires their the deeth certains been signed by the ettending 2 should be deteched for use	by Physician/M	resulting in deeth) Lest	d	esulting in the u		en in Pert I.	1 🗆		3 Probal	eutopsy finding
the raw requires that the beath certain has been signed by the ettendinge 2 should be deteched for use	Physician/M	resulting in deeth) Lest	d	esulting in the u		ren in Pert I.	1 🗆	Yes 2 □ No en eutopsy rmed?	3 Probal	eutopsy finding bele prior to eletion of cause eth?
ate hes been signed by the ettending page 2 should be deteched for use	Be Completed by Physician/M	Pert II. Other significant conditions condit	d		nderlying cause giv	26. Plece of Dec	24e. Wes perfo	en eutopsy med?	3 Probel  24b. Were evelle comp of dec	eutopsy findin- eletion of cause eth?
this certificate hes been signed by the ettendinal director, page 2 should be deteched for use	To Be Completed by Physician/M	Pert II. Other significant conditions condit	d		nderlying cause given to the second of the s	26. Plece of Dee er: 4⊡ Nursing H y et k?	24e. Wes perfo	en eutopsy med?	24b. Were evelle comp of dec	eutopsy finding eletion of cause eth?
er deeth. rector: After this certificate hes been signed by the ettendin by the funeral director, page 2 should be deteched for use	To Be Completed by Physician/M	Pert II. Other significant conditions condit	d	EP/Outpetter  28b. Time of Injury  home, farm, str	nderlying cause given to 3 DOA Other World M 1	26. Plece of Dee er: 4⊡ Nursing H	24e. Wes perfo	en eutopsy med?  (es 2 No ne)  dence 6 Otherwood Injury occurred.	3 Probal  24b. Were evelle comp of dee 1 1 Year (Specify) and	eutopsy findin able prior to ieletion of cause with?
rector: After this certificate hes been signed by the ettendin by the funeral director, page 2 should be deteched for use	Certification: To Be Completed by Physician/M	Pert II. Other significant conditions condit	d	EP/Outpetter  28b. Time of Injury  home, farm, str	nderlying cause given to a course given to a cou	26. Plece of Dee ler: 4 □ Nursing H y et k? Yes 2 □ No	24e. Wes performent of the Check only come 5 (28d. Describe In City or Townson of the City or Townson on the City or Townson of the City or Townson on the City	Yes 2 No en eutopsy med?  Yes 2 No ene eutopsy med?  Yes 2 No ene 2 No ene 6 Other how injury occurre  Street and Number vn, State)  Ceuse(s) end me	3 Probal  24b. Were evelle comport der (Specify) ed	eutopsy findin- ble prior to letion of cause sth?  Yes 2 No
Advancement proportions, the law requires their the deeth centerforce. After this certificate hes been signed by the ettending by the funeral director, page 2 should be deteched for use	To Be Completed by Physician/M	Pert II. Other significant conditions condit	d	EP/Outpetter  28b. Time of Injury  home, farm, str	nderlying cause given to a course given to a cou	26. Plece of Dee er: 4 □ Nursing H y et k? Yes 2 □ No ne, date end place pinion, deeth occu	24e. Wes performent to the (Check only come 5 (Check only come 28d. Describe I 28f. Location (City or Tout, and due to the time,	Yes 2 No en eutopsy med?  Yes 2 No ene eutopsy med?  Yes 2 No ene 2 No ene 6 Other how injury occurre  Street and Number vn, State)  Ceuse(s) end me	3 Probal  24b. Were evelle comported of decomported or (Specify) and or (Specify) and or (Specify) and or (Specify) and one or state and due to the specific or (Specify) and one	eutopsy finding ble prior to leption of cause with?  res 2 No  foute Number,  ad. le cause(s)
iciant: The law requires that the deeth certificate has been signed by the ettendin rector, page 2 should be deteched for use	edical Certification: To Be Completed by Physician/M	Pert II. Other significant conditions condit	d	EP/Outpetter  28b. Time of Injury  home, farm, str	nderlying cause given to 3 DOA Other Section of the cause	26. Plece of Dee er: 4 Nursing H y et k? Yes 2 No ne, date end place pinion, deeth occu	24e. Wes performent to the (Check only come 5 Schesk 28d. Describe I 28f. Location (City or Town, and due to the red et the time,	en eutopsy med?  (es 2 No  dence 6 Other own, Stete)  Couse(s) end medete end plece, e	24b. Were evelle comport der (Specify) ed	eutopsy finding able prior to letion of cause ath?  Yes 2 No  Route Number, le cause(s)
Advancement proportions, the law requires their the deeth centerforce. After this certificate hes been signed by the ettending by the funeral director, page 2 should be deteched for use	edical Certification: To Be Completed by Physician/M	Pert II. Other significant conditions condit	d	ER/Outpetier  28b. Time of Injury  home, farm, str  nowledge, deetherion end/or interest.	nderlying cause given to a second of the sec	26. Plece of Dee er: 4 □ Nursing H y et k? Yes 2 □ No ne, date end place pinion, deeth occu	24e. Wes performent to the (Check only come 5 Schesk 28d. Describe I 28f. Location (City or Town, and due to the red et the time,	en eutopsy med?  (es 2 No  dence 6 Other own)  dence 6 Other own, Street end Number, Stete)  ceuse(s) end med dete end place, e	24b. Were evelle comport der (Specify) ed	eutopsy finding able prior to eletion of cause ath?  Yes 2 No



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

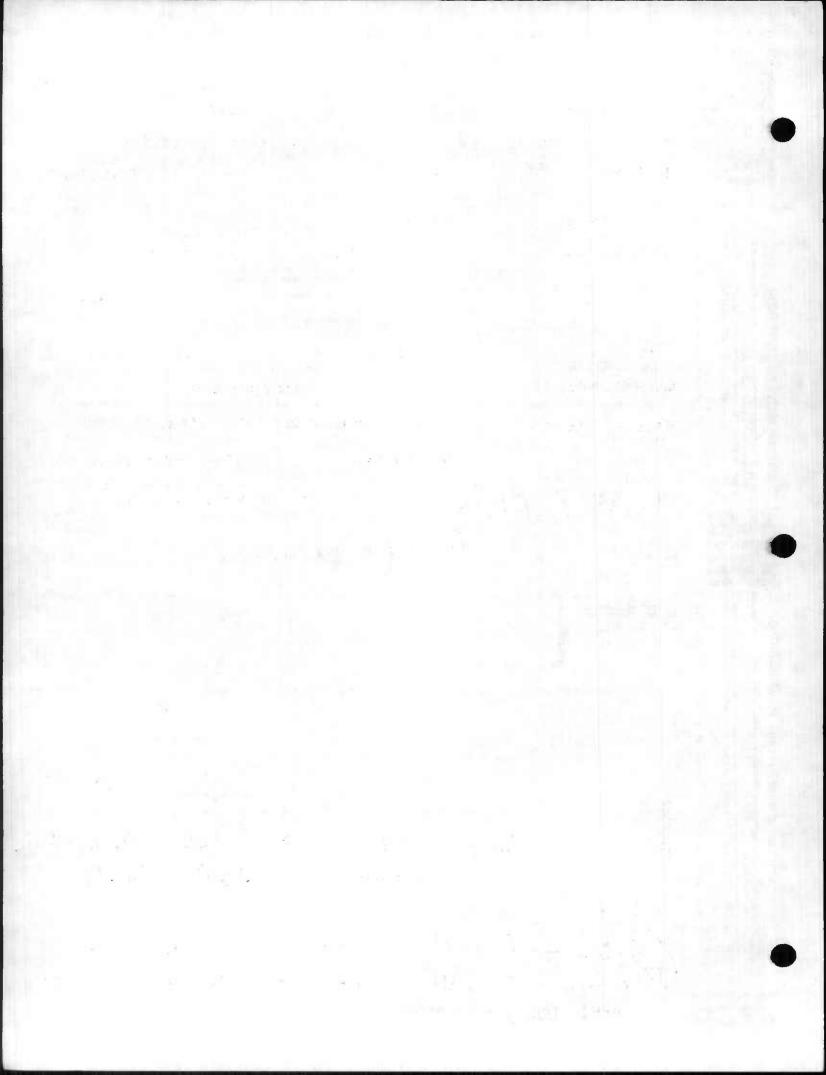
_		- 10	Decedant's Nama (First, Mi		i wai yiana		rtificate of			Reg. No.	3 1	3541	
п	Physic	ian							2. Data of De	Day	Yaar	3. Tima of Death	
J	/Medi	cai	Harry Edwin B		1 1			41. Oth. Town	Hpril	141	1998	0699	
	Exami	ner	4a. Facility Nama (If not Institu	tion, giva street and nun	nber)			4b. City, Town, o	r Location of Daat	h 4c. County	of Death		
L			Union Hospita		7 Ann //n (-	A E CAL III	if Undar 1 Yaar	Elkton if Under 24 H	10   0   0	Cecil			
	Funeral Director		5. Social Sacurity Number 164-05-7604	6. Sax 1⊠M 2□ F	7. Aga (In yrs. las	Yrs.	Months Days	Hours Mi		ly, Year) 12, 1913	9. Birthpla Country Verm	ca (Stata or Foreign y) ont	
	pue *		Usual Rasidanca of Decedant 10a. Stata 10b. Cour	nty	10c. City,	Town or L	ocation			10d. Insida Cit			
	sho	2									100	1 ☐ Yas 2 ☑ No	
	he N	Director	Maryland Cec	11	North	Las							
	with w	급		_			10f. Zip Coda			10g. Citizan of \			
	s 23	ral	385 Baron Roa				21901			United			
21215-0020	within 72 hours after death with the Maryland liene. Than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritai Status 1 ☐ Navar Marriad 2⊠ M 3 ☐ Widowad 4 ☐ Divord	Armed For larried 1 ☐ Yas If Yas Giv	2(X)No a	13.	Was Dacedant of If Yas, specify Cut 1 ☐ Yas 2 🕱 No		(Specify Yas or No arto Rican, atc.)	Specify	ce - Amaricar ck, Whita, at y: Whi	c.	
2-0	72 h	ted	15. Daced	lant's Education hast grada complated)		16a. Dece	dant's Usuai Occu	pation	norkina.	16b. Kind of B	usinass/Indu	stry	
7	within ene.	Completed	Elamantary/Secondary (0-12		-4or 5+)	lifa.	DO NOT usa rating	ad)	orking				
7	filed wi Hygien ther th	Son	12			Owne	r/Operato	or		Welding	J		
nd		Be	17. Fathar's Nama (First, Midd	la, Last)				18. Mothar's N	ama (First, Middla	, Maidan Suman	7a)		
yla	should be and Mental a marked o	2	John Frederic	k Blomquist				Elin	Kiansten				
, Maryland	nd 2 sitth ar 27 is r trau		19a. Informant's Name/Ratation Dorothy V. Bl		e		ng Addrass <i>(Stree</i> Baron Roa					,	
Baltimore,	permit. Pages 1 and 3 Department of Heaith Important: if item 27 i any Injury or other tra		20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramatio 4 ☐ Donation 5 ☐ Other  21. Signature of Funeral Services	(Spacify)	Stata cen	View	cosition (Nama of matory or other ple Cemetery 2. Nama and Addr icks Home	Y ass of Facility				n, Stata Maryland	
			23a. Part1. Entar tha disaasa, shock, or haart failura.	or complications that ca lst only ona causa on as	ausad tha daath. ach lina.	Do not an	O3 West : tar tha moda of dy	Stockton ing, such as cardi	Street, ac or raspiratory a	Elkton, M	A	nd 21921 Approximata Interval Batween	
	Physician											Onsat and Death	
	/Medical Examiner		fmmediata Causa (Final disaasa or condition		CARdi	OSe,	uc sh	ock			4	18 hours	
	LXUIIIII	l, l	rasulting in daath)		Dua to (or a	s a consa	quanca of):						
	De fi	ine		<b>a</b> b	ml						1		
	tificate be executed g physicien and es the buriel-transit	Examiner	Sequantially list conditions,		Dua to (or a	s a conse	quance of):						
68760,	cien cien curie		Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury	<b>J</b> .	CND								
8	sate the t	edicai	that initiated avants rasulting in daath) Last	, ,	Dua to (or a	s a consac	quance of):						
				d	PVD								
ROX	th c	lan		<b>u</b>									
	the death cer y the ettendin ached for use	Sic	Part II. Othar significant cond	itfons contributing to da	ath but not rasulti	ng in tha u	indarlying causa gi	ivan in Part I.	23b. Did	tobacco uae co	ntribute to t	he cause of death:	
ŗ	that the death cer ed by the ettendin detached for use	Physician/M							10	Yes 2□ No	3 Probe	biy 4□Unknow	
Ś	es tha igned be de	by				-			-				
Vital Records, P.O.	law requires that as been signed b 2 should be deta	Completed							24a. Was parto	an autopsy prmed?	avail	a autopsy findings abla prior to pletion of causa eath?	
r	9 - 5	E							10	Yas 2 No	10	Yas 2□ No	
<u>a</u>	iclan: The certificate rector, pag	Be C	25. Was casa rafarred to madi	cal				26. Place of D	aath (Check only	ona)			
>		ToE	axaminar? 1 ☐ Yaa 2 ☐ No	Hospitat:	patiant 2 EF	l/Outpatle	nt 3 DOA Ot	han	Homa 5□ Rasi		ar (Snecify)		
Ç.	Attending Phy ir deeth. ector: After thi by the funeral		27. Mannar of Death  1 Natural 5 Pane 2 Accident inva	28a. Data o		b. Tima o Injury	f 28c. inju			how Injury occur			
Division of	or Attar after dee Director I in by the	Certification:	3 ☐ Suicida 6 ☐ Coul	mined 208, Place	of Injury - At home g, atc. (Specify)	a, farm, st	reet, factory, office		28f. Location (Street and Number or Rural Routa City or Town, Stata)			Routa Number,	
	To the Hospital or Attanding Phys within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral directors.	edical C	29a. Cartifiar (Check only one)  Certify  Cartify  Condition	ying Physician: To tha la al Examinar: On tha ba and mann	sis of axamination	dga, daat and/or in	h occurred at tha ti vastigation, In my	ima, data and piac opinion, daath occ	ce, and dua to tha curred at tha tima,	causa(s) and ma data and piace,	annar as stat	ted. ha causa(s)	
	Vithin 2 To the complet	M	29b. Signatura and titla of carti				29c. Lican	sa number		29d. Data signe	d (Month. Dr	ay, Year)	
	F ≥ F 8		1	01									
	Α		( M				D-32	395		Apri.	1 15,	1998	
	Varis		30. Name and addrass of parso	on who complated cause									
	) 13		Thomas E. Fin				venue, N	orth Eas	t, Maryl	and 2190	)1		
	Sta	-	APR 1 6 1		igistrar's Signatur								
	Registr	ar	WELL TO IS	100 July	Davidson	Pandal	2						
D148	41. 40 D 000	-		U		-							

DHMH 16 Rev 6/95

98-2056-013

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

DA'	VID				State of	Marylar				lealth a Death	nd Mer		giene Reg. No. 9 {	3 1	3542
		,	1. Decedent's Neme (/	irst, Middle, La	est)		11/00					Date of Dec	eth Day	Year	3. Time of Death
	Physicia /Medic Examine	al	David 1	Elmer	Bohn, Si				14	4b. City, Tow	A	PRIL	11,199	98	4:06A.M.
	Funeral Director		CARROLL CO 5. Sociel Security Num 218-72-484	UNTY GE	NERAL		. lest birthdey)	If Under Months	1 Year	WESTMI If Under 2 Hours	Min. 8.	Date of Birt (Month, De	y, Year)	9. Birthp Coun	lace (Stete or Foreign try)
Н			Usuel Residence of De	cedent							140	, O,	1930		
	ahow	_		b. County			ity, Town or Lo							1	0d. Inside City Limits  1  Yes 2  No
	the M 28a-1	ecto	MD (	Carroll		U	nion B	ridge 10f. Zip					10g. Citizen of V	What Coun	
	3a or		12 N. Fai		St.				1791				U.S.A.		
020	filed within 72 hours efter deeth with the Meryland Hygiene. ther than "natural", or items 23s or 28s-4 show ent, the Medical Examinet must be notified at	by Funeral Director	11. Meritel Status  1 Never Married  3 Widowed 4	2 Married	12. Was Deceded Armed Force 1 Tyes 2 If Yes, Give Year or Date	es? 🔼 No		Wes Deced	dent of H cify Cube	lispenic Orig en, Mexicen, Specify:	in? (Specify , Puerto Rice	Yes or No en, etc.)		e - Americ k, White,	etc.
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours eft Depertment of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or any injury or other traumatic event, the Medical Examples.	Completed	(Specify Elementary/Seconde	Decedent's E only highest gra ery (0-12)		or 5+)	(Give	DO NOT u	rk done	during most	of working		16b. Kind of Bu		
	filed with Hygiene. rther than	S	12 17. Felher's Neme (Fir	st. Middle, Last	)		Yard	man	1	18. Mother	r's Neme (Fi	irst. Middle.	Cement Maiden Sumam		any
Maryland	should be filed withind Mentel Hygiene. The Mentel Hygiene. The Mentel Hygiene. The Mentel Event, The Mentel Event	To Be	Robert C.								Agnes			-/	
any	2 should and Men Is marke aumatic	F	19a. Informent's Name				19b. Meili	ing Address	(Street				er, City or Town,	Stete, Zip	Code)
Ph.	of the tract		Melissa M.	Bohn/w	ife					r St.	, Unio	on Bri	idge, MD	2179	91
Baltimore	Pages 1 nent of He nt: If Item iry or oth		20e. Method of Dispos		Removel from St.		Plece of Disponent of the Plece of Disponent of Disponent of the Plece	osition (Ner metory or d	ne of other plea	ce)		Date	20c. Location -	City or To	wn, Stete
tim	pemit. Page Depertment of Important: If any Injury or once.		4 Donetion 5	Other (Special	fy)		. View					5/98	Union I	Bridg	e, MD
Bal	Deperture Deperture Importure any Infe		21. Signeture of Funer	al Service Lice	)See /	1				ss of Fecility	Har		Funera		ne
P	20240	_	23e. Part. Enter the	na X	15/04	neu							ge, MD 2	1791	Approximete
	Physician /Medical Examiner	-	shock, or heart to Immediate Ceuse (Fin disease or condition resulting In deeth)		e	M	O H	quence of):	D	ya.	ries			1 1 1	Intervel Between Onset end Deeth
3760,	ysicia	2	Sequentially list conditions if eny, leading to imme couse. Enter Underlyi Cause (Disease or injustrat initiated events resulting in death) Lea		b		or es e conse							1 1	
89 X	ding ph	Med	resulting in deeth) Les		d									1	
Box	etten d for u	clar	Port II. Other elemifles	nt conditions o	postribution to dost	h hut not rou	author to the	andoduina a	ana sh	ree in Rest I		22h Did	lohacco usa cor	ntelbute to	the cause of death?
P.0	requires that the death certifica een signed by the ettending ph hould be deteched for use as th	by Physician/Med	Part II. Other elgnifica	nt conditions o	contributing to deal	n but not re	suiting in the t	indenying c	euse giv	ven in Pert I.		1 🗆	M		babty 4 Unknown
Records,	aw requisite been 2 shoul	Completed										24e. Wes	en eutopsy rmed?	CO	ere eutopsy findings eilable prior to mpletion of cause death?
E B	ysician: The is s certificete he director, page	Con										A	Yes 2□No	1)	Yes 2 No
Vital	certificete rector, pag	Be	25. Was case referred examiner?	to medicel	Hospitel:				Oth Oth		of Deeth (C	heck only o	one)		
of		2	1 Yes 2 No 27, Menner of Deeth		28e. Date of		ER/Outpatie		JA	4 🗆 Nui	rsing Home		dence 6 Oth		y)
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	1 Naturel	Pending investigation  Could not be determined	n 4 (Morth)	Day Year)	ome, ferm, st	9 M		Yes 2011		eles	Street and Numb	truk	by refreile
	To the Hospital within 24 hours a To the Funeral Completely filled		29a. Cert 1[	Certifying Ph	nysician: To the be	est of my kn	owledge, deel	th occurred	et the tir	ne, date end	d plece, end	due to the	cause(s) end me	enner es s	teted.
	n 24 h	edical		Medical Exam	niner: On the bes	is of exemin	etion end/or in	rvestigetion	, in my o	pinion, deet	th occurred e	et the time,	dete end plece.	and due to	the cause(s)
	To the comp	ž	296. Signature and title	of certifier	1	10/	1	29	c. Licens	se number			29d. Date signe	d (Month,	Dey, Year)
			100	Lat	pres	MAR			O.C.	M.E.			APRIL 1	1,199	8
			30 Name and address	l was	ocke	me	)		Peni	n Stre	et, B	altim	ore, Mai	rylan	d 21201
	Stat Registra		31. Date filed (Month, AP	R 1 7 10	198 July	istrar's Sign	erure	4							



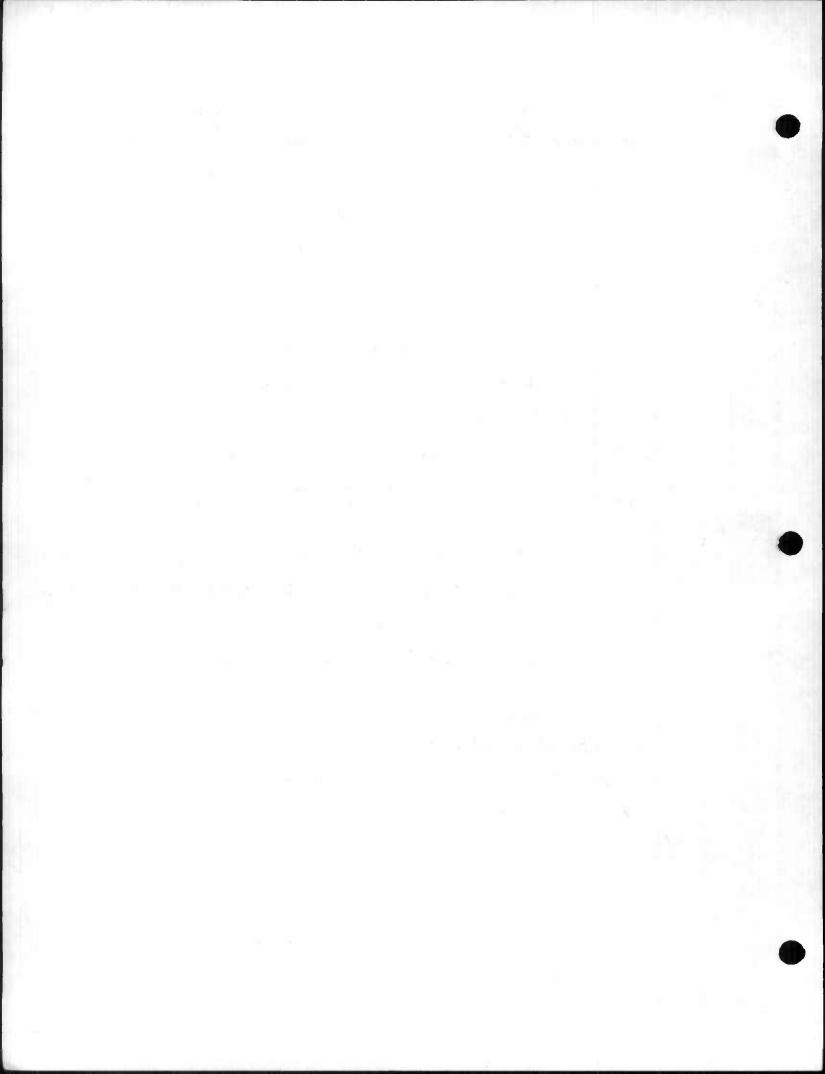
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Kenneth O. Burke April 17 1998 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner The Memorial Hospital Easton Talbot If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Dete of Birth Month, Day, Year) 02/19/30 9. Birthplece (Stete or Foreign Country) Michigan 5. Social Security Number 21215-0020 Kenneth Burke **Funeral** Months Days Hours 180 M 2□ F 367-26-8245 Director Usual Residence of Decedent 72 hours after death with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examper mant be not lifed at MD Kent Chestertown Director MYes 2 No 10e. Street end Number 308 Fairview Drive 10f. Zip Code 10g. Citizen of Whet Country? 21620 United States Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Reca - American Indien, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be filed within 72 I Depertment of Health and Mantal Hyglene. Important: if Item 27 is merked other than "natu any injury or other traumatic event, the Medical once. 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) U.S. Navy Officer Navy Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Ellsworth Burke Lila J. Bird 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Gloria A. Burke/Spouse 308 Fairview Dr., Chestertown, MD 21620 Baltimore, 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State Captial Crematory 4/18 Dover, Delaware 4 Donetion 5 Other (Specify) 22. Name and Address of Facility. Framptom - Hawkins - Eskow Furerathre, P.A. Po Box 43 Federalsburg, MD 21632. 21. Signature of Funeral Servica Licensee 7. askow Michael 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. **Physician** Dealysin cathetu related sepsis with Every upat Hapse Immediete Ceuse (Finel diseese or condition resulting in death) /Medical **Examiner** and precumouice with respiratory failure 8 days Examiner The law requires that the death certificate be executed the bunel-trensit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest and Chronic reval failuse with end Stag sonal dereas year Box 68760. physiclan Physician/Medical athers scheritic heart deviane à removent heart failuse 10 yrs Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown divous derease þ 8 peripheral varcular derivare 24b. Were autopsy findings evellable prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? peed this cartificata has lilet feweral artery Sterry placement 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director. 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Anpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25 No Certification: To 28e. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Accident 5 Pending after death.

Director: Aft
d in by the fur 1 Yes 2 No investigation 6 Could not be determined 3 Suiclde 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of exemination end/or Investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner steted. 29b. Signature end title of certifier 29d. Dete signed (Month, Dey, Yeer) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Syed Ali, M.D., 506 Idlewild toe, Easton, 32. Registrer's Signeture 31. Dete filed (Month, Day, Yeer) State Fulia Davidse APR 20 Registrar

**DHMH 16 Rev 6/95** 



# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** CARL W. BLUEFORD. JR. 8:55 PM 10, April 1998 /Medical 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** 3119 William Maddox Road (residence) Crisfield Somerset if Under 1 Year Months Deys if Under 24 Hrs. Birthpleca (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funerai** 1**X** M 2□ F 69 Director 218-24-5175 Feb. 11,1929 Maryland Usual Residence of Decedent with the Maryland 10a Steta 10b. County 10c. City, Town or Location 10d. inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Haailh and Mental Hygiena. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any highry or other traumatic event, the Medical Examiner must be notified at once. 1 ☐ Yes 2 No Somerset Directo Maryland Crisfield 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3119 William Maddox Road 21817 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No Korean i Yes, Give Year or Dates Conflict Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indien, Bieck, White, etc. 11. Maritei Stetus 1 Never Married 20 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Wood and Art Craftsman 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Carl Blueford Beulah Mister 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Sara W. Blueford (wife) 3119 William Maddox Road - Crisfield, MD 21817 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Bunai 2 ☐ Cremation 3 ☐ Removal from Stele 4 ☐ Donation 5 ☐ Other (Specify) 4/11/98 Salisbury, MD Salisbury Crematory 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility
Bradshaw & Sons Funeral Home Buend les 306 W. Main St. - Crisfield, MD Robert H. Bradshaw

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete interval Betw Onset end Deeth Physician /Medical Immediete Cause (Final diseese or condition resulting in death) Penisonei Tseerdornyoxma Examiner Due to (or as e consequence of) Examiner attending physician and for use as the bunal-transit requires that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequenca of): signed by the aid be detached for Pert ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown g 24b. Were autopsy findings availebie prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peed has certificate 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home SE No 2 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 □Other (Specify) this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Dey Yeer) 28d. Describe how injury occurred Certification: 28b. Time of 28c. injury at Work? Aftar 5 Pending investigation Natural or Attending after death. 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 | Homicide Hospital C 24 hours at Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the ceuse(s) and menner as ateted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) end manner stated. 29a, Certifier Medical To the within 2 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D 48098 -01 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Vijay Karumbunathan, M.D. - 201 Hall Highway - Crisfield, MD 31. Date filed (Month, Dey, Year) 32. Register's Signature

8 Julia d'Author Randell State APR 1 4 1998 >

Registrar

Side we measured dringed by 1903 on the control of 
						Ce	rtificate	e of I	Death		News Control	Reg. No	98		3545
	1. Decedent's Nam	e (First, Middle	, Last)								2. Dele of D	eeth De	9v	Yeer	3. Time of I
an ˈ al	AR	PIE	6.	13	RE	NI	ER				April	15		998	635
r	4a Facility Name (				L CENT	TER		4			ocation of Dea	ith 4c		y of Deeth	
	5. Social Security N	lumber	6. Sex	7. Age (In yrs. lest birthdey) If Under Months				s Hours Min. (Month, D						plece (Stete or untry)	
	220-10-8 Usual Residence of	Decedent			89						06/15/1908 V			Vir	ginia
	Maryland	10b. County	ot	10c. City, Town or Location Princess Anne										10d. Inside City 1 ☐ Yes	
-	10e. Streel end Nu 11974 Ed	mber		e	10f. Zip Code 21853					10g. Citizen of What C				untry?	
	11. Maritei Stetus	Decedeni E	Ever in U.S. 13. Wes Decedent of Hispanic Origin? (S)												
am 27 is marked other than "natural", or items 23a or 28a-f show wher traumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director	1 Never Marr		ied 1,2	ed Forces? Yes 2 DN es, Give r or Detes:		1 Vac 2 No Specify:					Rican, etc.)		Specif		ite
		15. Decedent	'a Educetion			16a Decedant's Usuel Occupation					de se	16b. k	Kind of B	Business/l	
	Elamentary/Seco		t grede comple Colle	eted) ege (1-4or 5-	+)	(Give kind of work done during most of working life. DO NOT use retired)  Carpenter					ding	Co	nstr	ucti	on
	17. Falher's Neme	17. Falher's Neme (First, Middle, Last)					5.100		18. Mothe	er's Nam	e (First, Middl				
	Jonathan Brenner								Geoi	rgia	Renoe				
	19e. informent's Neme/Reletionship (Type, Print)										ral Route Num				(ip Code)
1	Gary Bro		on				S John osition (Nan		Road	, Sa	lisbury	-			Town, Stete
	Part1. Enter	del.	Licensee complications t		100295 I tha daeth.	11	inman 1673 S Iter the mod	ome	rset /	lome Ave.	, Princ	Cess errest,	Ann	e, M	D. 2185
an/Medical Examiner	Immediate Cause disease or conditionsulting in death)  Sequentially list or if any, seating to incause. Enter Und. Cause (Disease or that initiated event resulting in death)	the disease, or or failura. List	complications to only one causa e. b. c.	that causad a on each line		Hi 11 Do not an	ater the mod	ome	rset ing, such as	Ave.	, Princ	errest,	Ann	e, M	D. 2185 Approximate Intervel Betwoonset end D me you
- 1	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, leading to in cause. Enter Und Cause (Disease or that initiated event	the disease, or or failura. List of the conditions, monediate onlying injury states.	eb.	that causad a on aach line	Due to (or a	Do not an Do not	1673 Ster the mod	omej e of dyir	rset / Rec	Home Ave. cerdiac	Print or raspiretory	errest,	o use co	ontribute	Approximate Intervel Brush of the Course of
	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, seading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or or failura. List of the conditions, monediate onlying injury states.	eb.	that causad a on aach line	Due to (or a	Do not an Do not	1673 Ster the mod	omej e of dyir	rset / Rec	Home Ave. cerdiac	Print or raspiretory	errest,	o use co	ontribute	Approximate Intervel Between Conset and Dance Management of the Conset and Dance Management of the Conset and Dance Management of the Conset and Conset an
	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, seading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or or failura. List of the conditions, monediate onlying injury states.	eb.	that causad a on aach line	Due to (or a	Do not an Do not	1673 Ster the mod	omej e of dyir	rset / Rec	Home Ave. cerdiac	Print or raspiretory	errest,	o use co 2□ No	ontribute 3 □ Pr	Approximate Intervel Brush of the Course of
	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, seading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or or failura. List of the conditions, monediate onlying injury states.	eb.	that causad a on aach line	Due to (or a	Do not an Do not	1673 Ster the mod	omej e of dyir	rset / Rec	Home Ave. cerdiac	Print or raspiretory  23b. Di	d tobacco	o use co 2□ No	ontribute 3 □ Pr	Approximate Intervel Between Conset and Development of the cause of th
	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter that Cause (Disease or that nitrated event resulting in death)  Pert II. Other eligning the cause of the cause of the cause of the cause (Disease or that nitrated event resulting in death)	the disease, or or failura. List of the disease, or or failura. List of the disease or	complications to only one causa  e	that causad a on aach line	Due to (or a	Do not an Do not	1673 Ster the mod	omej e of dyir	rset / rig, such as / Re / Re / ren in Pert i	Home Ave. cerdiac Cerdiac	Print or raspiretory  23b. Di	d tobacc Yes  Yes  Yes	o use cc 2 No opsy	ontribute 3 □ Pr	Approximate Intervel Betwonset and Down Months of the Cause of robably 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, leading to it cause. Enter Und Cause (Disease or that initiated event resulting in death)  Pert II. Other eligning the cause of the cause o	ine disease, or or failura. List or disease, or or failura. List or disease, or or failura. List or disease or	b.  c.  d.  Hospital:	that causad a on aach line	Due to (or a but not rasulting a contract of the contract of t	Do not an Do not	adjusted by the state of the st	euse giv	rset / rg, such as / Re / ren in Pert I	Ave. cerdiac	23b. Din 1 24a. Wa pel	d tobacc Yes as an autotrormed? Yes one) sidence	o use co 2 No opsy 2 No	ontribute 3 □ Pr	Approximate Intervel Between Conset and David Monard Monar
	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, isading to incause. Enter Undicause (Disease or that initialized event resulting in death)  Pert II. Other elgni  Co.  25. Wes cese refe examiner?  1 748  27. Menne of Dee  1 27. Menne of Dee  1 27. Manual	the disease, or or failura. List or disease, or or failura. List or disease, or or failura. List or disease or or or disease or	b.  c.  d.  Hospital:	that causad a on aach line	Due to (or a but not rasulting a land	Do not an Do not	and arrying or poor of the control o	euse giv	rset  Ing, such as  Recorded to the second of the second o	Ave. cerdiac C	23b. Di	d tobacc Yes as an autotrormed? Yes one) sidence	o use co 2 No opsy 2 No	ontribute 3 □ Pr	Approximate Intervel Between Conset and David Monard Monar
	Immediate Cause disease or conditions of conditions of cause (Pisease or that initiated event resulting in death)  Pert II. Other elgni  Cause (Pisease or that initiated event resulting in death)  Pert III. Other elgni  Cause (Pisease or that initiated event resulting in death)  25. Wes cese referentially and cause (Pisease or that initiated event resulting in death)	conditions.  Illicant conditions  Illicant conditio	b. c. d. Hospital: 28e. [g.elion nol be 28a. f.e.]	that causad a on aach line.	Due to (or a but not rasulting the property of	Do not an  Do not an  Do not an  R/Outpetie  R/Outpetie  R/Outpetie	quence of):  quence of):  quence of):  quence of):  A guence of):	euse giv	rset / rg, such as / Re / ren in Pert I	Ave. cerdiac C	23b. Did 15 Check only oma 5 Re 28d. Location	d tobaccoly Yes  Yes  Young  Sidence  Show injury	o use ccc 2 No opsy 2 No 6 Onliny occu	ontribute 3 Pr  24b. \( \)	Approximate Intervel Between Conset and David Monard Monar
	Immediate Cause disease or condition resulting in death)  Sequentially list or any, leading to it cause. Enter the Cause (Disease or that nitrated event resulting in death)  Pert II. Other eligning in death)  Pert II. Other eligning in death)  25. Wes cese referent in the cause of the cause in the cause of the cause	In disease, or or failura. List of failu	b.  c. d. Hospital:  g Physician: TExaminer: On t	that causad a on each line.  It of death but to death but	Due to (or a  Due to (or a  Due to (or a  ut not rasulti  Low  y Year)  2 Eff y Year)  2 of my knowle axamination	Do not an Do not	th occurred	euse giv	rset / rg, such as / Re / ren in Pert I / ren	Ave. cerdiac c	Print or raspiretory  23b. Div 24a. Wa pel  11c. th (Check only oma 5 Re 28d. Describe  28f. Location City or 7	d tobacc  Yes  as an autormed?  Yes  (Street e own, Steria causa(	o use co	ontribute 3 Pr 24b. \ 100 100 100 100 100 100 100 100 100 10	Approximate Intervel Between Conset and David Monator and David Monator and David Monator and Conset and Conse
	Immediate Cause disease or conditions of the condition of the cause (Pisease or that initiated event resulting in death)  Pert II. Other elgni  Pert III. Other elgni  25. Wes cese referentiations of the cause (Pisease or that initiated event resulting in death)  Pert II. Other elgni  27. Menne of Dee 1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifiar	the disease, or or failura. List or disease, or or failura. List or disease, or or failura. List or disease or or or disease or	b.  c. d. Hospital: Hospital: gelion nol be gephysician: Texaminer: On t and	that causad a on each line.  It of death but to death but	Due to (or a  Due to (or a  Due to (or a  ut not rasulti  Low  y Year)  2 Eff y Year)  2 of my knowle axamination	Do not an Do not	th occurred hyastigation	euse giv	rset / rg, such as / Re / ren in Pert I / ren	Ave. cerdiac c	Print or raspiretory  23b. Div 24a. Wa pel  11c. th (Check only oma 5 Re 28d. Describe  28f. Location City or 7	d tobaccod yes as an autotromed?  Yes as an autotromed?  Yes as an autotromed?  (Street e own, Stellar, data ar acousa(a, data ar	o use cc 2 No opsy 2 No 6 Ottl ury occu and Num fe)	ontribute 3 Pr  24b. \(\frac{1}{2}\)  where \(\frac{1}{2}\)  that \((Special \)  in the result of Ru  menner ess, and dua	Approximate Intervel Betwonset and Down Manager and Manage
edical certification. To be compissed by riffstonium adical	Immediate Cause disease or condition and the condition of conditions and the conditions of any, isoading to incause. Enter Under Cause (Disease or that entitled event resulting in death)  Pert II. Other elgning in death)  Pert II. Other elgning in death)  25. Wes cese referent in the condition of the condition	the disease, or or failura. List or disease, or or failura. List or disease, or or failura. List or disease or or or disease or	b.  c. d. Hospital: Hospital: gelion nol be gephysician: Texaminer: On t and	that causad a on each line.  It of death but to death but	Due to (or a  Due to (or a  Due to (or a  ut not rasulti  Low  y Year)  2 Eff y Year)  2 of my knowle axamination	Do not an Do not	th occurred hyastigation	euse giv	rset / rg, such as / rset / rg, such as / rset / rs	Ave. cerdiac c	Print or raspiretory  23b. Div 24a. Wa pel  11c. th (Check only oma 5 Re 28d. Describe  28f. Location City or 7	d tobaccod yes as an autotromed?  Yes as an autotromed?  Yes as an autotromed?  (Street e own, Stellar, data ar acousa(a, data ar	o use cc 2 No opsy 2 No 6 Ottl ury occu and Num fe)	ontribute 3 Pr  24b. \(\frac{1}{2}\)  where \(\frac{1}{2}\)  that \((Special \)  in the result of Ru  menner ess, and dua	Approximate Intervel Between Conserved Power Autonomous Conserved Power Conserved Po
edical Certification: To be Completed by Physician/Medical	Immediate Cause disease or condition and the condition of conditions and the conditions of cause. Enter Under Cause (Disease or that entitled event resulting in death)  Pert II. Other elgning in death)  Pert II. Other elgning in death)  25. Wes cese reference in the condition of the condition o	flicant conditions.  Final  flicant conditions.  fl	b.  c. d.  Hospital:  28e. [ gelion nol be and	that causad a on each line.  It of death but to death but	Due to (or a	Do not an Do not	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  the courted of the occurred of t	euse giv	rset / rg, such as / rset / rg, such as / rset / rs	Ave. cerdiac c	Print or raspiretory  23b. Div 24a. Wa pel  11c. th (Check only oma 5 Re 28d. Describe  28f. Location City or 7	d tobaccod yes as an autotromed?  Yes as an autotromed?  Yes as an autotromed?  (Street e own, Stellar, data ar acousa(a, data ar	o use cc 2 No opsy 2 No 6 Ottl ury occu and Num fe)	ontribute 3 Pr  24b. \(\frac{1}{2}\)  where \(\frac{1}{2}\)  that \((Special \)  in the result of Ru  menner ess, and dua	Approximate Intervel Between Conserved Power Autonomous Conserved Power Conserved Po
Medical Certification: To Be Completed by Physician/Medical Examiner	Immediate Cause disease or condition and the condition of conditions of conditions of cause in the cause. Enter Local Cause (Disease of that entitles of cause of the ca	flicant conditions.  Final  flicant conditions.  fl	b.  c. d.  Hospital:  28e. [ gelion nol be and	that causad a on each line.  It of death but to death but	Due to (or a	Do not an Do not	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  the courted of the occurred of t	euse giv	rset / rg, such as / rset / rg, such as / rset / rs	Ave. cerdiac c	Print or raspiretory  23b. Div 24a. Wa pel  11c. th (Check only oma 5 Re 28d. Describe  28f. Location City or 7	d tobaccod yes as an autotromed?  Yes as an autotromed?  Yes as an autotromed?  (Street e own, Stellar, data ar acousa(a, data ar	o use cc 2 No opsy  6 Ottl ury occu and Num fe)	ontribute 3 Pr  24b. \(\frac{1}{2}\)  where \(\frac{1}{2}\)  that \((Special \)  in the result of Ru  menner ess, and dua	Approximate Intervel Between Conserved Power Autonomous Conserved Power Conserved Po

to take the process of the com-

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

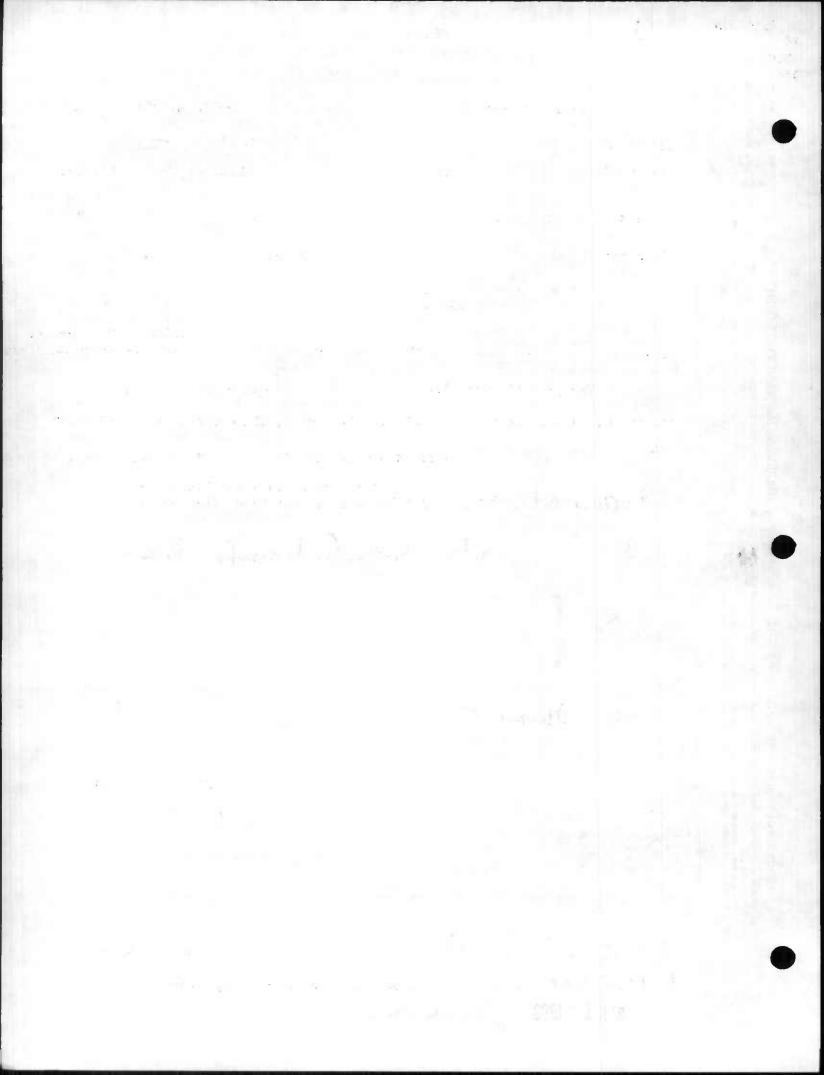
State of Maryland / Department of Health and Mental Hygiené | 9 | 9 | 5 | 6

					Ce	ertificate	of Dea	ath		Reg. No.	10	0 40	
Physicia		Decedent's Name (First, Middle, Las     James	Robert	Cox					2. Dete of De Month APRTI.	Dey 14,1998	Year	3. Time of Death 5:00 P	
/Medica Examine		4e Facility Neme (If not institution, give					4b. Cit	y, Town, or L	ocation of Deell			3.00 1	
Lamine	"	510 FRONT ST.						Perryv	ille	CECI	т		
Funeral Director		5. Sociel Security Number 6. S	ex 7. A	nge (In yrs. le 57	st birthday Yrs.	y) If Under 1 Y Months D	ear If U	nder 24 Hrs. urs Min.	8. Date of Bir (Month, De June 2	th y. Yeer) 4,1940	9. Birthp	olece (Stete or Foreign etry) rginia	
2		Usuel Residence of Decedent		140 00								0d. Inside City Limits	
72 hours after death with the Maryland 72 hours after 6ath with the Maryland natural, or frems 23a or 28a-f show steel Energine must be notified at	ctor	Maryland County	ecil	Tuc. City,	Town or I	Location	yville		100. Inside City Life				
or 28	i e	10e. Street and Number				10f. Zip Co	de			10g. Citizen of V	f Whet Country?		
th wi	<u>a</u>	510 Front Street		21903					U.	U.S.A.			
tar dea thems	Funeral Director	11. Maritel Stetus  1 ☐ Never Married 2 ☐ Married	12. Wes Decedent Armed Forces 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Decedent of Hispenic Origin? (Specs, specify Cuben, Mexican, Puerto F		ecify Yes or No Rican, etc.)	- 14. Rec Bled	e - Americ ck, White,	can Indien, etc.	
natural: or	þ	3 Widowed 4 XDivorced	ff Yes, Give Yeer or Detes			1 ☐ Yes 2 🗓		ecity:		Specify	AA I	nite	
national and a second	ete	15. Decedent's Ed (Specify only highest gra	lucation de completed)		16e. Dec	edent's Usuel O re kind of work d . DO NOT use n	ccupetion lone during	most of work	ing	16b. Kind of B			
	Completed	Elementery/Secondery (0-12) Seven Years	College (1-4or	5+)		k Truck				Friendly Oil C Havre de Grace			
d 2 should be filled th and Mental Hygis 7 is marked other traumatic event, in	To Be Co	17. Fether's Neme (First, Middle, Last)		18. Mother's Nen				e (First, Middle	Meiden Sumen	10)			
Mental Mental Mental mrked o		George	x, Sr.	Gr.				race Leona Pauley					
2 should and Men is marke aumatic		19a. informent's Neme/Reletionship (7	Type, Print)		19b. Me	Melling Address (Street end Number or Rural Route Number, City or Town, Stete					Stete, Zip	Code)	
1 and 2 Haalth Pm 27 I		Elender G. Odom	(sister)		109	Glenvíl	le Ro	ad, Ch	urchvil	le, Mary	yland	21028	
of He		20e. Method of Disposition  ABurial 2 ☐ Cremetion 3 ☐				position (Neme or emetory or other		rdene	Date / 17/08	20c. Location -	1		
permit. Page Department of Important: If any Injury or	-	4 □ Donetion 5 □ Other (Specify  21. Signefure of Funerel Servica Lican		Hal		22. Name and A			+/1///0	Aberdee	en, m	aryrand	
Physician /Medical Examiner		23a. Pert 1. Enter the disease, or compshock, or heart feilure. List only of the disease or condition resulting in deeth)	olications that cause one cause on each	teno	Do not e	Perryvil inter the mode of	f dylng, suc	Maryla thescardiac	or respiretory e	03-0188 rrest,	16	Approximete intervel Between Onsef end Deeth	
- T 01 00 0	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that intitleted events resulting in death) Lest	b c			equence of):							
d for	Cia	Part ii Other significant conditions or	notributing to death	but not result	ting In the	underlying caus	e given in i	Part I	23h Did	tohacco usa co	ntributa to	o the cause of death'	
hat the datache	by Physician/M	Chronic M.	eta (	ibuting to deeth but not resulting In the underlying cause given in Pert I.					23b. Did tobacco usa contrib			babiy 4 Unknow	
ha law requires to a has been signed aga 2 should be	Completed b								24e. Wes	en eutopsy ormed?	ev	ere eutopsy findings ellebte prior to impletion of cause deeth?	
= F # a (	Com								X	Yes 2□No	D	Yes 2□ No	
sícian: Th cartificata lirector, pag	D D	25. Wes case referred to medicel exeminer?	Hespitat.				I -	Plece of Deel	h (Check only	one)			
1 E E E	2	1 XX es 2 □ No	Hospitat:		R/Outpati			☐ Nursing Ho		dence 6 Oth		y)	
or Attending P after death. Director: After In by the funer.	ation:	27. Menner of Deeth  1 Neturet 5 Pending investigation		ley Year)	28b. Time Injury	M 28c.	Injury at Work? 1 ☐ Yes	2 🗆 No	28d. Describe	how Injury occur	red		
or Attending after death. Director: After d in by the fune	27. Menner of Deeth  1 Seturet  1 Accident  3 Sulcide  4 Homicide  28e. Dete of Injury  (Month, Dey Year)  28e. Dete of Injury  28e. Differ of Injury  28e. Diff								il Route Number,				
	edical	29a. Certifier 1 Certifying Physical Check only one)	ysician: To the bes linar: On the basis end menner s	of examinetic	ledge, dee	eth occurred et ti investigetion, in	he time, de my opinion	te end plece, , deeth occur	end due to the red et the time,	cause(s) end mo date end plece,	enner es s end due t	tated. the cause(s)	
o the control of the	ğ	290. Signature and title of certifier	A A			29c. Li	cense num	ber		29d. Dele signe	d (Month,	Dey, Year)	
F ≯ ₽ 8	,	() (1,0)		OCM	E		ADDII 1						

State Registrar

30 Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

**JOSEPH** 

CHANEY JR.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

-	0	p-	1	wwy
	3	3	Lt.	- /
å	V	V	-6	· II

Physician
/Medical
Examiner

Joseph Samuel Chaney,

3. Time of Deeth 12:55P.M.

white

10d. Inside City Limits

Approximeta Intervel Between Onsat end Death

1 Yes 2 No

1 ☐ Yes 3€ No

PRINCE GEORGES

2. Dete of Deeth

that the death certificate be executed physician and s the burial-trans 80 USB 0 the detach à signed bedet peen has page 2 certificate funeral director,

• Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica To the To the Comple

1. Decedent's Name (First, Middle, Last) 17000 CLAGGETT LANE 5. Sociel Security Number **Funeral** 212 20 1066 Director Usuel Residence of Decedent the Maryland 10e Siate 10h County worle 7 is marked other than "natural", or items 23s or 28s-f show trsumstic event, the Medical Examiner must be notified at MD Director 10e. Street and Number Funeral death 11 Maritel Status Pages 1 and 2 should be filed within 72 hours after of the filed within 27 hours after one of Health and Mental Hygiene.

nt: If itsm 27 is marked other than "natural", or ites 1 ☐ Never Married 2 → Married Baltimore, Maryland 21215-0020 PV 3 ☐ Widowed 4 ☐ Divorced Completed Elamantary/Secondary (0-12) 12 17. Faiher's Name (First, Middle, Last) Joseph Samuel other 1 20a. Method of Disposition permit. Page Department of Important: If any Injury or once. 0 21. Signature of Funeral September **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in daath) Examiner Examiner Sequentially list conditions, if any, leeding to immediata ceuse. Enter Underlying Cause (Disaase or Injury thet Initieted avents rasulting in death) Last Physician/Medical P.O. Division of Vital Records. Ag Completed Be 25. Was cesa rafarrad to medical axaminer? P

17,1998 Jr. APRIL 4b. City, Town, or Location of Death 4e Fecility Neme (If not institution, give street and number) 4c. County of Death UPPER MARLBORO 8. Date of Birth (Month, Day You June 28, Birthplace (Steta or Foraign Country) 7. Age (In yrs. last birthdey) KIM 20 F Months Deys Hours 73 Yrs. 10c, City, Town or Location Upper Marlboro Prince George's 10g. Citizen of What Country? 10f. Zip Code USA 20772 16604 Central Avenue 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No
If Yes, Giva 1 943-45
Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14 Race - American Indien. Bleck, White, etc. 1 ☐ Yes 2 ☑ No Specify: 16a. Decedant's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Retail-food General store proprietor 18. Mother's Neme (First, Middle, Maiden Sumame) Catterton Ella Mae Chaney, Sr. 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) same as 10 above Helen B. Chaney/wife 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) Dete 20c. Location - Cliy or Town, State Buriel 2 Cremetion 3 Removel from State
4 Donation 5 Other (Specify) 4-21-98 Dunkirk, Md Southern Mem. Gardens 22. Name and Address of Facility Rausch Funeral Home, Owings, MD each line. Part1. Enter the disease, or complications that shock, or heart fallura. List only one cause on a Gunshot wound Due to (or es e consequence of): Dua to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Pert I. 23b. Did tobacco use coniribute to the cause of death? 24e. Wes en eutopsy performed? Limited 1. Yes 2 □ No

1 Yes 2⊠No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of death?

26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA 1 Yes 2 No 27. Manner of Death 28e. Data of Injury (Month, Dey Year) 28b. Tima of 28c. Injury el Work? 1 Netural 5 Pending

Other: 4 Nursing Home 5 Residence 6 Dother (Specify) BARN 28d. Dascribe how injury occurred

1 Yes 2 No 4-17-98 unknown 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

self inflicted gunshot wound Location (Street and Number of Rural Route Number, City or Town, Stata) 17000 Claggett Lane

(Check only one) 29b. Signeture end little of certifier

Dept. Marlbero, Maryland

Certifying Physician: To the best of my knowledge, deeth occurred et the tima, deta end plece, end due to the ceusa(s) and mennar as stated.

Medical Examiner: On the bests of examinetion end/or invastigation, in my opinion, daath occurred at the tima, data and place, and due to the cause(s) end manner stated. 29d. Date signed (Month, Dey, Year) 29c. License number

O.C.M.E.

APRIL 18,1998

30. Neme and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

Stephen Radentz 5, 31. Date filed (Month, Dey, Year)

investigation

6 Could not be datarmined

111 Penn Street, Baltimore, Maryland 21201

State Registrar

IVA

Certification:

edical

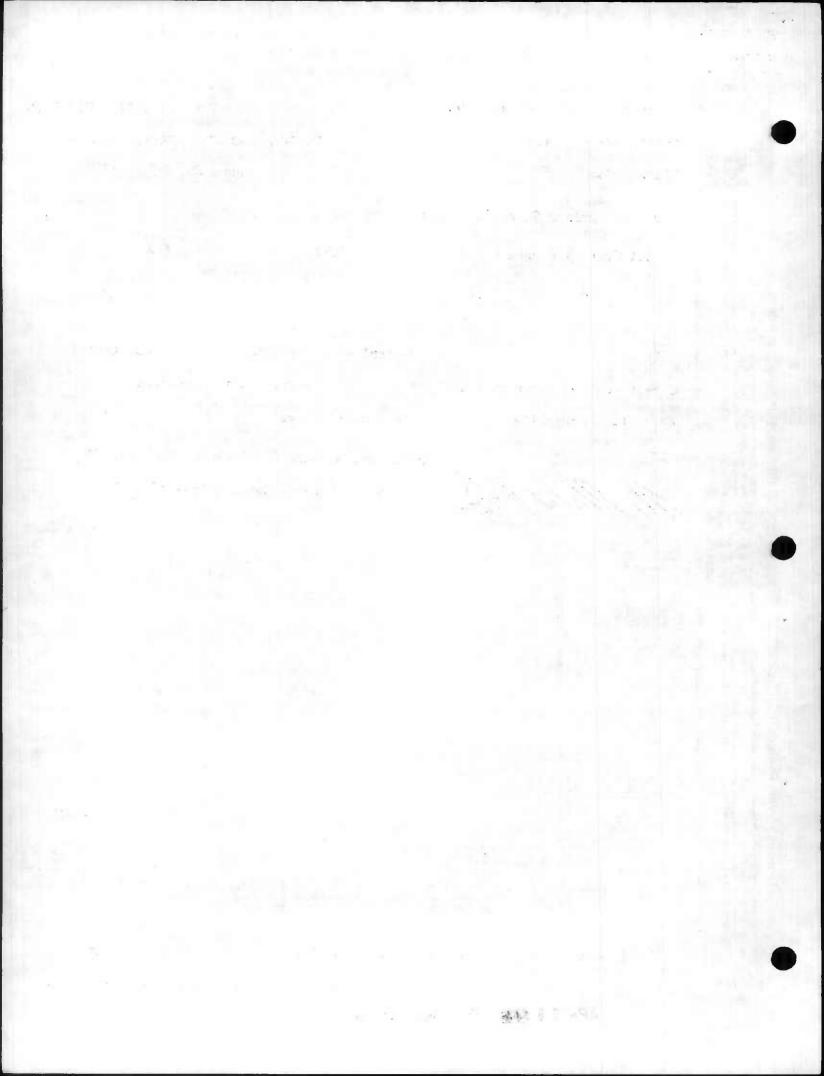
2 Accidant

3 Sulcide

29e. Certifier

4 | Homicide

32. Registra 's Signeture Jali Davoleon Revolate



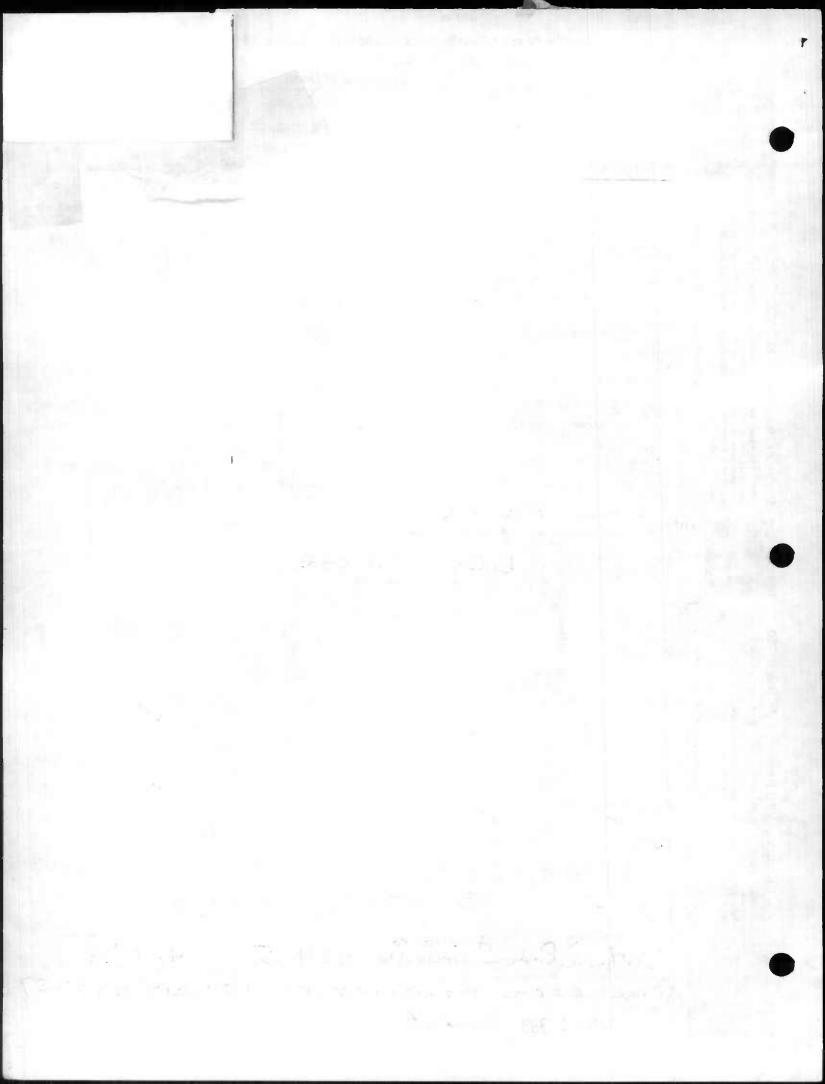
32. Registrar's Signeture

Registrar

State

31. Dete filed (Month, Dey, Yeer)

APR 14 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month Herbert Charles Dixson 11998 4b. City, Town, or Locetion of Deeth /Medical 4e. Fecility Name (If not institution, give street and number) 4c. County of Deeth Examiner 187 Frenchtown Rd. Elkton Cecil If Under 1 Year If Under 24 Hrs.

May Hours Min. 6. Sex 1 M 2 □ F 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Yrs. 212-38-6653 Director 81 Dec. 16, 1916 New York Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at 1 Ø Yes 2 □ No Director Maryland Cecil Elkton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 187 Frenchtown Rd. 21921 USA Funeral r then "natural", or Items the Medical Examiner ma 12. Wes Decedent Ever in U,S. Armed Forces? 1 (X Yes 2 □ No If Yes, Give Yeer or Dates: 1951-57 11. Maritel Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Black, White, etc. filed within 72 hours after 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White Completed by 3 Widowed 4 □ Divorced 15. Decedent's Education 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) L Pages 1 and 2 should be filed w ment of Health and Mental Hygier tant. If from 27 is marked other th lury or other traumatic event, the Security Superintendent Thickol Corporation Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Alvah Dixson Hazel Burlingame 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Elizabeth M. Baker/Executor 187 Frenchtown Rd. Elkton, MD 21921 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Department of Important: If any injury or once. Bethel Cemetery 4-18-98 Chesapeake City, MD R. T. Foard Funeral Home, P. A. 21. Signature of Funeral Service Licensee 318 George St. Chesapeake City, MD 21915 Pent I enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, show, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Fine) diseese or condition resulting in deeth) one year Examiner Examiner The law requires that the death certificata be axecuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in deeth) Lest pue the buriel-tran Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760, attending physiclen Physician/Medicai Due to (or es e consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? is certificate has been signed by director, page 2 should be detac 1 2 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes an eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No I or Attending Physician: aftar deeth. Director: After this certifica 25. Wes cese referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA P 1 Yes 2 2 No Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Divieturel 5 Pending 2 Accident Investigation 1 Yes 2 No filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral C completaly filled Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical 29b. Signeture and title of certifie 29c. License number 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Chesquelle Hospice, Elkton. 1D -arkas

32. Registrar's Signeture

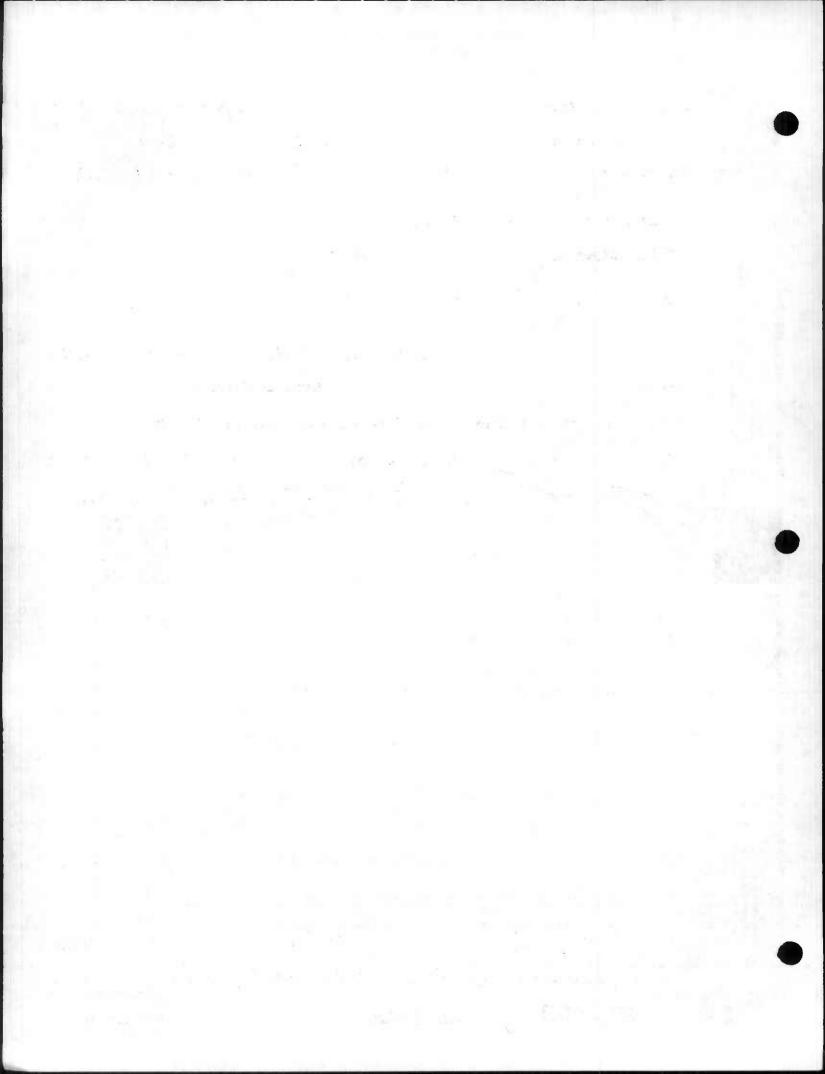
Julia Davidson

Registrar DHMH 16 Rev 6/95

State

31. Dete filed (Month, Day, Year)

APR 1 7 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Teresa Catherine Dowell 10 05 AM April 20 1998 /Medical 4a. Facility Name (if not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 326 Chestnut Drive Lusby Calvert If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 8. Data of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** Days 10 M 20 F 217 12 9261 76 Yes Director Nov 15 1921 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location permit. Pagas 1 and 2 should be filed within 72 hours eftar daath with the Marylan Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Madical Examiner must be notified at 10d. Inside City Limits 1 Yes 2 No Director Maryland Calvert Lusby 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 326 Chetsnut Drive 20657 Funeral United States 12. Was Dacedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxicen, Puerto Rican, etc.) Race - American Indian, Black, White, atc. 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2√2 No Specify 2 Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Buainess/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Own home housewife 17. Fathar's Name (First, Middia, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Robert Russell 2 Mary Harden 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Benjamin L. Dowell-husband P.O. Box 25 Solomons, Md 20688 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Solomons Meth Cemetery 1998Solomons Maryland 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signatura of Funeral Service Licenses 22. Nama and Addrass of Facility Rausch Funeral Home PA 4405 Broomes Is. Rd. Port Republic MD 2067 23a. Part1. Enter the disaasa, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiretory arrest shock, or heert failure. List only ona ceuse-eq each line. Approximate Interval Between Onset and Death **Physician** i rehosis /Medical Immediate Cause (Final diaease or condition resulting in death) Examine Due to (or as a consequence of) sician and burlel-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) physician s the burlel Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): 88 attending usa ō signed by the a Part If. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown robe nema ò 24b. Were autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed? Completed earl Frilere peen has page 2 2 D No certificata 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: after daath. Director: Atter this certifica 25. Wes case referred to medical Be 26. Place of Death (Check only and examiner? Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2010 2 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA funeral 28a. Data of Injury (Month, Day Yaar) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 Yas 2 No 2 Accident 6 ☐ Could not be 3 C Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) in by 4 Homlcide 24 hours aft Funeral Di plataly filled in Hospital 29e. Certifier Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated. plataly (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Y 29b. Signature and titia of certifier 29c. License number 29d. Data signed (Month, Day, Year) April 21 1998 Allen D 19427 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 20678 Anwar T. Munshi,

M.D.

1998

32. Registrats Signeture

38 July Shutter Randell

110 Hospital RD. Suite 303 Prince FrederickMD

State Registrar

31. Date filed (Month, Day, Year)

APR 21

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Tima of Deeth 1. Decedent's Name (First, Middla, Last) 2. Data of Death APRIL ALTCE **EVANS** 12 FRANCES 1998 0914 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER If Undar 1 Yaar 8. Date of Birth (Month, Day, Year) 5/18/01 5 Social Security Number 7. Age (In vrs. lest birthday) Birthplece (State or Foreign Country) 1□M 2XF Months Days Hours 96 Yrs Maryland 217-16-9328 Usual Residence of Decedent 10d. fnside City Limits 10a Stata 10b. County 10c. City. Town or Location Maryland tX Yes 2 No Wicomico Salisbury 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1514 Riverside Dr., Apt. A112 21801 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14 Race - American Indian. Bleck, White, etc. 1 □ Nevar Marriad 2 □ Marriad White 1 Yes 2X No Specify: Specify 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) Homemaker Domestic 18. Mother's Name (First, Middle, Maiden Sumema) 17. Fathar's Nama (First, Middla, Last) George W. Robertson Bertie Wainwright 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Intermant's Name/Reletionship (Type, Print) Marion F. Evans Jr./Son 201 Louise Ave., Salisbury, MD 21801 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 3 Burial 2 Cremation 3 Removal from State Wicomico Memorial Park 4/15/98 Salisbury, MD -0 Other (Specify) d Funeral Service License 22. Nama and Address of Fecility 21: Signation Holloway Funeral Home Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) Sepsis Due to (or as a consequence of): forated bowel Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24e. Was en autopsy completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) Hospital:

Physician /Medical Examiner

8 Department if

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

7 is marked other than "natural", or itema 23a or 28a-f ahow treumstic event, the Medical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after that of Health and Mentel Hygiene.

Baltimore, Maryland 21215-0020

with the Maryland

death

Examiner ğ physician Physician/Medical 94 8 gribneda 890 signed by the and I be deteched for þ Completed

pege 2 After this certificate has or Attanding ofter deat

Division

25. Was case referred to medical exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manger of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, end due to the ceuse(s) and manner as stated.
2 Madical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end manner stated. 29a. Certifier (Check only one)

29c. License number

D 41721

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) State

Be

Certification: To

edical

Paulos 31. Date filed (Month, Dey, Year) APR 151998

29b. Signature and title of certifier

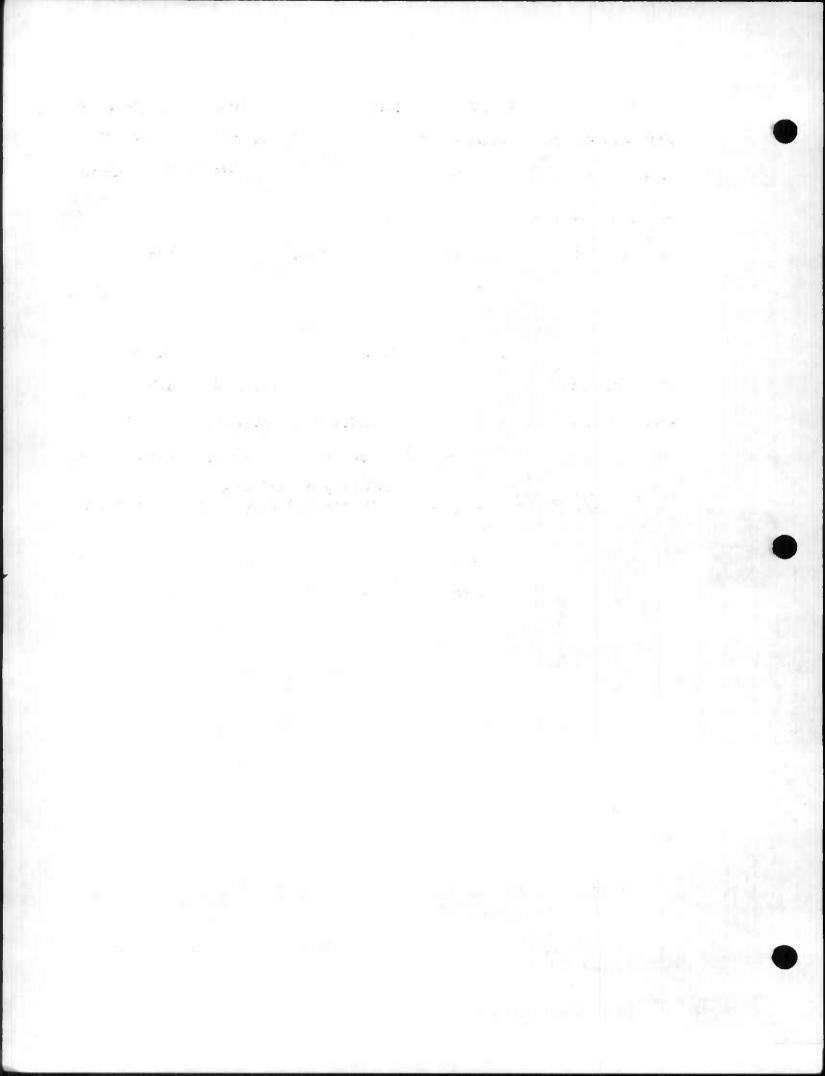
560 Riversi de Dr. BIOI 32. Registrar's Signeture

mo

Registrar

To the Hospital e within 24 hours e To the Funeral D

completely

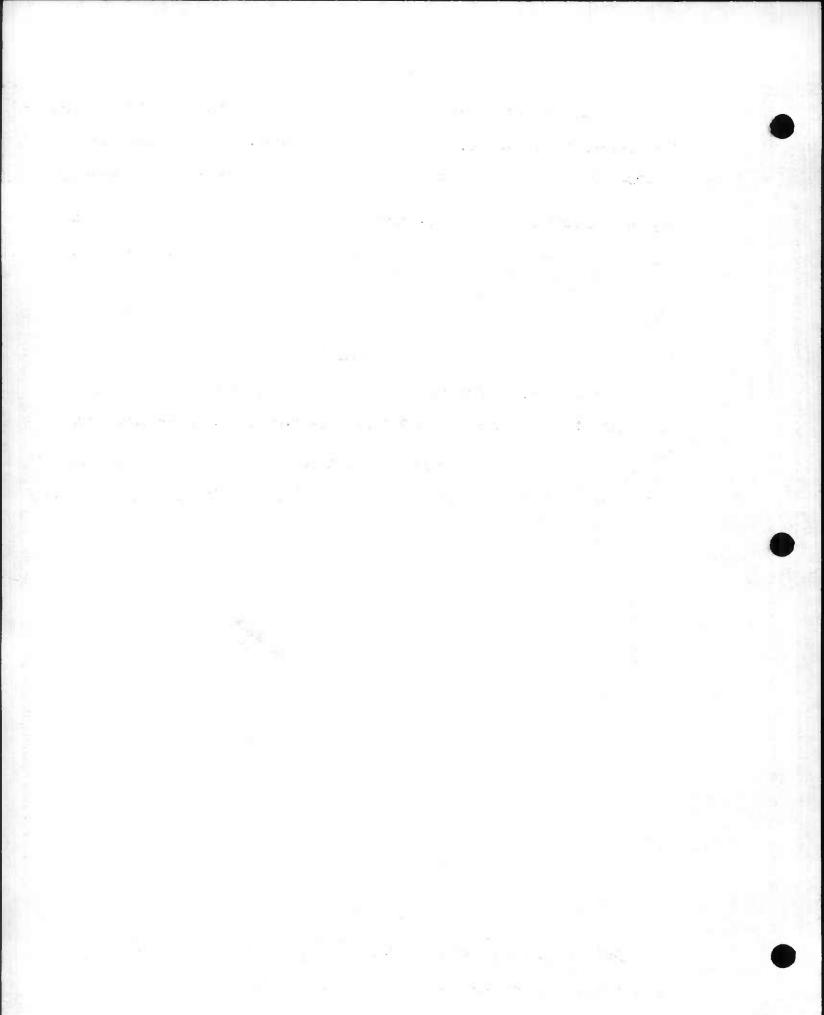


# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					· · · · · · · · · · · · · · · · · · ·		tificate of		R	eg. No.		3552	
	Dhysio		1. Decedent's Neme (First, Mid	die, Last)					2. Dete of Deet Month		Vear	3. Time of Death	
	Physic! /Medi		Kath	ryn Rena	Eveland				April	13 <sup>ey</sup> 19	98	1/1:50 PM	
	Examir	ner	4e. Facility Neme (If not instituti	on, give street and num	nber)				r Location of Deeth	4c. County o			
8_			Caroline Nurs				If Under 1 Year	Dento			olin		
	Funeral Director		5. Sociel Security Number  219-70-7755  Usual Residence of Decedent	6. Sex 1 □ M 2 ☑ F	7. Age (In yrs. las 88	Months Devs Hours Min. (Month,					Birth place (Stete or For Country) 12, 1909 Maryland		
	Mend Mend		10e. Stete 10b. Coun	ty	10c. City,	Town or Loc	cation				1	0d. Inside City Limits	
	Mer	tor	Maryland Car	oline	Hi	11sbo	ro				1⊠Yes 2□No		
	or 28	Director	10e. Street and Number				10f. Zip Code		1	Og. Citizen of WI	hat Coun	itry?	
	23a		22090 Main St	reet			21641			United	Sta	ites	
Maryland 21215-0020	within 72 hours after death with the Meryland jene. Than "natural", or flams 23a or 28a-f show the Medical Examine must be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Me 3 □ Widowed 4 □ Divorce	Armed For	2 <u>™</u> No		Vas Decedent of I Yes, specify Cub ☐ Yes 2 ☑ No		Specify Yes or No- rto Rican, etc.)		, White,		
5-0	72 ho	Completed by	15. Decede	ent's Education lest grade completed)		16e. Deced	ent's Usuel Occup	Detion	orkina	16b. Kind of Bus	-		
21	ithin	nple	Elementary/Secondery (0-12)		-4or 5+)			during most of wid)	orkarig .				
12			5			Но	memaker			Home			
anc	ad la b	Be	17. Fether's Neme (First, Middle						ame (First, Middle, A				
Z	d 2 should th and Men 7 is marke traumatic	2	Daniel		Woolford			Mary			SCOE		
Ma	2 9 4		19e. Informant's Neme/Relation	So)	2				Rural Route Number, Cordova,				
ē	ges 1 end 2 t of Health if item 27 l		Jack Eveland 20e. Method of Disposition		20b. Pled	ce of Dispos	ition (Neme of			20c. Location - C			
Baltimore,	Pe Int:		Burlel 2 Cremetion 4 Donetion 5 Other (	(Specify)	otete	nmoun	t Cemete	ery	4/17/98 I				
Ba	permit. Departr Importu		21. Signeture di Funerei Servic	by PM	00Ve	Mo	Name end Addressore Fune South S	eral Home	e, P.A. treet, Der	nton, Ma	arvla	and 21629	
	Physician /Medicai Examiner	er	23e. Pert1. Effer the diseese," shook, or heert feilure. Lis Immediate Ceuse (Finel disease or condition resulting in deeth)		Due to (or e	rte	stiva	1 1	MONA MONA		U	Approximate Interval Between Onset end Death	
Box 68760,	eeth certificate be executed attending physician and I for use es the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	c	Due to (or e								
	s deeth	sicie	Pert II. Other significant condit	tions contributing to de	ath but not resulti	ng in the un	derlying cause gi	ven in Pert I.	23b. Dld to	bacco use cont	pibute to	the cause of death?	
P.0	that the de led by the s detached	Phy	120110	no to	· -+-	7	For-	tia	) 1 TY	8 212 No	3 🗆 Prot	bably 4 Unknown	
Vital Records,	aw requires is been sign 2 should be	Completed by	alvan	ced	A	121	1 1em	ers	24e. Wes en	n eutopsy ned?	976	ere eutopsy findings ellable prior to mpletion of cause death?	
R	ilcian: The lav certificate has irector, page 2	Con							1□ Ye	s 2 No	10	Yes 2010	
/ita	ortific setor,	Be	25. Wes case referred to medic exeminer?	- 17.119					eth (Check only on	e)			
of	Q is 5	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 🗆 In	patient 2 EF	3/Outpatient	3LI DOA		Home 5 ☐ Reside	nce 6 Other	(Specify	r)	
ň	Ing P	-ino	27. Menner of Death  1. ☑ Neturel 5 ☐ Pend	111124	f Injury n, Day Year) 28	8b. Time of Injury	28c. Inju Wo		28d. Describe ho	w Injury occurre	d		
Division	To the Hospital or Attanding Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could	d not be mined 28e. Piace o buildin	of Injury - At home g, etc. (Specify)	e, farm, stre		Yes 2 □ No	28f. Location (St. City or Town	reet end Number o, State)	r or Rura	/ Route Number,	
	he Hospita in 24 hours he Funera pletely fille	edical	29a. Certifier (Check only one) Certify	ing Physician: To the base end menne	sis of examinetion	edge, death n end/or inv	occurred et the ti estigation, in my d	me, dete and place opinion, deeth occ	ee, and due to the ca curred et the time, da	use(s) end man ate end plece, ar	ner es st nd due to	ated. ) the cause(s)	
	To t To t	M	29b, Signature and title of certific	es Si	Rs	177	29c. Licens	se number	6	ed. Date signed	(Month,	Day, Year)	
			30. Name and address of person					and 2163	00				
	Sta	te	James Sides, 31. Dete filed (Month, Day, Yee	M.D., PO BO	OX 496, gistrer's Signetur	e Delito	n, Maryl	allu 2102					
	Registr		APR 15	98	ulia Davids	01-1							

DHMH 16 Rav 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Yee RICHARD TUCKER EWING 2:20 p.m. April 1998 16 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Dunkirk H Under 1 Yeer H Under 24 Hrs. 10340 Ward Road Calvert 5. Sociai Security Number 7. Age (In vrs. last birthdev) Birthplece (State or Foreign Country) Months Deys Hours 1 M 2 □ F 79 Yrs. 577 12 4846 1918 Georgia Usuai Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland Calvert Dunkirk 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10340 Ward 20754 USA Road Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritai Status 12. Wes Decedent Ever in U,S. Armed Forces? 14. Reca - American Indian, Bieck, White, etc. 1 ∑ Yes 2 ☐ No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 ☑ Merried 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced 1942-45 white 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) US GVMT. Foreign Svc. Diplomat 5+ 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Francis Marion Ewing Alpharetta Tucker 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) P.O. Box 26, Mrs. Jacquelyn R. Ewing Dunkirk, MD 20754 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Burial 2 【Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 4-20-98 Metropolitan Crematory Alexandria, VA 21. Signeture of Funerel Servica Licensee 22. Name and Address of Fecility two Rausch Funeral Home, P.A., Owings, MD 20736 5 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate tntervel Between Onset and Deeth Immediete Ceuse (Finel diseese or condition resulting In death) Nervous System Lymphoma Due to (or as a consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yas 2 No 3 □ Probably 4 □ Unknown

Physician /Medical Examiner

and

attending physician for use as the buria

been signed by the s should be detached

page 2 s

Be

Certification: To

Medical

certificate

To the Hospital or Attanding Physician: Within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p.

The law requires that the death certificate be executed

Box 68760.

Records, P.O.

Division of Vital

20

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

Be

10a State

**Funeral** 

Director

the Maryland

pemit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28a-f ahow any Injury or other traumatic event, the Medical Examinas must be notified at

Baltimore, Maryland 21215-0020

Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Physician/Medicai þ Completed

24b. Were autopsy findings evailable prior to completion of cause of deeth? 24a. Wes en autopsy performed? 1 Yes 2.20No 1 ☐ Yes 2 ☒ No 25. Wes case referred to medical 28. Plece of Death (Check only one) Other: 4 ☐ Nursing Home 5 € Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28c. injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piace, end due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and dua to the ceuse(s) ego manner stated. 29e. Certifier (Check only one)

29b. Signeture end title of certifier

29d. Date signed (Month, Day, Year) 33123

30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)

Jonathan Lowenthal, M.D. Dunkirk, MD 20754 31. Date filed (Month, Day, Year) 32. Registrar's Signature

Julia Davidson Rawlall

IVA State Registrar

**DHMH 16 Flav 6/95** 

\*\*\* 1 3 = -

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death Month **Physician** FORD April 14, 1998

4b. City, Town, or Location of Death 4c. County of Death IRENE /Medical ELIZABETH 1:30 PM 4a. Facility Name (If not institution, giva street and number) Examiner Salisbury, Md
If Under 24 Hrs.
Hours Min.
8. Date of Birth (Mopth, Day, Year)
3/18/17 Salisbury Center; Genesis ElderCare
Social Security Number 6. Sex 7. Age (in yrs. last birthday) Wicomico If Under 1 Year Birthplace (Stata or Foraign Country) **Funeral** Months Days 1 □ M 2 🕱 F 213-03-7258 Director Virginia Usual Residence of Decedent the Manylend 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at MIYes 2 No Maryland Director Wicomico Salisbury 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? with 21801 300 Lemon Hill USA 2 should be filled within 72 hours after death vand Mental Hygiene. Is marked other than "natural", or Items 23 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Ortgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American indian, Btack, White, etc. 11 Maritai Status 1 Yes 2 XNo
If Yes, Give
Year or Dates: 1 □ Never Married 2 □ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: White ρ 3 XWidowed 4 ☐ Divorced 15. Decadent's Education (Spacify only highast grada complated) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Dentist Receptionist 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) James Edward Brown Willie Mae Greene 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Numbar, City or Town, Stata, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If itam 27 is m any injury or other traum once. JoAnn Melick/Daughter 3300 Ken Allen Ct., Glenwood, MD 21738 20b. Piaca of Disposition (Nema of cematary, cramatory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4/15/98 Salisbury, MD Salisbury Crematory 4 Donation 5 Other (Specify) 22. Name and Address of Facility Holloway Funeral Home HOLLOWAY FULLCIAL INCL.

501 Snow Hill Rd., Salisbury, MD 21804
Approximate Interval Between Onset and Death r the disease, or comean failure. List only **Physician** /Medical Immediate Cause (Finet disease or condition resulting in death) lay. Examiner Due to (or as e consequença of): Examiner physiclan end the burial-transit the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or as a consequenca of) esn nse P.O. Part It. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of deeth? signed by t 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to Completed completion of cause of death? hes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician:
 24 hours efter death.
 Funeral Director: After this certific. 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28b. Time of Certification: 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide To the Hospi within 24 hou To the Funer completely fil 1 🖰 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the ceuse(s) end menner es stated. 29a. Certifier Medical

State Registrar WILLIAM ROBINS, M.D., 1104 HEALTHWAY DR., SALISBURY, MD 21804 32. Begistrar's Signature

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29c. License number

D29349

29d. Dete signed (Month, Day, Year)

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

29b. Signature and title of certifier

Di Stevelson Randall

Pages 1, 2, 3 should

permit. 1

notified at once.

BE

2

RC

1/

	-	LC)		-6
•	y be	page		þ
	6 ma	tor.		Tust
	96E	direc		10
	F. P	eral		il il
	dea	e fur	-	ex3
	after	Dy th	mova	Icai
	OURS	E	or re	med
b	Z4 h	fille	HON,	he
	thin	etely	эта	F,
	W be	dme	I, cri	2
	ecute	nd c	buria	stic
	9	an a	r to	E
	ate b	ysici	prio	r tra
	rtific	A DE	piene	othe
	th Ce	endir	HH	9
	dea	e att	fenta	un,
	it the	by th	Ind N	in
	s tha	peu	lith a	an
	quire	n sig	Hea	OWS
	W re	peq	H. 0	3 sh
	he fa	has	e Dei	п 2
	E	icate	State	=
	SICIA	Certif	the	0
	H.	this	With	ked
	NG	tter	eath	E
	END	R: A	ter d	50
	A	E	rs af	n 2
	98	PIB	Pour	i e
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be r	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
	28	FUN	with	TAN
	표	표	filed	POR
	2	2	2	Ξ

98 13555 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 1998 Evelyn Todd Fox 3:58 A.M APRIL 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign NOV. 29, HOURS 221-05-9486 1 M 2 X F 81 1916 YRS. Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Cecil Colora 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1672 Conowingo Rd. 21917 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 X Divorced White 16a. OECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Management Analyst Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Maiden Sumama Harry Clayton Todd Lila Glenn 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia A. Coale/Daughter 704 Love Run Rd. Colora, MD 21917 20e, METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State West Nottingham Cemetery4/23/98 Colora, Maryland Donetion 5 - Other (Specify) 21. SIGNATURE OF FUNDRAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY R. T. FOARD FUNERAL HOME, P. A. uchas 111 S. Queen St. Rising Sun, MD 21911 23. PART I. Enter the diseases, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, abock, or heart failure. Liet only one cause on each line. Approximata Intervsi Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition reaulting in death) VENTRICULAR RUPTURE 45 HIN. DUE TO (OR AS A CONSEQUENCE OF) ACUTE MYOCARDIAL INFARCTION 2 DAYS CERTIFICATION Sequentisily list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) ARTERY YEARS CAUSE (Disesse or injury that initiated events reculting in death) LAST PART ii. Other algnificent conditions contributing to death but not reaulting in the underlying ceuse given in Part I, 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY PERFORMED? HYPERTENSION t TYES 2 DENO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner ea stated.

29b. SIGNATURE AND TITLE OF CERTIFIER krethews Tichreele K.

29c. LICENSE NUMBER AT 2438946-HI8 - APRIL 20

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) 1998

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

K. MATHEWS, M.D.

21218 UNION HEMORIAL HOSPITAL, BALTIHORE

MICHAELA

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randasa

i2t RCT

2.7

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				otato oi ii	iai y iai ia i		ificate of	Death		Reg. No. O	. 1	OFFC
	Observator		1. Decedent's Name (First, Middle, Las	st)					2. Dete of De			S. Time of Beath
	Physici /Medi		HELEN LUC	Y FOU	RNIER				April	21, 199	8	3:07 A.M.
	Examir		4a. Facility Nama (If not Institution, give	Control of the contro					ocation of Death	4c. County	of Death	
			Solomons Nursin	g Center			Solon	nons	Ca	lver	t	
	Funeral		Social Security Number     6. S	DAA OFF	ga (In yrs. last		If Undar 1 Yaar Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Da	h v. Year)	9. Birthp	place (State or Foreign
	Director		003 09 9090	□ M 201 F	90	Yrs.			January			w York
	put *		Usual Residence of Decedent  10a. Stata 10b. County		10c. City, To	own or Loca	ation					Od Janida City I Imite
	sho	70	22 177 123 1	ah an								0d. Insida City Limits 1 ☐ Yas 2 ☐ No
	r 28a-f show	ecto		ster	WILL	ite P1						71
	th with t	al Dir	10e. Street and Number 419 South Lexing	ton Avenu	е		10f. Zlp Coda 1060	)6		10g. Citizen of N Unite		*
21215-0020	after dea or items	by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yas 2 X If Yes, Give Year or Dates:	Evar In U,S. No		as Decedant of I Yes, specify Cub	dispanic Origin? (Sp an, Mexican, Puarto Specify:	ecify Yas or No- Rican, etc.)	14. Rac Blee Specify	ck, White,	
5-0	72 hours "natural",	ted	15. Decedent's Ed (Specify only highest gra-	ucation	16	Sa. Deceder	nt's Usual Occup	pation	rina	16b. Kind of B	ualness/înc	dustry
7	within ene.	Be Completed	Elementery/Secondery (0-12)	College (1-4or	5+)	life. DC	NOT use retire	during most of work d)	ung	New	Yorl	k
2	w bd w	Co	9			Clerk	C			Telepho		ompany
pu	be filed tal Hygie d other	Be	17. Fathar's Name (First, Middle, Last)					18. Mother's Nem			10)	
3	Men Men	10	Miles W. Avery					Sadie L.				
Maryland	permit. Pages 1 and 2 should be filed w Department of Health and Mental Hygier Important: if itsm 27 is marked other th any follury or other traumatic event, the ORGS.		19a. Informant's Name/Relationship (7) Arthur E. Fournie			_			Rural Route Number, City or Town, State, Zip Code) esapeake Beach, MD 20732			
re,	s 1 a of Hear othe		20a. Method of Disposition		20b. Place	of Disposit	tion (Name of tory or other pla	cal	Date	20c. Location -	City or To	own, State
E	Page ent c nt: If ry or		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from Stata  )			emetery		4/24/98	Great E	Barri	ngton, MA
Baltimore,	emit. epartm nporta ny Inju		21. Signature of Funaral Servica Lican	-			Nama and Addre	4 F104	ısch Fun			
	40 E 6 0		DKause'			832	25 Mt. H	larmony La				
	Physician		23a. Part1. Enter the disaase, or comp shock, or heart failure. List only of								1	Approximate Interval Between Onsat and Death
	/Medical	Н	Immediate Causa (Final disaase or condition		9121	hei	MER	is I	)ens	X-4		
н	Examiner		resulting in death)	a	Due to (or es	a conseque	ence of):		1			
	D #	ner			PEP	tre	41	CEN	dis	exCZ	-	
	ne death certificate be axecuted the attending physician and thed for use as the bunai-transit	Examiner	Sequentially list conditions,	D	Due to (or as					3		
0	be axeculician and bunal-trai	ũ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated avents								į	
68760,	tificate big physic as the b	edicai	that initiated avents resulting In death) Last	C	Dua to (or as	a conseque	inca of):				1	
	ing p		1,									
Вох	death cert e attendin d for use	an		d								
	he at	SIC	Part II. Other algnificant conditions co	ntributing to death t	out not resulting	In the und	ertylng cause gi	ven in Part I.	23b. Dld t	obacco use co	ntributs to	the causs of death?
P.O.	± ≥ 8	/ Physician/N							101	188 21 NO	3 Prol	bably 4 Unknown
Records,	aw requires that the as been signed by the 2 should be detache	Completed by							24a. Was a	an autopsy med?	ave	ere autopsy findings allable prior to mpletion of cause death?
<u> </u>	The law ate has b page 2 s	E							1 🗆 Y	es 2000	10	Yes 2□ No
Viital		Be	25. Was case referred to medical					26. Plece of Deet	h (Check only o	ne)	_	
>	ysiclan: is certifica director,	To	examiner?	Hospital:	ent 2 ER/	Outpatient	3 DOA Oth	142	me 5 Rasid		er (Specifi	v)
ot	는 후 교		27. Menner of Death	28a. Data of Inju (Month, Da		. Time of	28c. Inju	ry et	28d. Describe h			
Ö	ath. r: Aft	읉	1	(MONIN, De	y roar)	Injury		Yas 2□No				
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	289. Placa of in	ury - At home, c. (Specify)	farm, stree	t, factory, office		28f. Location (S City or Tow	treet and Numb n, State)	er or Rura	I Route Number,
	pital pred filled		son continue The state of the									
	To the Hospital or within 24 hours after To the Funeral Direction completely filled in	edical	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	Iner: On the basis o and mannar st	f examination a	ge, deeth o and/or inves	stigation, in my c	me, date end plece, ppinion, death occur	and due to the d red at the time, d	ause(s) and ma late and placa,	and due to	ated. the cause(s)
	Within To th	ž	29b. Signature end titla of certifier	1 1	1	~	29c. Licans	sa number		29d. Date signe	d (Month,	Day, Year)
			1/4	au11	1	MI	N	200	22/2		4/1	198
		-	30. Name and address of person who c	ompleted cause of c	leath (Item 23a	) (Type, Pri	int)	)	, – / –		/	7,0
	0		•									
	Sta	е	31. Data filed (Month, Day, Year)		ars Signature	. 0	4 -4					
	Registra	ar	APR 22	1998 × A	alia Dave	dear Ro	itall					

J. K. 4

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygierie R Certificate of Death 2. Dete of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) April 20, 1998 FOXWELL **EVELYN** LEWIS 1025 4b. City, Town, or Location of Death 4c. County of Death 4e Facility Name (If not Institution, give street end number) SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER 7. Age (In yrs. last birthday) If Undar 1 Yeer If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 11/16/1919 5. Social Security Number Birthplace (Stete or Foreign Country) 1 M 2 F Days Hours Min Yrs Maryland 78 219-16-7298 Usuei Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Princess Anne Maryland Somerset 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code USA 12875 College Backbone Road 21853 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 22 No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian. Bieck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumeme) Lena Pritchett Asbury Lewis 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code 21853 19a. Informant's Name/Reletionship (Type, Print) 12875 College Backbone Road, Princess Anne, Md. Thomas H. Foxwell, Jr./Husband 20b. Piece of Disposition (Neme of cematery, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Beechwood Cemetery 4/24/98 Princess Anne, Md. nature of Funeral Service Licansee 22. Name and Addrass of Facility Hinman Funeral Home Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. UKMANDO295 11673 Somerset Ave., Princess Anne, Md. 21853 Approximate Intervei Between Onset and Death Rt. upper Lobe Preymonia Immediate Cause (Final disease or condition resulting in deeth) Due to (or es e consequence of): CAD Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of): mallitus - Iasulin dependent Diabetes that Initiated events resulting in death) Last Due to (or as a consequence of): Dementin 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given In Pert I. 1 Yee 2 No 3 Probably 4 Nonknown 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner

Box 68760.

P.O.

Division of Vital Records.

certificate be

**Physician** 

/Medical

Examiner

Director

Funeral

b

Completed

20

**Funeral** 

**Director** 

7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be a

Il Hygiene.

should be nd Mental marked or

Health Hem 27

A Pages 1 A spartment of Heal Important; if He any injury of Once

with the Marylenc r 28a-f show

SS# 219-16-72

elyn L. Foxwell

physician and the buriel-trensit 98 esn deteched signed b page 2 s hes

Examiner Certification:

Physician/Medical by Completed Be 2

certificate this funerel After or Attending r death. 24 hours after deal Funeral Director: Hospital completely

> State Registrar

edical

25. Was cese referred to medical examiner? 26. Piace of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of injury 27. Manner of Deeth 28d. Describe how injury occurred 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 1 Natural 5 Pending investigation 1 Tes 2 No 2 Accident 6 ☐ Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 29e. Certifier

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) and manner stated. (Check only one) 29c. Licensa number 29d. Data signed (Month, Dey, Year) 29b. Signature end title of certifier

Nulesan, MO 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MD

NATESAN,

RIVERSIDE DR. 547 E

SALISBUIY, MI

4/20/98

32. Registrar's Signature

8 Stubio Stunden Reviell 31. Date filed (Month, Dey, Year)

**DHMH 16 Rev 6/95** 

within 2 the

Mark 1956 J. 1882 P. 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Yaar HAMMOND April 10, 1998 10:20 AM 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death 7509 Jones Hastings Road Parsonsburg Wicomico If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) 8. Date of Birth (Month, Dev. Year) Days 1 M 2 □ F Yrs. 79 218-12-1591 12/23/18 Maryland Usual Rasidance of Decadent 10b. County 10c. City. Town or Location 10d. Inside City Limits Maryland Wicomico 1 ☐ Yas 2 ☑ No Pittsville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8112 Gumboro Road 21850 USA 12. Was Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒No If Yas, Giva Year or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Biack, White, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 ☒ No Specify: White 3 N Widowed 4 Divorcad 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada completed) Elementery/Secondary (0-12) College (1-4or 5+) Board of Education Custodian 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Virgil Lee Hammond Blanche Hudson 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Betty Lee Marshall/Daughter 7509 Jones Hastings Rd., Parsonsburg, MD 21849 20b. Placa of Disposition (Name of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 XBurial 2 ☐ Cramation 3 ☐ Ramoval from State Pittsville Cemetery 4/13/98 Pittsville, MD 4 ☐ Donation 5 ☐ Other (Spacify) of uneral Service License 22. Nama and Addrass of Facility
Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804

Appropriate the doubth. Do not anter the mode of dying, such as cardiac or respiretory arrast,

Appropriate the doubt. haart failura. List only ona causa on s Approximata Interval Batween Onsat and Death ARCINOMA OF Immediata Causa (Final diseasa or condition rasulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in daath) Last Due to (or as a consequence of): Due to (or as a consequence of) Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? CARBIOVASCULAR 1 Yes 2 No 3 □ Probably 4 □ Unknown 24b. Wara autopsy findings available prior to complation of cause of death? CARDIAC FAILURE 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical 26. Placa of Death (Check only ona) Hospitel: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 27. Mennar et Beeth 28a. Data of injury (Month, Dey Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding 1 ☐ Yas 2 ☐ No invastigation 6 Could not be datermined Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, dete end place, and due to the causa(s) end manner es steted.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred et the time, date end place, and due to the causa(s) and manner stated. 29b. Signat@re and title of certifie 29d. Date signed (Month, Day, Yaer) 29c. Licansa number

Baltimore, Maryland **Physician** P.O. Box 68760, Records, of Vital

**Physician** 

/Medical

Examiner

**Funeral** 

Director

Rems 23a or 28a-f show iner must be notified at

6

"natural",

then

marked other

. Peges 1 and 2 should be file iment of Health end Mental Hi lant: If item 27 is marked oth jury or other traumatic even

permit. Pege Department of Important: If any Injury or once.

/Medical

Examiner

end

the buriel-transit

Hygiene.

traumatic event, the Medical Examiner

deeth with the

filed within 72 hours efter

21215-0020

Director

Funeral

Completed by

Be

2

Examiner

Physician/Medical

PV

Be Completed

To

Certification:

Medicai

1 Naturai

2 Accident 3 Suicida

4 Homicide

29a. Cartifier

30. Nama

TAMES

10a State

11 Marital Status

The law requires that the death certificete be executed for use es 99 director, page 2 should this certificate has Hospital or Attending Physicien: After Division To the Hospital or Attending within 24 hours efter death.

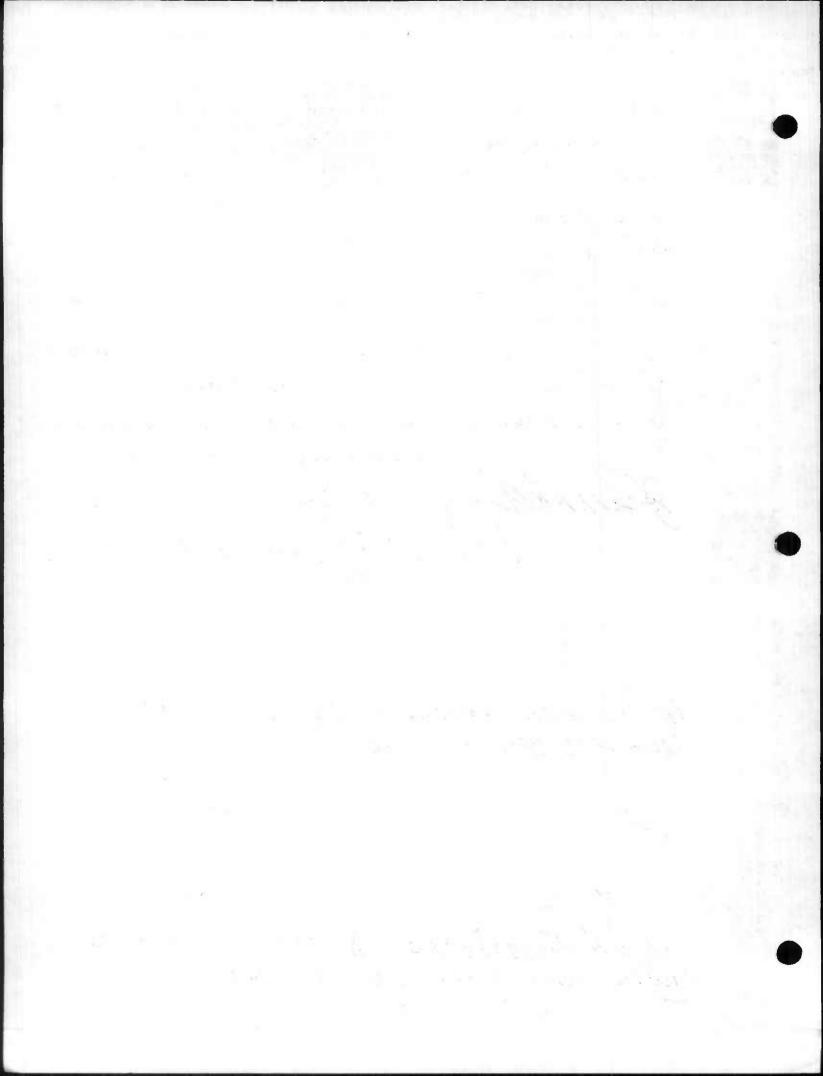
To the Funeral Director: After completely filled in by the fun

> State Registrar

ath (Itam 23a) (Type, Print) SALISBURY, MD 2/801 11 Date filed (Month, Day, Year) 33 Hagistyer's Signature

APR 151998

PINE BUFF



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Date of Death Month April 4a. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Bayview Medical Center Baltimore Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) Days Months Hours 1 □ M 2 🛛 F Yrs 220-26-1907 65 4-15-1932 Md. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes XXNo Sussex Laure1 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 17 Alex Ave. 19956 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 XMarried 1 ☐ Yes 2X No Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Cashier Bridge 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Alonzo Alexander Gertrude Teate 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) John A. Hessler, Husband 17 Alex Ave. Laurel, De. 19956 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 1 XBurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Sudlersville Cemetery 4-15-98 Sudlersville, Md. 21. Signature of Funeral Service Licensee 22. Neme and Address of Fecility Short Funeral Home, Inc. 23a. Part . Enter the disease, or complications that can shock, or heart failure. List only one cause on each 700 W. St. Laurel, De. 19956 death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Interval Between Onset and Deeth Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) umon Part II. Other significant conditione contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown ucl

**Physician** /Medical Examiner

**Physician** 

/Medicai

**Examiner** 

10a State

De.

Director

Funeral

by

Completed

Be

To

Examiner

by Physician/Medical

Be Completed

Certification: To

Medicai

29b. Signature

**Funeral** 

Director

Peges 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene. Int: If Hem 27 is marked other than "natural, or items 23s or 28s-1 show

Baltimore, Maryland 21215-0020

Department of Health and Mental Hydiene.

The Department of Health and Mental Hydiene.

Important: If Item 27 is marked other than "natural", or Items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at

or Attending Physicien: The law requires that the death certificate be executed efter deeth.

Director: After this certificate hes been signed by the attending physician and physician s the buriel ed by the a in by the To the Hospins, within 24 hours effer To the Funerel Dire

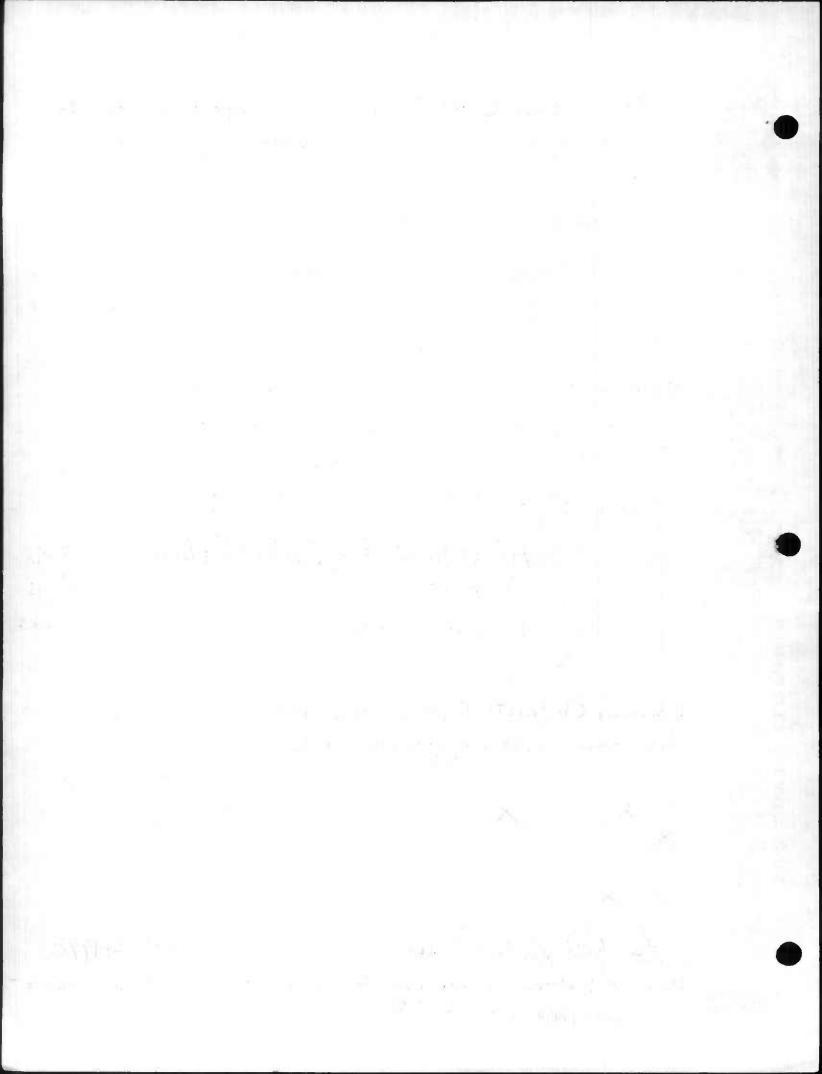
Division of Vital Records, P.O. Box 68760,

Squamous	Cell lung	Grah	O	ma	24e. Wes an autopsy performed?	24b. Were autopsy findings aveilable prior to completion of cause of deeth?
25. Was cese referred to medical				26. Place of De	eath (Check only one)	
exeminer?	Hospital: Inpatient 2	ER/Outpatient 3□	DOA	Other: 4 Nursing	Home 5 ☐ Residence 6 ☐ O	ther (Specify)
27. Manner of Death  1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c.	Injury at Work? 1 Yes 2 No	28d. Describe how injury ooci	urred
3 Suicide 6 Could not be determined	28e. Place of Injury - At h building, etc. (Specia	ome, farm, street, fac fy)	ctory, of	fice	28f. Location (Street end Num City or Town, Stete)	nber or Rural Route Number,
29a. Certifier (Check only one) Certifying Ph	ysician: To the best of my kno niner: On the basis of examina and manner stated.	owledge, death occur ation and/or investiga	red at ti	he time, dete and place my opinion, death occ	e, and due to the cause(s) and r urred et the time, date and place	nanner as stated. , and due to the cause(s)

State Registrar 31. Date filed (Month, Dey,

ho completed cause of death (Item 23a) (Type, Print) 5r., mad Johnstopkihs Hospital 601 N Worke Street Baltin

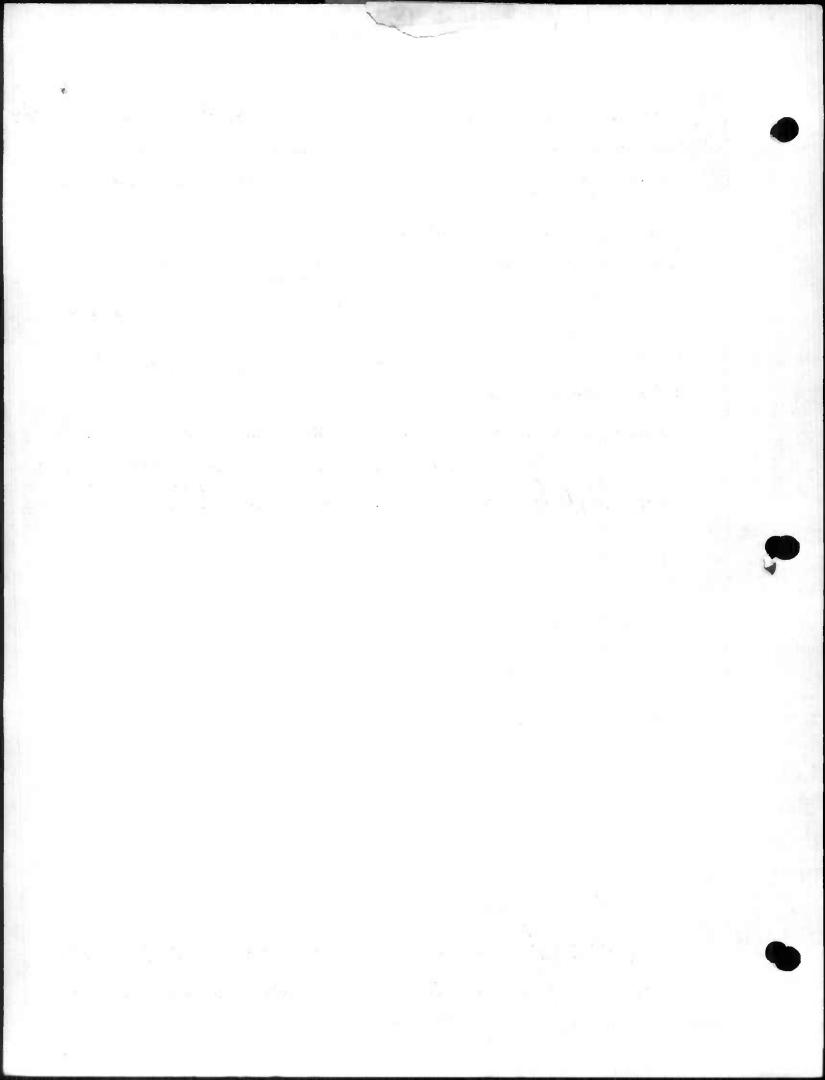
32. Registrar's Signature APR 141998



## Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					ertificate of	f Death	Re	eg. No.	13560	
Physic /Medi	ical	Decedent's Nama (First, Middla, La     Nettie I     Aa. Facility Nama (If not Institution, giv	R. Hic			4b. City, Town, or L	2. Deta of Daeti Month			
Exami Funeral		154 Meadow Halls. Social Security Number 6. S	ll Road	ge (In yrs. last birthd	Months Day	Elkton	8. Data of Birth	Ceci		
Director		152-36-2899 Usual Rasidence of Dacedant  10e. Stete 10b. County		54		J	une 5,1	943 Be	10d. inside City Limits	
the Mary 28a-f sho	Director	MD Ceci	1	Elkto	10f. Zip Code		10	og. Citizen of Wha	1 ☐ Yes 2 🖾 No	
leath with ns 23e or rount be	Funeral Di	154 Meadow Hal	ll Road	Ever in U.S.	21	921		USA	American Indian.	
burs after death with the Marylar sit, or items 23a or 28a-f show	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forcas' 1 ☐ Yes 2 ☑ If Yas, Giva Yeer or Detes:		If Yas, specify Cu	Hispenic Origin? (Sp ban, Mexican, Puerto Specify:	Rican, atc.)		WHITE	
d 2 should be filed within 72 hours after death with the Manyland of 2 should be filed within 72 hours after death with the Manyland than and Menial Hyglene.  7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examirer round to notified at	Be Completed	15. Decedant's Ec (Specify only highest gra Elementary/Secondary (0-12)	lucation ide complated) Collega (1-4or	5+) (G lif	ecedant's Usual Occi live kind of work don a. DO NOT usa retii OMEMAKE.	a during most of work ed)	king 1	Own h	4 7 11	
2 should be filed within and Mental Hygiene. Is marked other than aumstic event, the Mental than and the Mental than the Men	To Be C	17. Fethar's Neme (First, Middle, Last) Manuel Stanley		1	Tomemake	16. Mother's Nam	a (First, Middla, M		ome	
		19a. Informant's Name/Ralationship (	11.50			Hall Ro				
ages ent of t: If it y or o		20a. Method of Disposition  1 □ Suriai 2 □ Cramation 3 □  4 □ Donation 5 □ Other (Specify	1)	Silverk	prook Cei	metery	Data 2 4/22/98		ngton, DE	
permit. P Departme Importan any injur		21. Signature of Funcial Service Licen	diollell	n 60788		ncord Pi	ke Wil	mingtor	Homes, Inc., DE 19803	
Physician /Medical Examiner	ər	23a. Part! Entar tha diseese, or compand, or haert fellura. List only  Immedieta Causa (Final diseasa or condition rasulting in death)	a. Vulur		cer	ring, such as cardiac	or raspiratory arra	st,	Approximate Interval Between Onset end Death	
icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immediata causa. Entar Undarlying Cause, (Disaasa or Injury	b	Dua to (or as a con	sequance of):					
heth certificate be exe attending physician a for use as the burial.	n/Medical	that initiated events rasulting in death) Last	d	Due to (or as a con	sequence of);					
hat the de of by the	/ Physician/M	Part II. Other significant conditions or	ontributing to death b	out not resulting in th	e undarlying causa g	rifying causa givan in Part I. 23b. Did tol			tobacco use contribute to the cause of death?  Yes 2 No 3 Probably 4 Unknown	
e law requires that has been signed ge 2 should be de	Completed by						24a. Wes en		4b. Were eutopsy findings evallable prior to completion of cause of death?	
ysician: The last certificate hadirector, page	Ве Соп	25. Was casa rafarred to medicel axaminar?				26. Placa of Deal	1 ☐ Ya		1 ☐ Yas 2 ☐ No	
Attending Physician: r death. ector: After this certific by the funeral director,	Certification: To	1 Yes 2 No  27. Manne of Death 1 Watural 5 Panding 2 Accident Invastigation 3 Suicida 6 Could not be	28a. Data of inju (Month, Da	ant 2 ☐ ER/Outpa iry y Year) 26b. Tim Inju	e of 28c. Inj	thar: 4 Nursing Houry at ork?	ome 5 D Aasidar 28d. Describe hor		Specify)	
To the Heaptlai or Attending Physician: The law requires the within 24 hours after death.  To the Fundred Director: After this certificate has been signe completely filled in by the funeral director, page 2 should be		4 Homicida datarmined	building, at	c. (Specify)	streat, factory, office		City or Town,	, Stata)	r Rural Routa Number,	
the Hos hin 24 h the Fun npietely	Medical	(Check only 2 Medical Examone)	inar: On the basis of and mannar st	f axamination end/o	Invastigation, in my	tima, data and place, opinion, death occur	red et tha tima, da	ita and place, and	dua to the cause(s)	
7		29b. Signetura end titla of certifier	las,	70	7	153/	4	April 1	9, 1998	
		30. Nema and addrass of person who of		leath (itam 23a) (Ty		capa Hogo;	ce, Elki	ton m	21921	
Sta Registr	200	31. Data filed (Month, Day, Yaar)  ADD 2 1 1	32. Registi	ar's Signatura		7				

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Kuffer . (Huffer) Month **Physician** 735 Videt (Violet) B. 4 1998 16 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Chestertown Nursing & Rehab. Center Chestertown Kent 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** 1□M 2√F Months Deys Hours 90 218-34-9438 Director 4-10-1908 Maryland Usuei Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itams 23a or 28a-f show the Madical Examiner nast be notified at 1 ☐ Yes 2 No New Castle Directo Delaware Townsend 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 1047 Greers Corner Rd Funeral 19734 USA death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (5)No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Maritel Stetus permit. Peges 1 and 2 should be filed within 72 hours effer c. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumetic event, the temperature. Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White P 3 XWidowed 4 Divorced Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Domestic 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) William F. DuVall Nettie M. Irene Houck 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Allen Daniels 1047 Greers Corner Rd., Townsend, DE. 19734 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Kennedyville Cemetery 4-19-98 Kennedyville, Md. 21. Signature of Funeral Service Lice/ 22. Neme end Address of Fecility 23a. Pert1. Enter the disease, or complications that caused the disease. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate shock, or heart feiture. List only one cause on each line. DANIELS & HUTCHISON Intervel Between Onset end Deeth Physician Cardiac Arrest /Medical Immediate Cause (Finel 30 min. diseese or condition resulting In deeth) **Examiner** Due to (or as e consequence of) Examiner & Aortic Stenosis ASCUD sician and buriel-trensit be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): nding physician a Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): for u signed by the e Pert II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? HxCHF/ HxCVA/ HxCyme D 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificete Division of Vital Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 ☐ Yes 2 No 2 After this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred i or Attending P efter death. Director: After t Certification: 5 Pending 1-8 Neturel 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 4 | Homicide To the Hospital of within 24 hours of To the Funeral D completely filled? 29a. Certifier 12 Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end menner steted. Medical 29b. Signeture end title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 19 Todowo D 50996 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

State Registrar

31. Dete filed (Month, Dey, Year) APR 2 1 1998

Neil Stodbard MD

32. Registrar's Signeture

Jehne Davidson

100 Brown St, Chartertown MD

APR 8 1996

the second second

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

PAGE G. HARRIS

ASP	I; tems: 23 part 1,27,28a-f per MEO G-759 5/Conditicate	of Death	Reg. No. 98	3562				
Physician	Decedent's Name (First, Middle, Last)     PAGE HARRIS	2. Date Mor API		3. Time of Death				
/Medical Examiner	4a Facility Nama (If not institution, give street and number) CALVERT MEMORIAL HOSPITAL	4b. City, Town, or Location of						
Funeral Director	5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1	Year If Under 24 Hrs. 8. Date Days Hours Min. (Mo	a of Birth 9. Birth onth, Dey, Yaar) Cou	nplace (State or Foreign untry) yland				
with the Maryland or 28a-f show be notified at	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location			10d. Inside City Limits				
	Maryland Calvert Prince Frederick							
	1930 Harris Road 20078 USA							
o20 urs after death v al., or items 23s Examples Tuneral	Amed Forces?  1 Never Married 2 Married 1 Yas, specification of the second of the seco	nt of Hispanic Origin? (Specify Ye. y Cuban, Mexican, Puerto Rican, e No <i>Specify</i> :	s or No- etc.) 14. Raca - Amer Black, White Specify: Black	, etc.				
Maryland 21215-0020 to 2 should be filed within 72 hours aff th and Mantal Hyghene. 27 is marked other than "natural", or traumatic event, the Medical Exern To Be Completed by F	15. Decedent's Education (Specify only highest grede completed)  Elementary/Secondary (0-12)  12  16a. Decedent's Usual (Give kind of work life. DO NOT use)  College (1-4or 5+)  Laborer	dona during most of working retired)	ccupation and during most of working stired)  16b. Kind of Business/Industry and stired  Construction					
be filed votable by the befiled votable by other the overly. Be Co	17. Father's Nama (First, Middle, Last)		Middle, Meiden Surnema)	CIOII				
should be find Mental H marked off marked off marked off To Be	Josephus Harris	Graham						
Maryle d 2 should h end Mer 7 is marke traumatic	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, 2							
	Josephus Harris, Jr./Brother 1930 Harris  20a. Method of Disposition 20b. Place of Disposition (Name		Frederick, MD					
0 8027	1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)  Carroll Wester	n Cem. 4/25/	98 Prince Fred					
Baltimo permit. Peg Department Important: H any Injury o once.		Address of Facility Sewell es Beach Rd. Pr	Funeral Home	, MD 20678				
Physician /Medical Examiner	23a. Part1. Entar the disaasa, or complications that caused the death. Do not enter the mode shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disaase or condition resulting in death)  NARCOTIC AND ALCOHOL INTOXICAT Due to (or as a consequence of):		atory arrest,	Approximate Intarval Batween Onset and Death				
BOX 68/60, eath certificate be associted ettending physician and for use as the bunal-transit clan/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  b. Due to (or as a consequenca of):  C. Due to (or as a consequenca of):							
P.O. BOX at the death cert by the ettending eteched for use e	Part II. Other significant conditions contributing to death but not resulting in the underlying cau	use given in Part I. 23	Bb. Did tobacco use contribute	to the cause of death?				
E X 0 .			1 Yes 2 No 3 Pr	obably 4 Onknown				
v requir		24	performed?	Were autopsy findings available prior to completion of causa of death?				
VITAI Re- iclan: The lav cartificeta has rector, paga 2 Be Comp			10/es 2 No	1 No 2 No				
Or VITA Physician: this cartific ral director,	25. Was case referred to medical examiner?  Hospital: Hospital:	26. Place of Death (Chec						
C part o	27. Manner of Death  1   Natural   5   Pending   28b. Time of A   28t. Tim	c. Injury at Work?	☐ Residence 6 ☐ Other (Speciescribe how injury occurred  OWN	olfy)				
DIVISION To the Hospital or Attanding P within 24 hours after death. To the Funeral Director: After completely filled in by the funeral Medical Certification:	2 Accident 3 Suicide 4 Homicide    Accident    office 28f. Loc	28f. Location (Street and Number or Rural Route Number, City or Town, State) 1930 JOE HARRIS RD.						
DIVI To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by Medical Certifi	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, death occurred at and mannar stated.  Check only one)			stated.				
To the within To the compl		License number .C.M.E	29d. Date signed (Monti					
		enn Street, Bal	timore, Marylar	nd 21201				
State Registrar	31. Date filed (Month, Day, Year)  APR 24 1933  Julia Shoulan Randall							

**DHMH 16 Rev 6/95** 

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

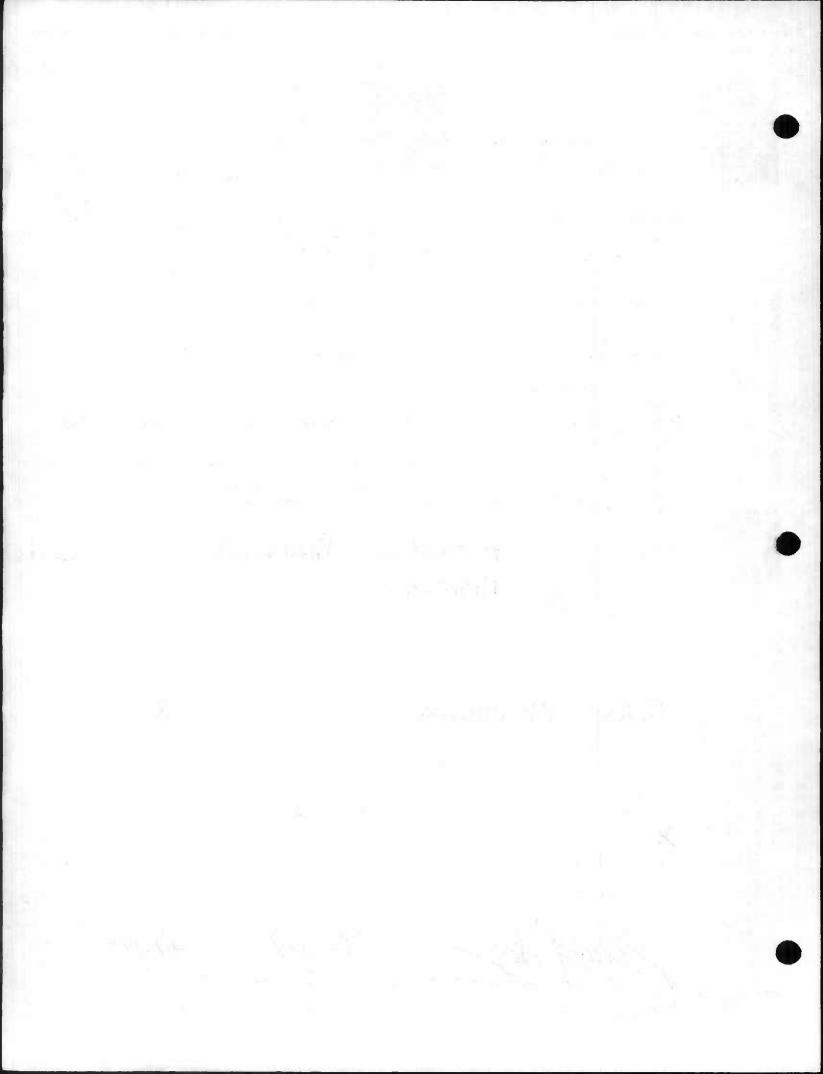
				State of Marylan	Certificate of			. No.	13563	
	Physici	an	Decedent's Name (First, Middla, Last)	-	Herroll	i i	2. Date of Death Month	Day Ye	3. Time of Death	
J	/Medi	cal	Malcolm  4a. Facility Name (If not institution, give st	Lee	Howell,	4b. City, Town, or Loc	April 11	, 1998 4c. County of E	9:15 PM	
1	Examir	ner	Salisbury Center:		erCare	Salisbury,		Wicomio		
	Funeral Director		5. Social Security Number  248-12-0049  Usual Residence of Decedent	7. Age (In yrs. 1	last birthday) If Un r 1 Y Yrs. Months Da	r If Under 24 Hrs. ys Hours Min.	8. Date of Birth (Month, Day, Y April 2,		Birthplace (State or Foreign Country) uth Carolina	
Baltimore, Maryland 21215-0020 permit. Peges 1 end 2 should be filed within 72 hours effer death with the Maryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "netural", or items 23s or 28s-f show any highty or other traumatic event, the Moulcal Examinet must be notified at ance.	tor	10a. State 10b. County Maryland Somerse		y, Town or Location  Crisfiel	đ			10d. Inside City Limits 1 ☐ Yes 2 No		
	th with the 23a or 28a	Funeral Director	10e. Street and Number 4310 Cullen Parkwa	ay	10f. Zip Cod	21817	10g	t Country?		
21215-0020	ours efter dea rai", or items Examinet m	by	11. Marital Status 12  1 Never Married 2 Marriad 3 M Widowed 4 Divorced	2. Was Decedent Ever in U, Armed Forces? 1 XYes 2 □ No If Yes, Give Yaar or Datas: W • W	1 Vec 2 70	of Hispanic Orlgin? (Specuban, Maxican, Puarto F No Specity:	cify Yes or No- Rican, atc.)		American Indian, White, etc. White	
15-0	"netu	ietec	15. Decedent's Educa (Spacify only highast grada	ation complated)	16a. Decedent's Usual Oc (Giva kind of work do	na during most of working	ng 16	b. Kind of Busin	ess/Industry	
212	within ene. than "	Completed	Elementary/Secondary (0-12)  Grade 11	College (1-4or 5+)	Diesel Engi	*	М	arine T	ransportation	
	2 should be filed with end Mental Hygiene, is marked other that aumatic event, trail	BeC	17. Father's Name (First, Middle, Last)			18. Mother's Name				
ylai	should be and Mental marked of urnatic eve	TOE	Gordon Lee Howell			Mary Go	od			
Mar	S show and is me		19a. Informant's Name/Relationship (Type		19b. Mailing Address (Str				ta, Zip Coda)	
Baltimore, Maryland	permit. Peges 1 end 2 Department of Health e Important: If item 27 is any injury or other tra once.		Neda R. Owens (Date 20a. Method of Disposition  1 Table 2 Cremation 3 Re 4 Donation 5 Other (Specify)	20b. P	4310 Cullen lace of Disposition (Name of ematary, cramatory or other enia Church (	placa)	Date 20	d, MD c. Location - City nester,		
Baltii	permit. F Departme Importan any injur		21. Signature of Saparal Service Licenses	Pradellar	22. Name and Ad Bradshaw	Idress of Facility & Sons Fundament	eral Hom	e		
			Robert H. Brac 23a. Part1. Enter the disease, or complice shock, or heart failure. List only one	dshaw, Jr		ain St Cr dying, such as cardiac or			817 Approximate	
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	alghus	es, d	ement	a		Interval Between Onsat and Death	
		her	Due to (or as a consequence of):							
,00	ificate be executed g physician end es the bunel-trensit	I Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):							
ox 68760,	E 000	<b>VMedical</b>	thet initiated events resulting in death) Last	Dua to (or	as a consequence of):					
Box	es that the death cert igned by the ettendin be deteched for use	Physician/M	Part II. Other algnificant conditions contr	ibuting to death but not recu	ulting in the underlying equee	given la Port I	22h Did tobe	noon use contril	nute to the cause of death?	
P.O.	by the	hys		e death but not rest	gweit in Feit i.	23b. Did tobacco use contribute to the cause of death				
ŝ	es the	by	c. aff a	1145						
Division of Vital Records,	The lew requires that the death cert ate hes been signed by the ettendin page 2 should be deteched for use	Completed					24a. Was an a parforme		4b. Were autopsy findings available prior to completion of cause of death?	
E							1 ☐ Yes	2 🗆 No	1 Yes 2 No	
<u> </u>	vician: The certificate irector, pag	Be	25. Was case referred to medical examiner?	spital:		26. Place of Death				
ō	Physical direction	To	1 ☐ Yes 2 1 No  27. Menner of Death	28a. Date of Injury	Ervoutpatient 3LI DOA		ne 5 Residence		Spacify)	
on	nding th. : After e fune	atlor	1 X Natural 5 ☐ Pending Investigation	(Month, Day Year)		njury at 2 Work? I ☐ Yes 2 ☐ No		.,.,		
Divis	To the Hospital or Attending Physician: within 24 hours effer death.  To the Funeral Director: Affer this certifical completely filled in by the funeral director.	Certification:	3 Suicide 4 Homicide  6 Could not be determined  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)					at and Number o Stata)	or Rural Routa Number,	
	the Hospit in 24 hour the Funera	edical	one) 2 Medical Examine	cian: To the best of my known: On the basis of examinat and manner stated.	wiedga, death occurred at the	e time, date and place, a ny opinion, death occurre	nd due to the caused et the time, dete	se(s) and manne e end place, and	er as stated. due to the cause(s)	
)	With To 1	×	29b. Signatura and title of certifier	40-	29c. Lic	2 9 3 4 9	290	Data signad (N	fonth, Day, Yaar)	
			30. Name end address of person who com		23e) (Type, Print) 1104 Health	way Dr., Sa	lisburv	MD 21	804	
	Sta	_	31. Date filed (Month, Day, Year)	32. Registrar's Signal	ture R					
	Registr	ar	APR 1 6 19	198 Galia Davi	BUSE NAME 4					

DHMH 16 Rev 6/95

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Mary			te of Death	na Mental H	ygiene Reg. No.	8 1	3564		
	Physic /Medi		Decedent's Name (First, Middle, La  Eva	st) Alease Jack				2. Date of D Month April	Day	Year 998	3. Time of Death 2140		
	Examile Funeral Director		4e. Facility Name (If not institution, given Medpointe Continued Social Security Number 214-12-9267	uing Care Fa	cility yrs. lest birthday) Yrs.	If Unde	E If Under 24	Min. (Month, L	C		olace (State or Foreign ntry) aryland		
	Anylend ahow	or	10a. State 10b. County	cil 10c	: City, Town or Lo	ocation	Perryvil	1.0		1	IOd. Inside City Limits XX Yes 2 □ No		
	o 72 hours after deeth with the Maryland "natural", or items 23a or 28a-f ahow coical Experies must be notified at	Funeral Director	10e. Street end Number	7				ie	10g. Citizen of	What Cour			
020	urs after dec al', or items	by	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:		Wes Dece If Yes, spe	dent of Hispanic Origin cify Cuban, Mexican, 12以 No Specify:	n? (Specify Yes or N Puerto Rican, etc.)	No- 14. Ra Ble Specif	ca - America ick, White, fy:			
Maryland 21215-0020	within ene.	Completed	15. Decedent's E. (Specify only highest grade Elementery/Secondary (0-12) Eleven Years	College (1-4or 5+)	(Give	seedent's Usual Occupation ive kind of work done during most of working te. DO NOT use retired)  Homemaker  16b. Kind of Business/Industry Personal Residen							
yland be filed Mental Hygarked otherstice event,	d al b	To Be	-	James Todd				Eva Blan	che Shor	es			
Mar	2 0 0 2		19a. Informent's Name/Relationship ( George A. Jack (s				S (Street end Number						
Baltimore,	of Haell f Itam 2 r other		20a. Method of Disposition 1∑ Burial 2 □ Cremation 3 □	Removal from State	b. Plece of Dispo cemetery, crer	sition (Nemetory or	me of other piece)	Date	20c. Location	yville, MD 21903  20c. Location - City or Town, State			
Baltin	permit, Pages Department of Important: If it any injury or once.		4 Donation 5 Other (Specification of Funeral Service Licer		L	Name er	netery od Address of Fecility Patterso ville, Mar		uneral H	lome	it, Maryland		
68760,	law requires thet the death certificate be axecuted as been signed by the ettending physician and as been signed by the ettending physician and a should be detached for use as the buniel-trensit	Medical Examiner	23a. Part. Enter the disease, or com shook, or heert failure. List only  Immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	e. ASP b. De N Due t	to (or as a consequence of (or es e consequence of or es e consequence or established to the original original or established to the original orig	quence of):	Pneu	M M L	arrest,		Approximate Interval Between Onset and Death  3 Weeks		
P.O. Box	as thet tha death certification of the ettending is be detached for use as	Physician/M	Part II. Other significant conditions of	^		nderlying o	ause given in Part I.		d tobacco use co		the cause of death?		
Records,	0 5 0	Completed by P	by	by	Siore	Carcina				per	as an eutopsy formed?	co	ere autopsy findings eilable prior to impletion of cause death?
ital	iclan: Th certificate rector, pag	Be C	25. Was case referred to medical				26. Place o	f Deeth (Check only			J 165 2 NO		
ion of Vital	is is	P	examiner?  1 Yes 2N No  27. Manner of Deeth  Naturel 5 Pending  Accident investigation	28a. Date of Injury (Month, Dey Yea	2 ER/Outpatier 28b. Time of Injury		Othor	ing Home 5 Re-			(ע		
Division	마음등	Certification:	3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street end Number or Rural Route Number, City or Town, State)				
	Hospital 24 hours Funeral letaly filled	edical	29a. Certifier (Check only one)	ysician: To the best of my niner: On the basis of exam	knowledge, death	occurred vestigation	at the time, date and , in my opinion, deeth	pieca, and due to th occurred et the time	e ceuse(s) and m	anner es si , and due to	lated. the cause(s)		
	within 2 To the complet	Mec	29b. Signature and title of certifier	and menner stated.		29	c. License number		29d. Date signs	ed (Month, i	Day, Year)		
	8 = 3 = 8		· Yayut	competed carse of deeth (	(Item 23a) (Tune	Print)	043198	?	4/13	198	-		
_	0		James Ley, (M.D.,				ark, Delawa	are 197	13 / /				
	Sta Registr		APR 1 5 1998	32. Registrer's S	ignature								

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** ALLACE Lockwood WALTER 1998 8:10 p.m. pril 10 /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c, County of Death Examiner Salisbury HEALTRCARE CENTER WATERVIEW WILLOMICO if Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year, August 27/ 5. Social Security Number 7. Age (In yrs. last birthday) 6 Sex Birthplace (State or Foreign Country) **Funeral** 10-M 20 F Months Days 80 Yrs. 218-36-6997 Director Usual Residence of Decedent the Marylend r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits WilOMICO SAlisburg 1 I Yes 2 TNo md. Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner rount be 406-A 2/801 USA Funeral 2. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Marital Status 72 hours after 1 Never Married 2 Married Yes 2 Ho f Yes, Give Year or Dates: should be filed within 72 hours aftend Mentel Hygiene. marked other than "natural", or I Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 4 CONSTRUCTION NICKER 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be 1 Department of Health end Mentel I Important: If Item 27 Is marked ot any Injury or other traumatic ever SMITH Lockword Lockword WYR 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Loc Kword 486-A TRINITE MAGGIE IRAINIA SALISBURY Md: 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other p 20c. Location - City or Town, State 1 ■ Buriai 2 □ Cremation 3 □ Removal from State HOUSE & CRMBBAL ANNE MARY 4 ☐ Donetion 5 ☐ Other (Specify) Name and Address of Facility 21. Signature of Funerel Service Licensee ENNIR 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. LAIN Approximate nterval Rety **Physician** 2 4c. /Medical Immediate Ceuse (Finel PROSTATE METASTATIC CAYCEV disease or condition resulting in deeth) Examiner Due to (or as a consequence of) bunial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): and physician a tha burial P.O. Box 68760. Physician/Medical Due to (or as a consequence of) attanding Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? signed by a 1 ☐ Yes 2 ☐ No 3 Probably ♣ Unknown Records. à 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed NIA cartificata 2□ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this carlifica complately filled in by the funeral director, I 25. Was cese referred to medical Be 26. Piece of Deeth (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2€ No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred edical Certification: 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Division of Vital

State Registrar

29a. Certifier

29b. Signature end title of certifie

APR 16 1998

30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print) 106 Wilford St -504B MAHESH MOONDRA MD 31. Date filed (Month, Day, Year)

WW WD

32. Registrar's Signature un finiteen wardell

Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

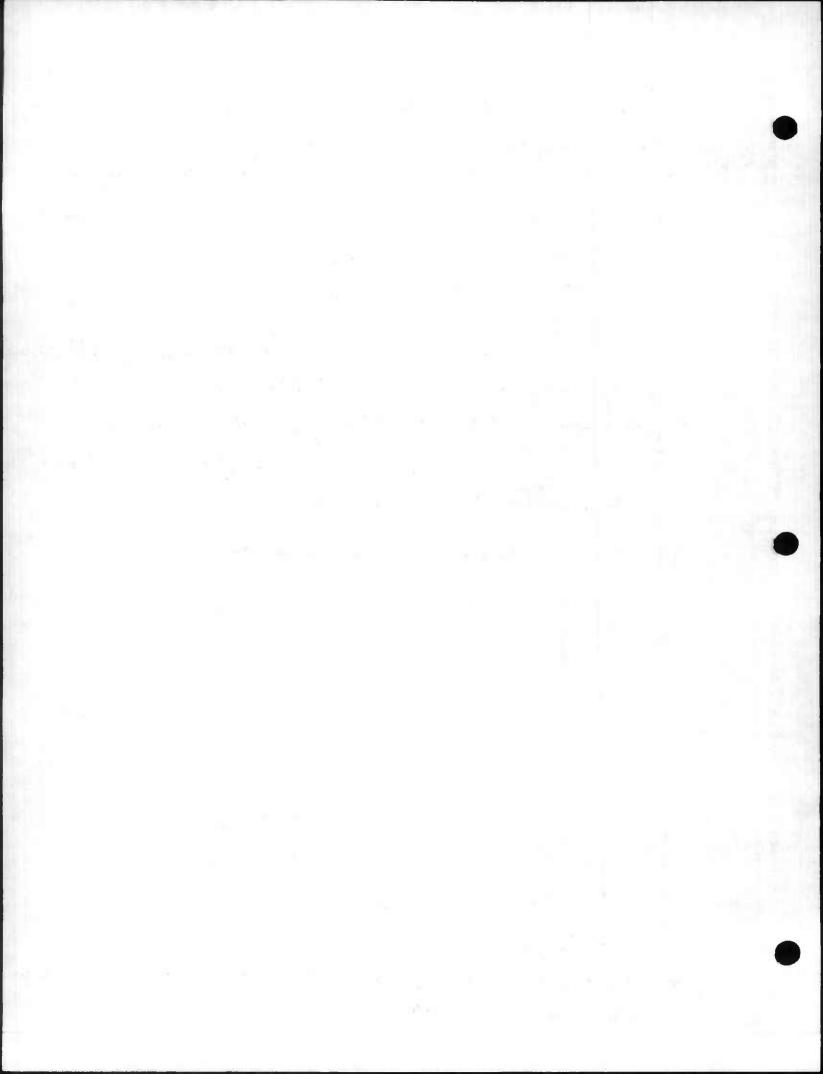
29c. License number

132014

29d. Date signed (Month, Day, Year)

Saismy MD2/80

4/11/18



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene PETER K. LEINS tems: 23 part 1,27,28a-f per MEO G-759 5/6/9 Pertificate of Death Reg. No 2. Dete of Death 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) Month Dey **Physician** Peter Kris-Matthew Leins APRIL 8, 1998 12:05 PM /Medical 4a Facility Neme (If not institution, give street end number)
631 AIKEN AVENUE 4b. City, Town, or Location of Death 4c. County of Deeth Examiner PERRYVILLE CECIL If Under 1 Yeer 5 Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Days Hours Min 1 M 2 D F 221-74-5222 Yrs. Sept. 21,1977 South Carolina 20 **Director** Usual Residence of Decedent the Maryland 10d. Inside City Limits r 28a-f show 10a State 10b. County 10c. City. Town or Location tXXYes 2 □ No Maryland Cecil Perryville Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with "natural", or items 23a or U.S.A. 631 Aiken Avenue 21903 death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - American Indien, 11 Marital Status Black, White, etc. Pages 1 and 2 should be filed within 72 hours effer to ent of Health and Mental Hyglene.
nt: if fem 27 le marked other than "natural", or flea in yor other traumatic event, me legical Easing iny or other traumatic event, me legical Easing. 1X Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 200 Specify: Specify. White by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grede completed) Cecil Community College Elementery/Secondary (0-12) College (1-4or 5+) North East, Maryland Twelve Years Student 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Curtis E. Leins Deborah Ann Kelly 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Curtis E. Leins (father) 631 Aiken Avenue, Perryville, Maryland 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or once. 4/13/98 Gilpin Manor Memorial Park Elkton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signature of Funeral Service Licenses Lee A. Patterson & Son Funeral Home atterner or MM Was 1 Perryville, Maryland 21903-0188 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediete Cause (Finel NARCOTIC INTOXICATION diseese or condition resulting In deeth) Examiner Due to (or es a consequence of): Examiner lew requires that the death certificate be executed physician end s the buriel-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): Box 68760. Physician/Medicai Due to (or as e consequence of) 65 for use as signed by the e 23b. Dtd tobacco use contribute to the cause of death? Pert II, Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown ò 24b. Were eutopsy findings available prior to completion of cause of deeth? should 24e. Wes en autopsy Completed Is certificata has director, page 2 The 1 Yes 2 □ No 1 PYes 2□ No Division of Vital Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 XX esidence 6 Other (Specify) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA XXYes 2□ No P this 28e. Dete of Injury (Month, Dey Year) 28b. Time founding funeral 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? A After 1 Neture! 5 Pending death. 1 Yes 2X No found 4/8/98 investigation 11:45 Unknown 2 Accident aftar death Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 631 Aiken Rd. 6 4 Homicide 9 To the Hospital or within 24 hours aft To the Funeral Di completely filled in Unknown Perryville, Md. 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and menner as stated.

XX Medicat Examiner: On the bests of exemination end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29d. Dete signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number O.C.M.E APRIL 9, 1998

State Registrar

31. Dete filed (Month, Day, Year) APR 1 5 1998

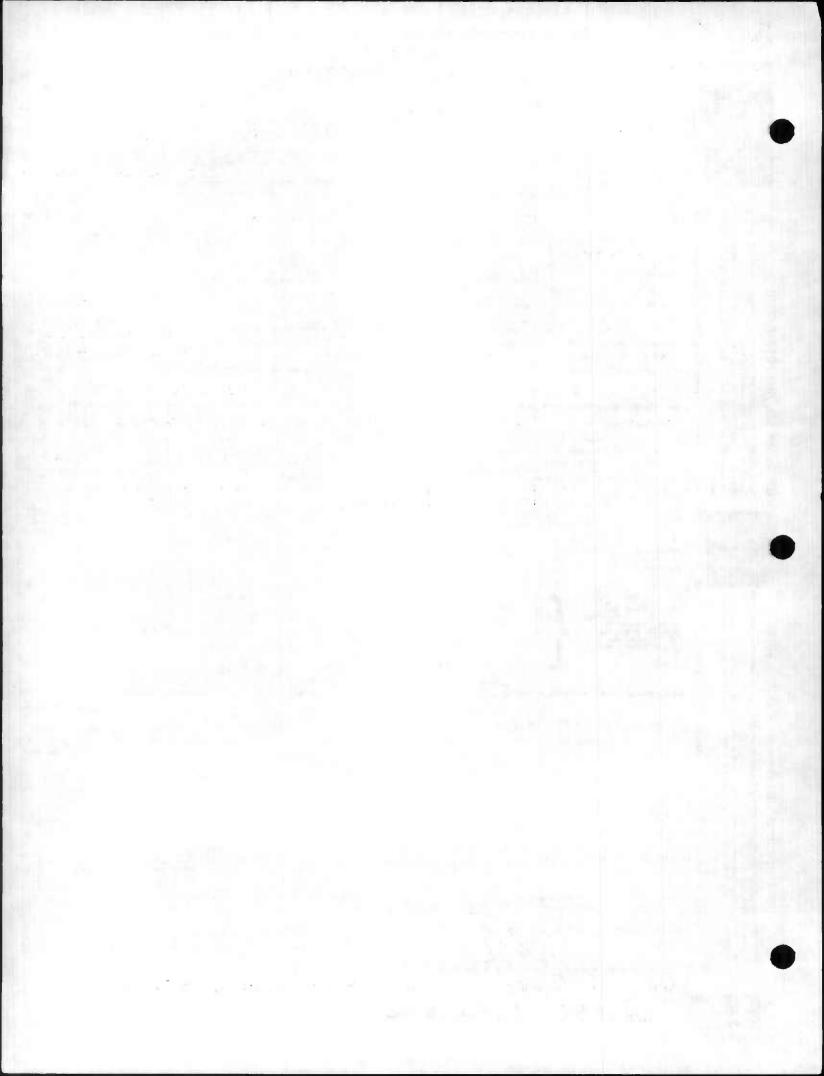
Javid

32. Registrer's Signeture

111 Penn Street, Baltimore, Maryland 21201

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

we



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month **Physician** Eleanor Dolores Meekins 20 1998 April 16:45 /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Laurelwood Nursing Center E1kton Cecil 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funerai** 1□M 2⊠ F Months Days Yrs. Director 215-32-3703 79 June 13, 1918 Virginia Usual Residence of Decedent with the Maryland 10a State 10h County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 X Yes 2 □ No Director Maryland Cecil E1kton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 100 Laurel Drive 21921 Funeral United States death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Giva Year or Detes: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Examina-1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ₺ No Specify: White p 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Her own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be 2 Stephen Hugh Lawson Porter Agnes Lamanda Garber 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jane Meekins / Daughter 507 Hollingsworth Avenue, Elkton, MD 21921 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State April 24 1 Burlel 2 □ Cremation 3 □ Removal from State 4 Donation 5 Other (Specify) Borth East Methodist Cem. 1998 North East, Maryland 21. Signature of Funeral Service Lic 22. Name and Address of Facility Crouch Funeral Home 127 South Main Street, North East, MD 21901 23a. Tart1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death Physician /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner Examiner physiclan and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): Records, P.O. Box 68760. 8 Physician/Medicai Due to (or es a consequence of) attending ò signed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown opplienia by 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy completion of ceuse of death? certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Yes 2 ☒ No 1 Inpetient 2 ER/Outpatient 3 DOA To the Hospital or Attending Phys within 24 hours after death.

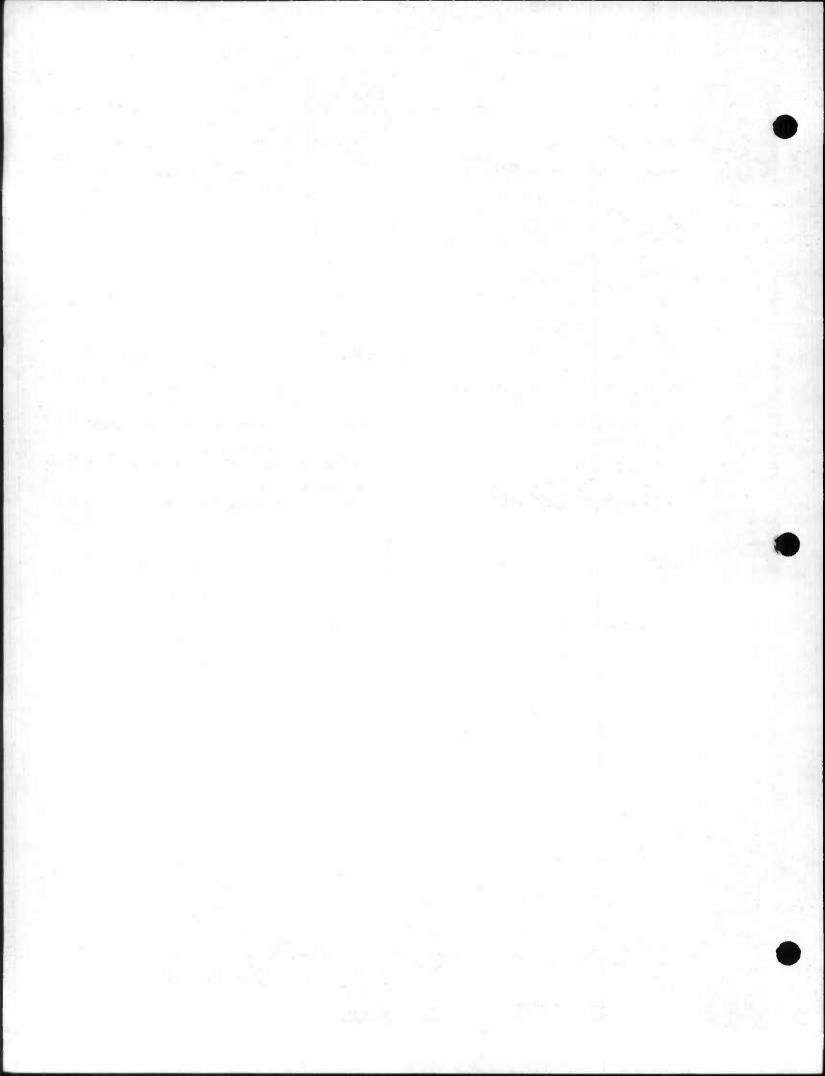
To the Funeral Director: After this completely filled in by the funeral di 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be dataminad 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a, Certifian (Check only one) 29b. Signeture and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) Nava ally M 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) ligh ST. ELKRIN M2 10 00 MD BARBARA 31. Date filed (Month, Day, Year) APR 2 32. Registrar's Signature State

whia Davidson

**DHMH 16 Ray 6/95** 

Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

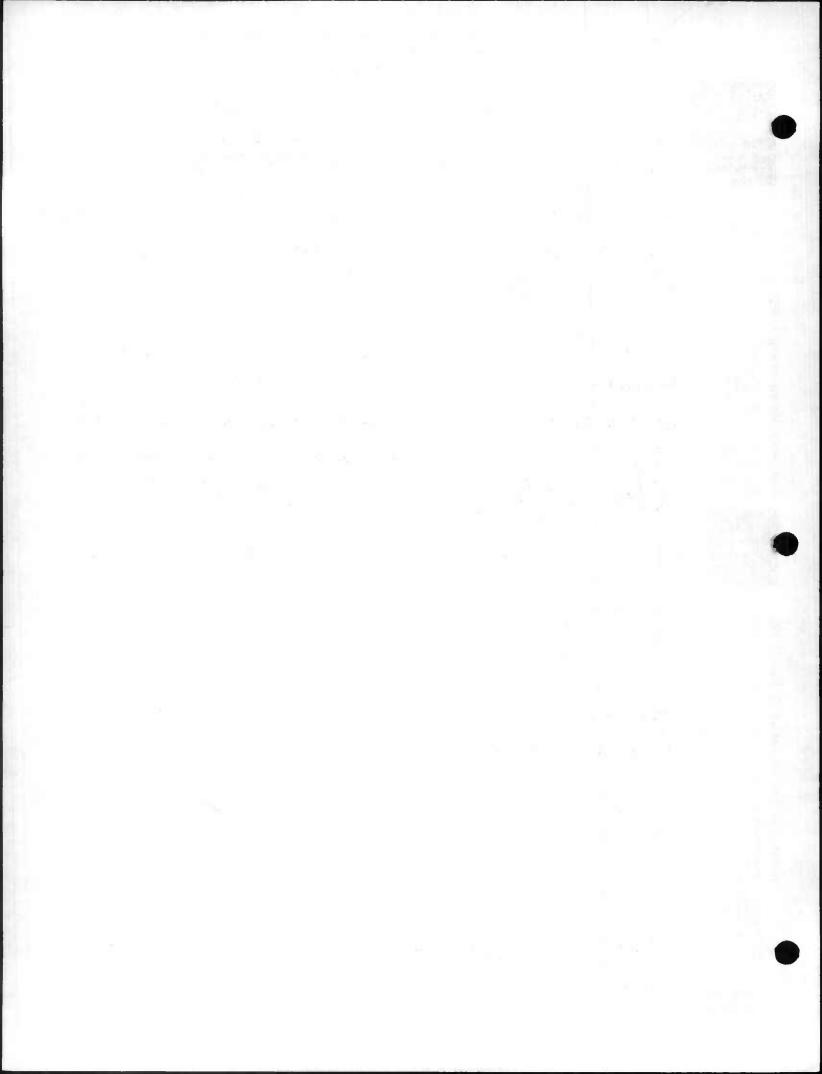
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death April **Physician** Margaret Mary 1998 7:15PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 14312 New Windsor Rd. New Windsor Frederick 5. Social Sacurity Number 6 Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** Days 1 M 2 F Months Hours 218-07-2074 Yrs. Director Nov. 1, 1916 Maryland Usual Rasidance of Dacadant the Maryland 10a. Stata 10b. County r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. tnslda City Limits 1 Yas 2 No Director Maryland Frederick New Windsor 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 'natural', or itema 23a or 14312 New Windsor Rd. 21776 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armad Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) Race - Amarican Indian, Black, White, atc. 11. Marital Status permit. Pages 1 end 2 should be filed within 72 hours effer c Department of Health end Mental Hygiena. Important: If Itam 27 is marked other than "natural", or iter into yor other traumetic event, the Medical Examines Once. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: by Specify: 3 ☑ Widowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementery/Secondary (0-12) Collaga (1-4or 5+) homemaker own home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be John Healev Winifred 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Donald Morris/ son 14312 New Windsor Rd. New Windsor, MD 21776 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) St. Peter's Cemetery 4/20/98 Libertytown, MD 22. Nama and Address of Facility. Hartzler Funeral Home of Funarai Sarvica Licensas 11802 Liberty Rd. Libertytown, MD 21762 23a. Part1. Enter the disease, or complications that caused he death. Do not anter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each interest. Approximate Intarval Batwaen Onsat and Death Physician /Medical Immediate Causa (Final minutes diseese or condition resulting in death) Examiner Examiner ettending physician and for use es the burial-transit To the Hospital or Attending Physician: The law requires that the deeth certificate be executed Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Disaasa or injury thet initiated avants rasulting in daath) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): signed by the el Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No ypertension 3 Probably 4 Unknown Records, Be Completed by cata has been sig , pege 2 should b Diabetes 24a. Was en autopsy performed? Were eutopsy findings available prior to complation of causa of daath? 1□ Yas 2 No 1 ☐ Yas 2 ☐ No certificata Division of Vital 25. Was cesa refarrad to medicel axaminer? 26. Pleca of Daath (Chack only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Medical Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral 27. Menner of Death 1 ☑ Natural 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describa how injury occurred 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homleide 1 Certifying Phyalclan: To tha best of my knowledge, death occurred at tha tima, data and place, and due to the ceuse(s) and mannar as stated.

2 Medical Exeminar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, data and place, and due to the ceuse(s) and mannar stated. 29a. Cartifian 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed causa of death (item 23a) (Type, Print) Herbert P. Henderson Jr. mo 1233 Union Bridge Rd. P. O. Box 190 New Windson My 2(776 32 Ragistar's Signatura 31. Data filed (Month State

**DHMH 16 Bay 6/95** 

Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

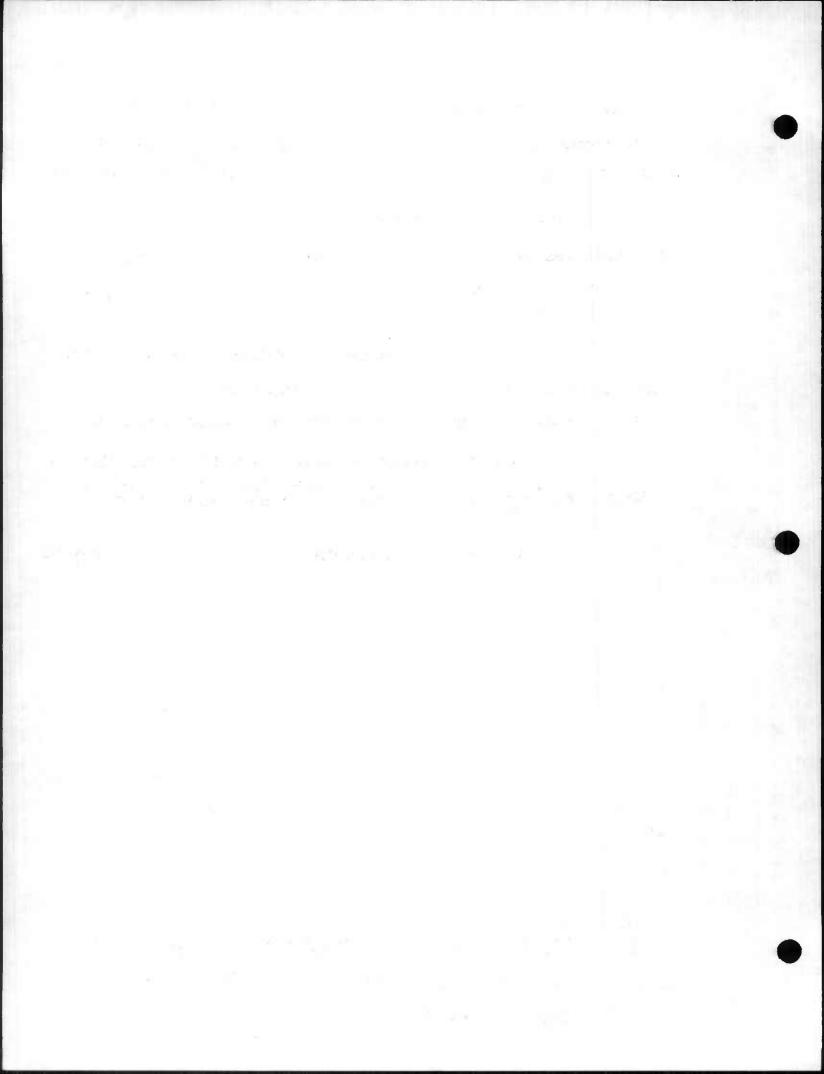
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Year Charles Richard McCloskey April 11, 1998 8:15pm /Medical 4a. Facility Name (If not institution, give street and number, 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 6409 Bonnie Brae Road Sykesville Carroll If Under 1 Year 8. Date of Birth (Month, Day, Year) Apr 11, 1941 5. Social Security Number 6 Sev 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral ★**□ M 2□ F Days 57 Yrs. Director 160-34-2379 Pennsylvania Usual Residenca of Deceden the Maryland 10a State 10h County 10c. City. Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits Director MD 1 ☐ Yes X ☐ No Carroll Sykesville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6409 Bonnie Brae Road 21784 Funeral U.S.A. death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Biack, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) National Security 3 Engineering Specialist ith and Mental Hve 7 Is meet 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Benjamin McCloskey Mary Brown 19a. Informant's Name/Reletionship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important: If Itam 27 Is m any Injury or other traum 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Phyllis McCloskey (Wife) 6409 Bonnie Brae Road Sykesville, MD 21784 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 🖾 Other (Specify Entombrent Crestlawn Mausoleum 4/15/98 Marriottsville, MD 21. Signature of Funeral Service Licensee 22 Name and Address of Facility HAIGHT FUNERAL HOME & CHAPEL (Box 195) Brian Hardt X Sykesville, MD 21784 (410)-795-1400 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List *on*ly one ceuse on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final Metas 2 years como disease or condition resulting in death) Examiner Due to (or as a consequence of) The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760, attending physician for use es the burie Physician/Medical Due to (or as a consequence of) P.O. Part II. Other algnificant conditiona contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, by 8 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy peeu page 2 certificate hes 1 Yes 2 110 1 ☐ Yes 2 ☐ NO Division of Vital or Attending Physician: 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Mesidenca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menne of Death Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After t 1 Netural 5 Pending investigation within 24 hours after death. To the Funeral Director: Af 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2 4 Homicide Hospital 1 Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only \$ 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Day, Year) MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Rrint) awrence sardner 32. Registrar's Signature 31. Date filed (Month, Day, Year) State alk divideor Re

DHMH 16 Rev 6/95

Registrar

APR 1 6 1998



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Daath Day Month Clifton Mister 12 1998 4c. County of Death 4b. City, Town, or Location of Daath 10:16p.m. 4a. Facility Nama (If not institution, giva straat and number) Alice Byrd Tawes Nursing Home Crisfield Somerset If Undar 1 Yaar | If Undar 24 Hrs. Months | Days | Hours | Min. 5. Social Sacurity Numbar 6. Sax 12 M 2□ F 8. Data of Birth (Month, Day, Yaar May 19, 1 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Maryland 86 Yrs. 215-05-7017 Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits Somerset Crisfield 1 Yas 2 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 26917 Clifton Mister Road 21817 USA 12. Was Dacedant Evar In U,S. Armad Forcas? 1€ Yas 2□ No World If Yas, Giva Yaar or Datas:War II 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 No Spacify:

Specify: White

with the Maryland permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exaction must be notified all sone. Baltimore, Maryland 21215-0020

**Physician** 

/Medical

Examiner

Director

Funeral

by

pleted

10a Stata

3 ☐ Widowad 4 ☐ Divorced

**Funeral** 

Director

**Physician** /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and compilely filled in by the Innerial director, page 2 should be detected for use as the burlet-transit ettending physician and for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

etec	15. Dacedant's Ed (Specify only highast gra	16a. Decedant's Usual Oc (Give kind of work do.		deina	16b. Kind of Business/Industry					
Completed	Elementary/Secondery (0-12)	Coilega (1-4or 5+)	lifa. DO NOT usa rai	on Norusa ratine)  State of Mary Employment Science State of Mary						
o Be	17. Fathar's Nama (First, Middla, Last, Norman Mist				ma (First, Middla, Maidan Sume	oma)				
-	19a. Informant's Name/Relationship (Type, Print)  19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code)  19c. Malling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code)  26917 Clifton Mister Rd. – Crisfield, MD 21817									
	20a. Method of Disposition  1 Burlal 2 Cramation 3 Ramoval from Stata  4 Donation 5 Othar (Specify)  20b. Placa of Disposition (Nema of cametery, cramatory or othar place)  Asbury Cemetery  4/16/98 Crisfield									
	21. Signature of Junaral Sarvice Licensee  Robert H. Bradshaw  22. Nama and Addrass of Facility  Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817									
	23a. Part1. Entar tha disaasa, or com shock, or haart failure. List only	plicetions that causad the deat	h. Do not antar tha moda of o	tying, such as cerdiad	or raspiratory arrest,	Approximate Intarval Batweer Onsat end Deatl				
	Immediata Causa (Finat disaasa or condition rasulting in daath)	. Rev	al fail	luri		Imont				
Examiner	Sequantially list conditions, if any, laading to immediate cause. Entar Underlying Ceusa, Olisease or Injury	. Hyp	r as a consequanca of):	1		40 YR				
n/Medical	Ceusa (Disease or Injury that initiated evants rasulting in daath) Last  Dua to (or as a consequence of):									
by Physician/M	Part II. Other significant conditions of				23b. Did tobacco use c	ontribute to the cause of de				
Completed	Cong	ke Jestrive H	cent fa	ilm.	24a. Wes an autopsy performad?	24b. Wara autopsy findir available prior to completion of ceuse of death?				
					1□Yas 2XNo	1 ☐ Yas 2 ☐ No				
o Be	25. Was casa rafarrad to medical axaminer?	Hospital: 1 Inpatiant 2	_ [		ath (Check only one)					
►	27. Mennar of Death  1 Natural 5 Panding 2 Accidant Invastigation	28a. Date of Injury (Month, Day Year)	28b. Tima of Injury V	4 Nursing H jury at /ork? □ Yas 2 □ No	oma 5 ☐ Rasidenca 6 ☐ Ot 28d. Dascribe how injury occu					
Certification:	3 Suicide 6 Could not be datarmined	28a. Placa of injury - At no				28f. Location (Street and Number or Rural Route Number, City or Town, Steta)				
edical C	29a. Certifiar (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, end due to the cause(s) and manner as steed and manner as steed.  Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, end due to the cause(s) and manner as steed.  Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, end due to the cause(s) and manner as steed.  Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, end due to the cause(s) and manner as steed.  Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and plece, end due to the cause(s) and manner as steed.									
Me	29b. Signatura and titla of certifiar	/		nsa number		ed (Month, Day, Year)				
	30. Nama and address of person who complated cause of death (Itam 23e) (Type, Print)  T. Kanchana, M.D 320 W. Main St Crisfield, MD 21817									
	T. Kanchar	na, M.D 320	W. Main St	- Crisfiel	d, MD 21817					

DHMH 16 Rev 6/95

THE THE PARTY OF T

say 19, 1914 wars and

Distinition of

Jest Clifton Marer Wood 21817

"Cap semon bree forzes.

PIRTY

No. 1 d

The State to office or state o

Norman History Coulo

Hagel F. Hater (wife) 10747 Hitton player led. = Crimilali, 11 chin7

C. Alastra BEVSTA yeather vender

THE RESIDENCE OF THE PARTY OF T

April 1 19 19 July Marie Street

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Vest ELIZABETH Trances MARSHALL 04 9R 1539 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SALISBURY If Under 1 Year | If Under 24 Hrs. PENINSULA REGIONAL MEDICAL CENTER WICOMICO 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 1□M 2ÅF Days Hours 218-34-8446 Usuel Residence of Decedent 59<sup>Yrs.</sup> MD 08-06-38 10a State 10b Count 10c. City) Town or Location 10d. Inside City Limits MD OCOMOKE : Contice 1KYes 2 No 10a. Street and Number 10f. Zip Cod 10g. Citizen of Whet Country? 12. Wes Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Marital Stetus 1 ☐ Never Married 2 X Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 16h. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) aboved 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) ollic ou boine Jah opuson 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 604 4th ST. Alevia Daughtu Pocomo Ke Halmon 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) Dete 20c Location - City or Town, Stete 1. Buriel 2 □ Cremetion 3 □ Removal from Stete Peel -18-1 Adion 4 Donation 5 Other (Specify) em oter 11 21. Signature Funeral Service License Parkeng E. Way Ward neral 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final disease or condition resulting in deeth) a CHRONIC OBSTRUCTIVE LUNG DISEASE Due to (or es e consequence of) Due to (or as a consequence of): Due to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 ☑ Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to

Physician /Medical Examiner

physician and the burial-transit

USB BS attending for

signed by the a

D000 has

this certificata

director. Be 2

funeral

completely filled in by

Certification:

Medical

Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica

To the I within 2 To the F

law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

၉

**Funeral** 

Director

show

7 is marked other than "natural", or itema 23s or 28a-f shov traumatic event, the Madical Examinar must be notified at

with the Maryland

death

permit. Pages 1 and 2 should be filled within 72 hours after c Department of Health and Mental Hygiena. Important: if Item 27 is marked other than "natural", or hear any Injury or other trauments.

Baitimore, Maryland 21215-0020

Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Physician/Medical þ Completed

Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

						of death?
					1 ☐ Yes 2 No	1 ☐ Yes 2 ☐ No
25. Was case refe	rred to medical			28. Place of De	ath (Check only one)	
	] No	Hospital: 1 ☐ Inpatient 2 2	ER/Outpatient 3□ D	OA Other: 4 Nursing	Home 5 ☐ Residenca 6 ☐ Oth	er (Specify)
27. Manner of Dea 1 XNaturel 2 ☐ Accident	th 5 ☐ Pending Investigation	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occurr	red
3 ☐ Sulcide 4 ☐ Homlcide	6 Could not be determined	28e. Place of Injury - At h building, etc. (Speci	ome, ferm, street, factory)	ry, office	28f. Location (Street end Numb City or Town, State)	er or Rurel Route Number,
29a Certifier	1 Cartifuing Ph	velcian: To the heet of my kny	urladan daath conurre	t at the time, date and also	a and due to the course(s) and me	nner so stated

(Check only

29b. Signeture and title of certiflet

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

D03599

wester D.M.E. 29c. License number 29d. Date signed (Month, Dey, Year)

04-12-98

30. Name end address of person who completed cause of death (tem 23a) (Type, Print)

M.D., 108 PINE BLUFF ROAD, SALISBURY MD 21801 JOHN T. BULKELEY, 32. Regirtrer's Signature 31. Date tiled (Month, Day, Year)

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. 13572 State of Maryland / Department of Health and Mental Hygiene 98 Certificate of Death 1. Decedant's Nama (Eirst, Middla, Last) 2. Date of Death 3. Time of Death **Physician** MADDOX TOORGE oril 10 /Medical 4c. County of Death 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year 8. Data of Birth (Month, Day, Year) 4-2-1930 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) 5. Social Sacurity Number 226-26-8939 Days Hours Min 1 M 2□ F (07 Yrs. Director Usual Rasidance of Dacedant the Maryland 10a State 10b. Count roc. City Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examiner must be notified at MD 1 ☐ Yas 2 No Director Vincess 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21853 28514 permit. Pages 1 end 2 should be filed within 72 hours after death to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23st any Injury or other traumatic event. Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ⊠Yes 2 □ No If Yas, Giva Yaar or Datas: 14. Race - American Indien. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Maritai Status Black, Whita, atc. 1 Navar Merriad 2 Married 220 26 8939 Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) Collega (1-4or 5+) -ARMER BYDOVER 18. Mothar's Nama (First, Middla, Maidan Sumame) 17. Fathar's Nama (First, Middla, Last) Be MADDOX EllA 2 Jones 19b. Mailing Address (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) 19a. Informant's Nama/Ralationship (Type, Print) MD 20708 Bowie MADDOX Jaylel ndica 20b. Place of Disposition (Nama of cematary, cramatory or other place 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from State Hullock 4-17-98 Maryland Veterans Cem. 4 ☐ Donation 5 ☐ Othar (Specify) any & Waid Funeral Home 9 Hampdon Are. Princess A 21. Signature of uneral Service Licensee Anne, UD 31853 Hampdon 23a. Part 1. Entar tha diseasa, or complications that causad tha daath. Do not will shock, or haart failura. List only ona causa on aech lina. Approximete Intarvel Batwean Onset end Death **Physician** Leart Farlare /Medical Immediate Cause (Final disaasa or condition resulting In death) Examiner Examiner sician and buriel-trensit Sequantially list conditions, if any, laeding to immadiata causa. Enter Underlying Ceusa (Diseesa or Injury that initiated events resulting in death) Last Dua to (or as a consequence of): The law requires that the death certificate be exec physician s the buriel Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consaquance of): Ses 950 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? ocute + Chronic 1 Yes 2 No 3 Probably 4 ☐ Unknown p 24b. Ware autopsy findings available prior to Completed 24e. Was an eutopsy complation of cause of death? page 2 2 XNo 1 ☐ Yas 2 ☐ No certificete Hospital or Attending Physician: funeral director. 25. Was casa referred to madical exeminer? Be 26. Placa of Death (Chack only one) 1 Yes 2 No Hospitai: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Certification: To this 27. Magnar of Daath 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury et Work? 28e. Dete of Injury (Month, Day Year) After 1 Natural 2 Accidant 5 Pending To the Hospital or Attendir within 24 hours after death. To the Funeral Director: At 1 ☐ Yas 2 ☐ No invastigation 6 Could not be determined 3 Suicida 281. Location (Streat end Number or Rurel Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifiar edical (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifier 29c. Licanse number

State Registrar 31. Data filad (Month, Day, Ybar)

32. Registrar's Signatura

APR 1 7 1998

All Awdis Redall

30434

MT. YERNON RD

PRINCESS

M.D

30. Nama and addrass of person who completed causa of death (Item 23e) (Type, Print)

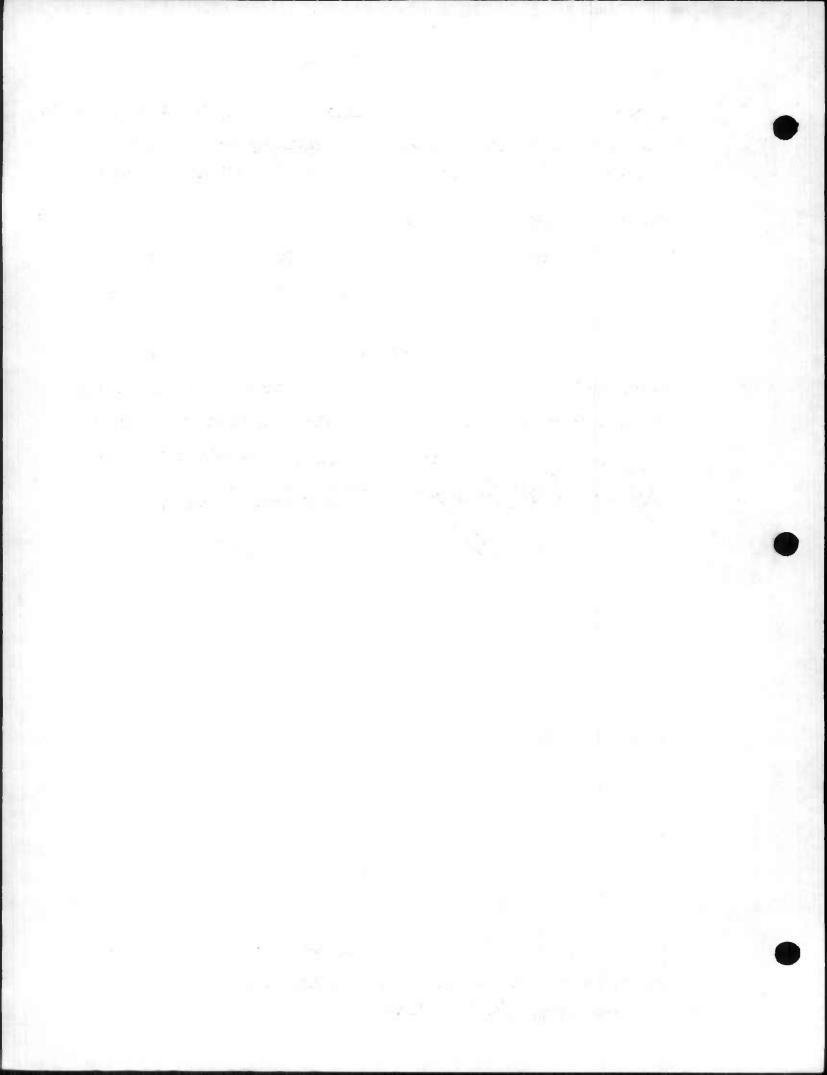
Ellis Haddon

The state of the s

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Yee **Physician** 14, 1998 HORACE **FDWARD** NELSON 7:10 AM /Medical April 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Salisbury Center; Genesis ElderCare
5. Social Security Number 6. Sex 7. Age (In yrs. last birthde Salisbury,
If Under 24 Hrs. 8 Md Wicomico If Under 1 Year 8. Date of Birth (Month, Day, 14/30/29 Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** Days Hours Min. Months 1XM 2□ F 220-26-2705 68 Yrs **Director** Marylan d Usuel Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show odical Examiner must be notified at 1 ☐ Yes 2 No Maryland Somerset Crisfield Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 26831 Clifton Mister Rd. 21817 permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Haalth and Mantal Hygiene. Important: If Item 27 is marked other than "natural", or Items 234 any Injury or other traumatic event, the Modical Examiner mass HSA Funerai 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 Yes 20 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No White þ 3 Widowed 4 Divorcad Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Grower 12 Poultry 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Horace Addison Nelson Myrtle Elizabeth Thornton 0 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Addison L. Nelson Sr./Brother 3098 Wm. Maddox Rd., Crisfield, MD 21817 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removel from State 4/16/98 Salisbury, MD Salisbury Crematory 4 Donation 5 Dother (Specify) 22. Name and Address of Fecility
Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804 Enter the disease, or complications that caused the or heart failure. List only one cause on each light ath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete
Intervel Between Onset and Death **Physician** /Medicai Immediate Cause (Final disease or condition resulting in death) azo Examiner Due to (or es a consequence of): Examiner sician end buriel-transit the daath certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of): P.O. Box 68760, physician s the burie Physician/Medical Due to (or as a consequenca of) SB esn for signed by the a d be detached f Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Dld tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were autopsy findings available prior to 24a. Wes en eutopsy performed? Completed peen completion of cause of death? has page 2 1 Yes 2 PNo 1 Yes 2 No certificata Hospital or Attending Physician: funeral director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yeş 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Menurer of Deeth 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending after death. 1 Yes 2 No investigation 2 Accident Could not be 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 24 hours a edicai Descriting Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) and manner as stated.

Medical Examiner on the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and granner stated. 29a, Certifier complataly (Check only one) 2 Medical Examiner To the I within 2 29b. Signature and title of penills 29c. License number 29d. Date signed (Month, Day, Year) D-29349 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print) WILLIAM ROBINS, M.D.1104 HEALTHWAY DR.SALISBURY, MD 21804 32 Registrar's Signeture 31. Date filed (Month, Day, Year) State Registrar APR 16 1998



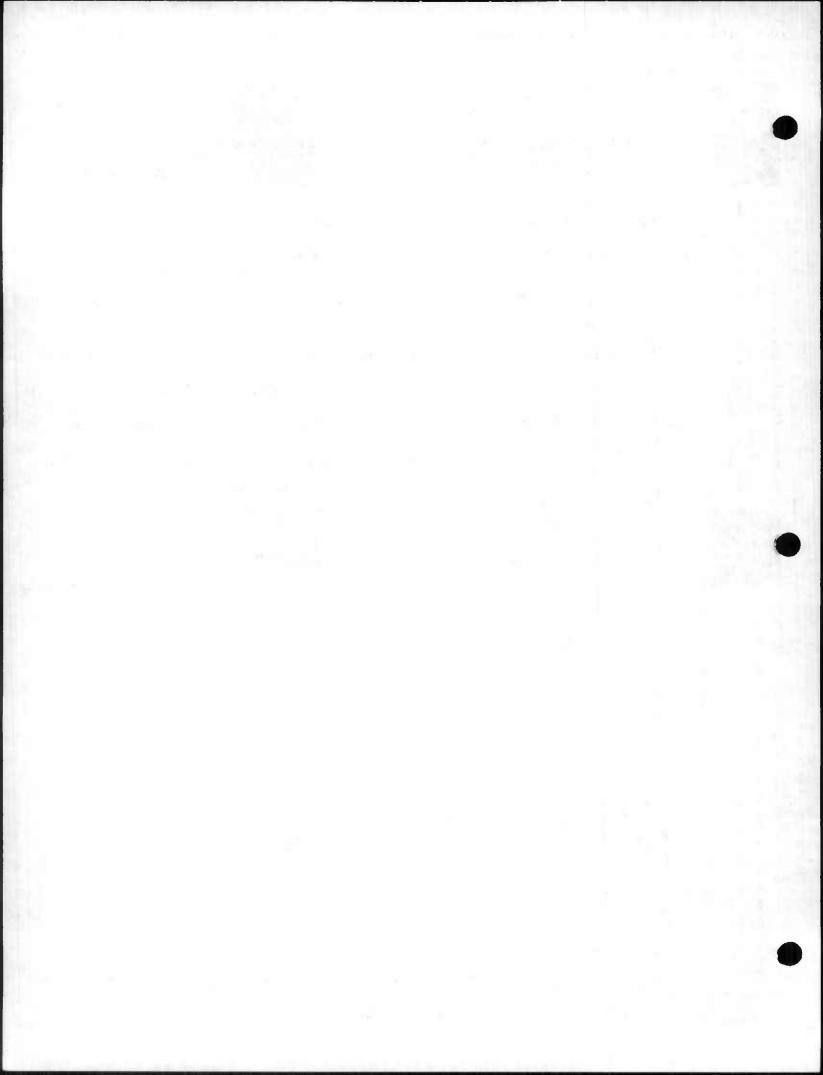
State of Maryland / Department of Health and Mental Hygiene 98 | 3574

	-	Decedent's Name (Fig. 1)	rst Middle I	get)		C	ertific	ate of L	Death	Ī	2. Date of Deal	eg. No.	2	Time of Death
Physic /Med		i. Doodson Sivano (i		ry Davi	d Newto	on					Month April	Day	Year	2258
Exami		4a. Facility Nama (If not	41-22-44					4	b. City, Tov	vn, or Lo	cation of Daath	4c. County	y of Death	
				norial F			William	der 1 Yaar	Havr If Under 2		Grace		arford	
Funeral Director	_	5. Social Security Numb	93	Sex 1XDM 2□ F	7. Aga (In yrs	Yrs	Monti		Hours	Min.	8. Date of Birth (Month, Day Nov. 3	,1939	9. Birthplace Country) Mary	(State or Foreign Land
with the Maryland a or 28a-f ehow	tor	Usual Residence of Dec 10a. Stata 10b Maryland	. County	ecil	10c. C	ity, Town or		Port D	eposi	t				nside City Limits
ith with the 23a or 28a	al Director	10e. Street and Number 134 Craigto	wn Roa	ad				Zip Code	21904		1		What Country?	
after dea	by Funeral	11. Marttat Status  1 Never Married  3 Widowad 4		Armed F	cedent Ever in torces? 2 No ive Dates: 1962-	u,s. 1		scedent of Hispecify Cuba	ispanic Orig in, Mexican Specify:	in? (Spe Puerto I	city Yes or No- Rican, etc.)		ca - American Ir ck, White, etc.	
within 72 hours ene. than "natural",	Completed	15. (Specify or Elementery/Secondery Twelve Yea	(0-12)	Education rade completed		16a. De	ive kind of e. DO NO	sual Occupa work done of Tuse retired,	during most		ng	Hobart	ore, Ma	
Hygi ther ther		17. Father's Name (First		st)		J.	TITE	ı recii			(First, Middle, I			Lyland
nd 2 should be filed v Ith end Mental Hygie 27 Is marked other t traumatic event, in	To Be	н	arold	L. Newt	on					Lil1	ian J.	Zurgab	le	
h end h end ls m r ls m traum		19e. Intormant's Name/I									Route Number	-		
F E E		Carol A. Ne		wire)	20h	134 Placa of Dis			koad,	Por	t Depos		ryland . - City or Town, 5	
8 -		1 ☐ Burial 2XXCre	emation 3		State	cemetery, o	crematory o	or other place						
rtant njury		4 Donation 5 D			R.A	A. Fer		Comp			15/98	Vest Che	ster, Pen	nsylvania
Department of important: If any injury or once.		21. Signature of Funeral	Sarvice Lice	insee				and Addras A. Pat			Son Fun	eral Ho	ome	
		23a. Part1. Enter the dis	an.	tate	MORSE.									
		shock, or heert tail	saasa, or con ure. List only	nplications that y one cause on	causad tha dea each line.	th. Do not	enter tha n	node ot dying	g, such as o	ardiac o	r respiratory arm	est,	Inte	roximete rvat Between et and Death
hysician /Medical		Immediate Cause (Final		,1						*				
xaminer		disease or condition resulting in death)		a/	EFT				RCI	NC	mA		12	MONTH
	ē			0		or as a con		ot):					1 , 2	hash Tim
dansit	Examiner	Consension to the constitute		b. 1	14112	or as e con		of):					12	- INIOINIM
nding physician and use es the burial-transit	Exa	Sequantially list condition if any, leading to immed cause. Enter Underlying Cause (Disease or Injury that initieted events	ns, iate		D00 10 (	or as e con	isequerica (	oi).						
certificate be executed Iding physician and Ise es the burial-transit	cal	Cause (Disease or Injury that initieted events	<b>*</b>	C	Due to (	or as a cons	seguence d	nf)·						
g phy	Medical	resulting In death) Last			200 10 (	01 43 4 0011	soquance c	J., .						
				d			_							
y the etter	sicla	Part II. Other significant	conditions	contributing to g	laath but not re	sulting in the	e underlyin	a cause aive	an in Part I		23b. Did to	bacco usa co	ntribute to the	cause of death?
reat the dear ned by the ette detached for	by Physician	ANEMI										2□No		
e iaw requires mat has been signed b je 2 should be deta	Completed b										24a. Was a perform	n autopsy ned?	avellabl	utopsy tindings e prior to ion of causa ?
_ E W	Son										1 □ Ye	s XX No	1 ☐ Yes	2 □ No
is certificate director, pag	Be	25. Was case reterred to examiner?	medical						26. Plece	of Death	(Check only on	9)		
w 0	P	1 ☐ Yes 2 No		Hospital: 1	Inpatient 2	ER/Outpat	tient 3	DOA Othe	er: 4 □ Nur	sing Hon	ne 5 🗆 Reside	nca 6 🗆 Ott	ner (Specify)	
Attending Physician: or death. ector: After this certific by the funeral director,		27. Manner of Death 1 Natural 5 [	Pending	28a. Date (Mor	of Injury oth, Dey Year)	28b. Time Injur		28c. tnjury Work	ret c?	2	8d. Describe ho	w Injury occur	red	
death. ctor: Al	atic	2 ☐ Accidant	investigation	on —			M		Yes 2 N	lo	-			
Direct Direct d in by t	Certification:	3 ☐ Suicide 6 [ 4 ☐ Homicide	Could not to determined	200. Plac	e ot Injury - At h ling, etc. (Speci	nome, farm,	street, fact	tory, offica		2	8f. Location (St City or Town	reet and Num! , State)	ber or Rural Rou	rte Number,
To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	Medical C	29a. Cartifier 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Certifying Pi Medical Exa	hyalcien: To the minar: On the b and mer	best of my knowasis of examination	owladge, de ation and/or	eath occurre r Investigati	ed at the tim ion, in my op	e, date and pinion, deat	plece, e	nd due to the ca	use(s) and mate and placa,	anner as stated and due to tha	cause(s)
withi Tot	M	29b. Signatura and title of	ot cartifier	2	mo	40		D 3		0	2	od. Date signe	od (Month, Day,	Year)
6+10.		30. Name and address o	person who	completed cau	se ot deeth (Ite	m 23a) (Typ	pe, Print)				FAIL	STON	v.no	21067

State Registrar

31. Dete tiled (Month, Dey, Year)
APR 1 5 1998

32. Registrar's Signature



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth Month Essie Grace Orem Apr 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Union Hospital Elkton Cecil If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) Days 1□M 25 F Yrs 42-46-6228 64 December 10, 1933 NC. Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes &☐ No Md. Cecil Elkton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 56 Stoney Chase Drive 21921 USA 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: 3€ Widowed 4 □ Divorced White 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker At Home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Joseph Bumgarner Elizabeth Jordan 19e. tnformant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mary Sessions, Daughter 28 Macintosh Dr., Colora, Ma. 21917 Date 20c. Location - City or Town, State 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Elkton Cemetery 4/21/98 Elkton, Md. 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility 259 E. Main St., Gee Funeral Home Elkton, Md. 21921 0 un was 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth) cente and chronic confestive Heart feerless. Due to (or es a consequence of): Cartiomy opeith, Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): myocars in faction Due to (or es a consequence of) COPD Drabels medes 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an eutopsy performed?

**Physiclan** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

ò

Items 23a

b

"natural",

permit. Pages 1 end 2 should be filed withit Department of Health end Mental Hygiene. Important: If item 27 is marked other then any Injury or other traumetic content than

Director

Funeral

by

Completed

Be 2

traumatic event, the Madical Examiner must be notified at

the Maryland

Baltimore, Maryland 21215-0020

62

Records, P.O. Box 68760,

Division of Vital

Examiner certificate be axecuted attending physician and for use as the bunel-tran Physician/Medicai The law requires that the death signed by Completed by After this certificata has funaral director, paga 2 To the Hospital or Attending Physician: within 24 hours effar death.

To the Funeral Director: After this certifica completely filled in by the funaral director; Be Certification: To

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 9 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work?

1 Netural 2 Accident

3 Suicide

4 Homicide

5 Pending investigation

6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

1 ☐ Yes 2 ☐ No

West main St. EllHor HJ 21921.

28f. Location (Street end Number or Rural Route Number, City or Town, State) 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29a. Certifier (Check only one)

edicai

29b. Signature end title of certifier Fui Chil Harr MP

29c. License number 104823 29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Chih HSU MD

31. Date filed (Month, Day, Year)

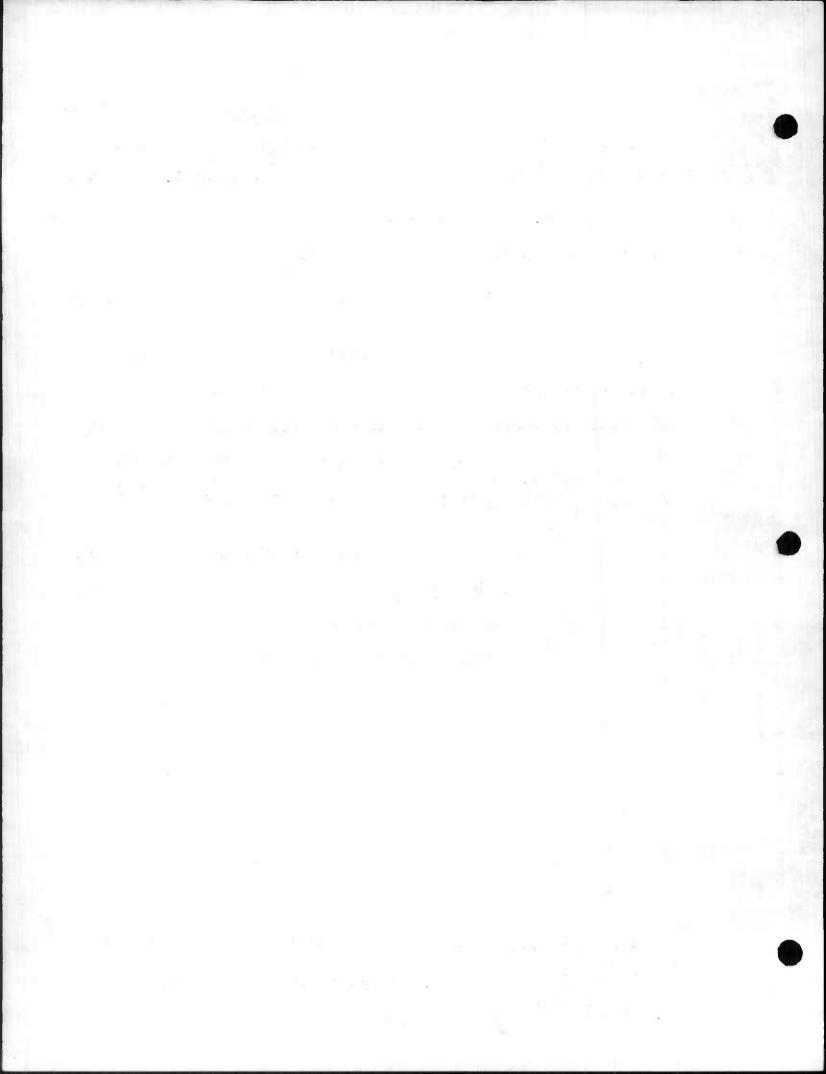
APR 1 7 1998

32. Registrar's Signature Julia Davidson

Registrar

State

**DHMH 16 Rev 6/95** 



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 3. Time of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) **Physician** April 13, 1998 Hazel Amanda Ott 15:31 /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Fecility Neme (If not institution, give street and number) Examiner Laurelwood Continuing Care Center Elkton Cecil If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2 BF 92 Yrs. Director 217-14-6236 February 11,1906 Maryland Usuel Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at 1 Yes 2€ No Directo Maryland Cecil Elkton 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? United States 100 Laurel Drive 21921 Funeral death 14. Race - American Indien. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) parmit. Peges 1 end 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or iten any injury or other traumetic event, the Medical Evantines page. Bleck. White, etc. 1 ☐ Yes 2 ♣ No If Yes, Give Year or Dates: 130 Never Married 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2K No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 10 Waitress Restaurant 18. Mother's Name (First, Middle, Malden Surname) 17. Father's Neme (First, Middle, Last) John Ott Amanda McConnell 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Hicks Home for Funerals, P.A./ 103 West Stockton Street, Elkton, Maryland 21921 Funeral Home April 17, 1998 20b. Pleca of Disposition (Name of cametery, crematory or other place) 1 StBuriel 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Immaculate Conception Cem. Cherry Hill, Maryland 21. Signature of Funerel Servica Licensee 22. Name and Address of Fecility Hicks Home for Funerals, P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Interval Rehvan Approximete interval Between Onset end Death **Physician** /Medical immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner Diseuse ician end buríal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last certificate be exec Wood Loss Gastroentestina Box 68760 physician Physician/Medical the Due to (oras a consequenca of) 50 usa 0 Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? ed by the a Division of Vital Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was en eutopsy performed? Completed hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☐ No Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 27. Menner of Deeth 1 Deturel 28b. Time of 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? Certification: or Attending 5 Pending investigation eftar death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide A 24 hou. Hospital 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date end pleca, and due to the ceuse(s) end menner as steled.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) end menner steled. Medical 29e. Certifier (Check only one) completaly To the I 29d. Date signed (Morith, Dyn, Year) 29b. Signature end title of certifier 29c. License number

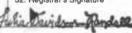
State Registrar

31. Dete filed (Month, Day, Year)

32. Registrar's Signature

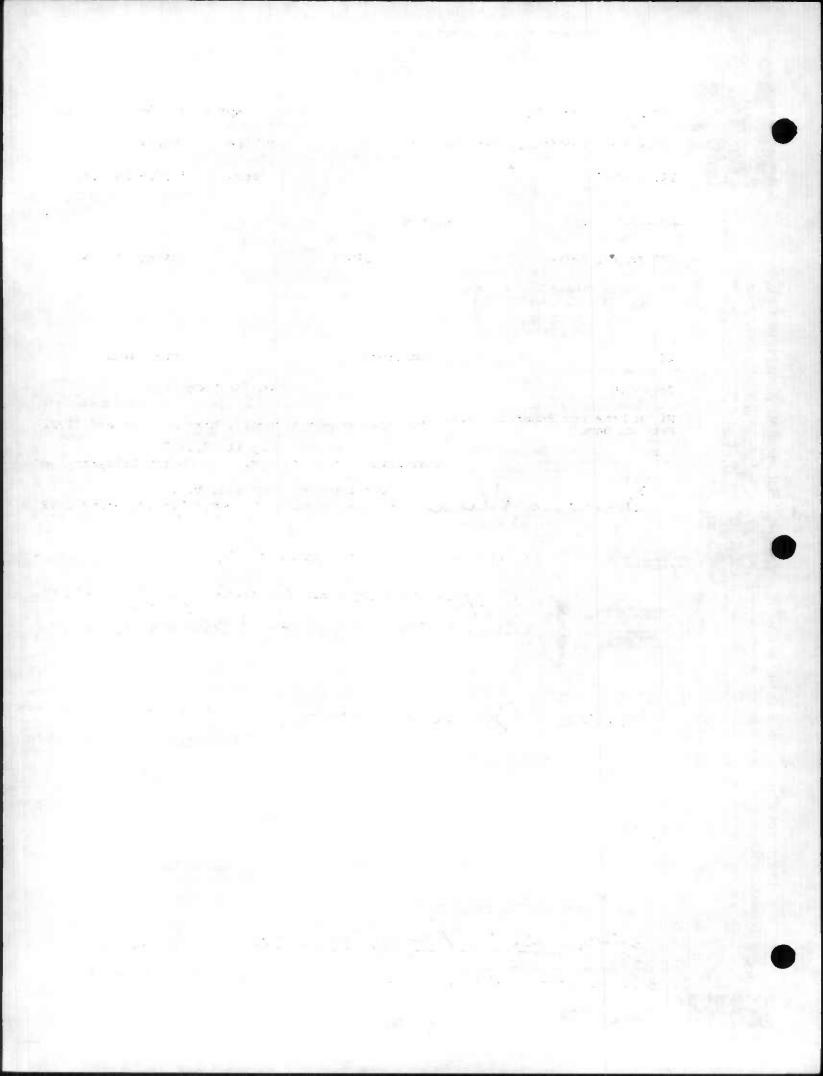
APR 1 6 1998

30. Neme end eddress of person who comple



se of death (Item 23a) (Type, Print)

ton



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Audrev Anita Oakjones 5:45 pm 1998 14 APRIL 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 711 Maiden Choice Lane Catonsville Baltimore 5. Social Security Number If Undar 1 Year If Under 24 Hrs. Months Days Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birt Co Birthplaca (State or Foreign Country) Days Months 1□M 25 F 212 22 2162 72 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Carroll Eldersburg 1 ☐ Yes XXNo 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6201 Long Meadow Drive 21784 USA 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Was Decedent Ever In U.S. Armed Forces? 14. Race - American Indian. Black, Whita, etc. 1 Yas 27 No If Yes, Give Year or Dates: 1 Nevar Married 2 Marriad 1 ☐ Yes 2 No Specify: white 3℃Widowed 4 Divorcad 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind ot Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 secretary clerical 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Edmund B. Steinrucken Emma Baumler

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda)

P.O. Box 195Sykesville, Md. 21784

CATONSVIlle, MD

711 MAIDEN CHOICE LANE, 21228

Data

20c. Location - City or Town, State

4-17-98 Randallstown, Md.

Haight Funeral Home & Chapel

rai', or items 23a or pemit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Health end Mental Hygiene, important: if item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Example means once. Maryland 21215-0020 Baltimore,

**Physician** 

/Medicai

**Examiner** 

10a. State

Md

19a. Intormant's Name/Ralationship (Type, Print)

21. Signature of Funeral Service License

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify)

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

Kotions Ky

32. Registrar's Signature

20a. Method of Disposition

**Funeral** 

Director

r 28a-1 show show

Director

Funeral

by

Completed

Be

the Marylend

with

**Physician** /Medical **Examiner** 

ate has been signed by page 2 should be detac after death filled in by the

23a. Part1. Enter tha diseasa, or com shock, or haart failure. List only	plications that caused the dea one cause on each line.	ath. Do not enter the moda o	f dying, such as cardiac	or respiratory arrest,	Approximate Interval Between Onsat and Death
Immediate Cause (Final disease or condition resulting In daath)	a CHRONIC	OBSTRUCTIVE	5 PULMIN	IARY DISBA	SE YEARS
resulting in dealth)	Due to	(or as a consequenca of):			
Sequentially list conditions, if any, leading to immediate cause. Entar Underlying	b. Due to (	or as a consequence ot):			
cause. Entar Underlying Cause (Disease or Injury that initiated events	C				
resulting in death) Last	Due to (	or as a consequence of):			
	d				
Part II. Other significant conditions of	contributing to death but not re	sulting in the underlying caus	se givan in Part I.	23b. Did tobacco use o	contribute to the cause of death?
CORONARY				1 <b>⊠ Yes</b> 2□ No	
				24a. Was an autopsy performed?	24b. Were autopsy tindings evailable prior to completion of cause of daeth?
				1 ☐ Yes 2 2 No	1 ☐ Yes 2 ☐ No
25. Was casa reterred to medical examiner?			26. Place of Deat	h (Check only ona)	
1 Yas 2 No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3□ DOA	Other: 4 Nursing Ho	me 5 Rasidanca 6 DO	ther (Specify)
27. Mannar of Death  1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigation		28b. Time of Injury M	Injury at Work? 1 Pes 2 No	28d. Describe how Injury occi	urred
3 Sulcide 6 Could not b datarmined	28a. Place of tnjury - At t building, etc. (Speci	noma, farm, street, factory, of	fice	28f. Location (Street and Num City or Town, Stata)	mber or Rural Route Number,
29a. Cartifier (Check only one) 1 Certifying Ph	ysicien: To the bast of my known ther: On the basis of examination and manner stated.	owledge, death occurred at the attention and/or investigetion, in	ne time, data and place, my opinion, death occurr	and dua to tha causa(s) and red at the time, date and place	mannar as stated. e, and due to the cause(s)
29b. Signature and title of certifier	1111	29c. Li	censa number	29d. Date sign	ned (Month, Day, Year)
1 Bennet of	- Wylondin		026473	DP4 1	L14 1991

Edwin Howard Simmons Jr. (son) 230 S. Cherry St. Richmond, Va. 23209

20b. Placa of Disposition (Nama of cemetery, crematory or other place)
Holy Family Cemetery

22. Name and Address of Facility

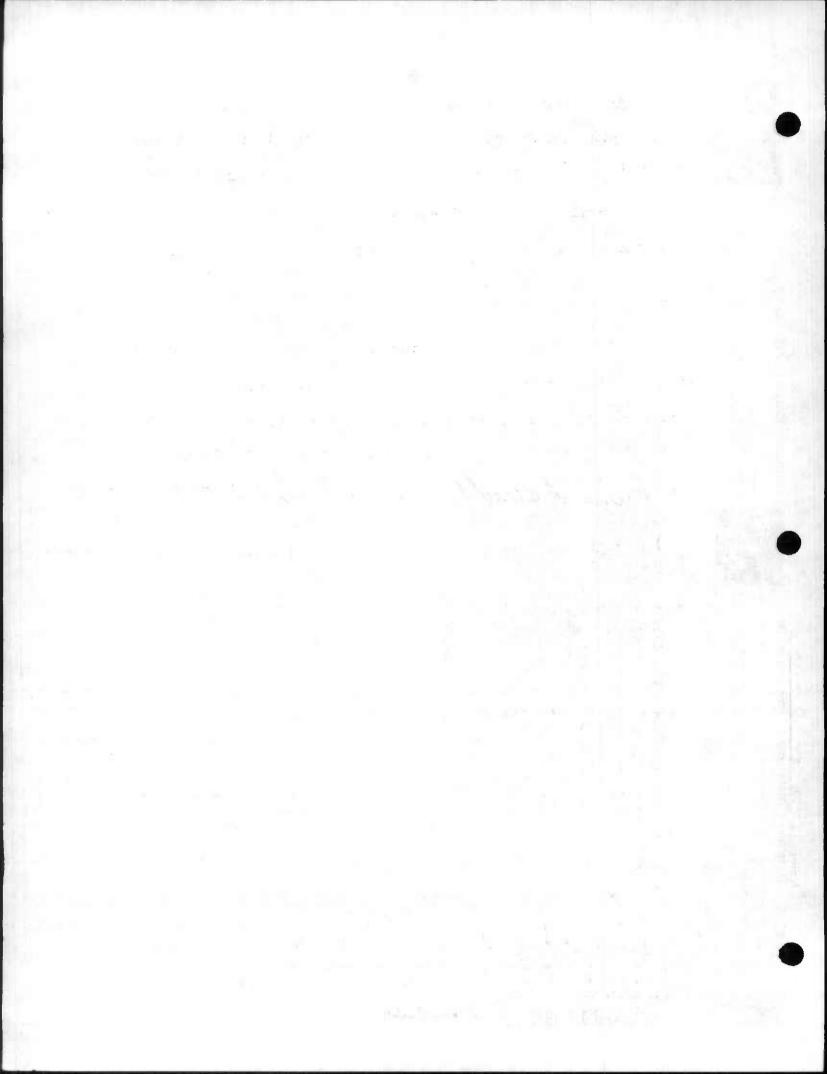
**DHMH 16 Rev 6/95** 

State Registrar

DERNARD

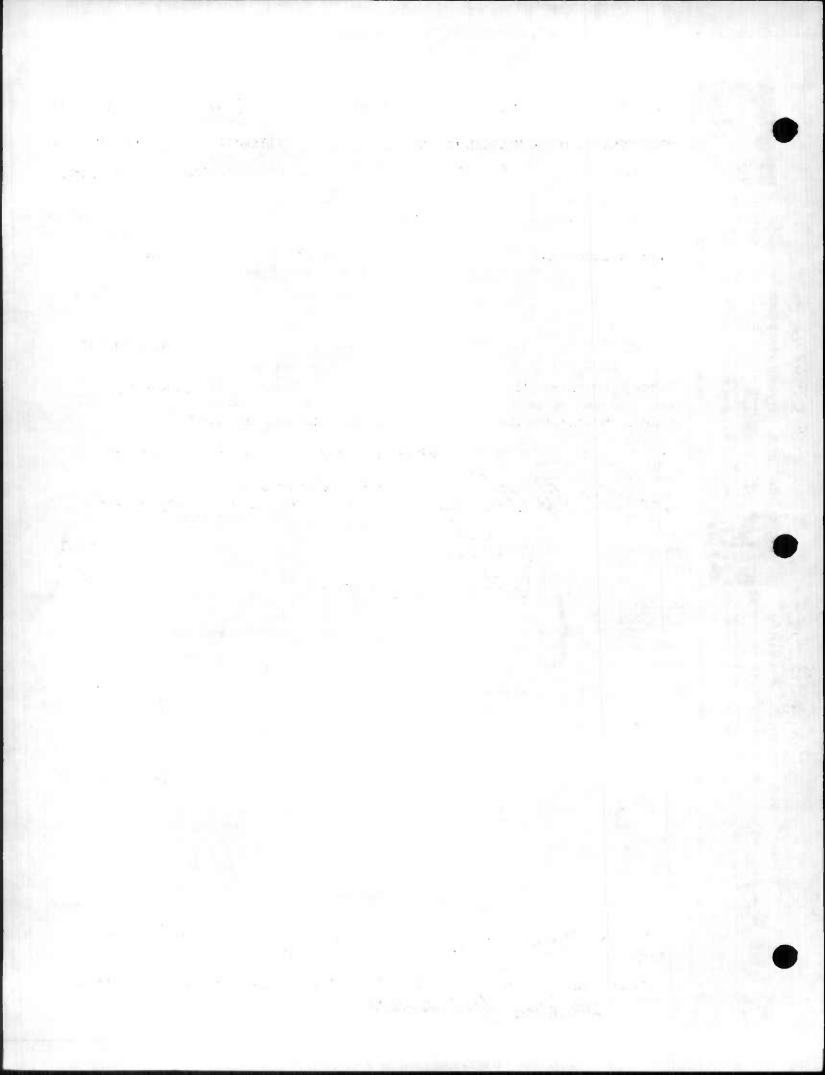
31. Date filed (Month, Day, Year)

within 24 hours a To the Funeral D completely filled



# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 | 3578

					(	Certificate	Death	F	Reg. No.		
- 1		1. Decedent's Nama (First, Mic	idie, Last)					2. Data of Dea	ith	W	3. Tima of Death
	Physicia	Larrie	Elle	en		Powell		CLOVII	13 I	998	1042
	' /Medica Examine	4n Englis, Name //f not institut					4b. City, Town, or L				
	- Adminic	PENINSULA REC	CIONAL MEDI	CAL CEN	TER		SALIS	BURY	WT	COMIC	0
	Funeral	5. Social Security Number	6. Sax	7. Aga (In yrs.		day) If Undar 1 Yas	r If Undar 24 Hrs.				laca (State or Foreign try)
	Director	216-07-6296	1 M 20%F	96	Yr	s. Months Day	s Hours Min.	4/9/0	2	Mar	yland
		Usual Rasidance of Decedant									
	ylan	10a. Stata 10b. Cour	*	10c. Ci		or Location				10	Od. Insida City Limits
	the Marylar 28a-f show	Maryland W:	icomico		Hebr	con					1 X Yas 2 No
	ith the	10e. Street and Number				10f. Zip Coda			10g. Citizan of V	Vhat Coun	try?
	th wit	115 E. Churc	ch St			2	1830		USA		
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ort, the Medical Examination must be notified at	Maryland William 10e. Street and Number 115 E. Church 11. Marital Status 1 X Navar Married 2 M	12. Was Dece Armed Fo	edant Evar in U	,S.	13. Was Decedent of	Hispanic Origin? (Sp Iban, Maxican, Puarto	ecify Yas or No-	14. Rac	e - Amarica ck, Whita, a	
0	or he	1 Navar Married 2 M	arried 1 Yas	2 X No		1 ☐ Yas 2 ☒ N		riioari, ato.)		Tuth	ite
296 21215-0020	el.	3 ☐ Widowed 4 ☐ Divorc	ed If Yas, Giv	atas:		TO THIS ZEELIN	о зресну.		Specify	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.100
0-10	"netural",	15. Deced (Specify only high Elementery/Secondery (0-12	ent's Education hest grede completed)		16a. D	ecedant's Usuel Occ	upation	rina	16b. Kind of B	usinass/ind	Justry
6296 od 2121	thin .	Elementery/Secondery (0-12		I-4or 5+)	1		e during most of work red)		Shirt	Fact	ory
	od wi	12	-			Seamstre					OLY
9 5	be filed within tal Hygiene. d other than event, the Me	17. Father's Nama (First, Middle	le, Last)				18. Mothar's Nam	a (First, Middle,	Maiden Surnam	10)	
7- Jan	Mental Mental Infred o	George Edgar	r Powell				Katie	H∈	einzerli	ng	
Maryland	- B -	19a. Informant's Nama/Ralatio	onship (Type, Print)		19b. A	Mailing Addrass (Stre	et end Number or Rui	ral Route Numbe	er, City or Town,	State, Zip	Code)
	alth a	Richard Hopk	ins/Nephew		14	W. East	St., Delma	r, MD 2	1875		
216-07-Baltimore, Maryla	permit. Pages 1 and 2 st Department of Health and Important: if item 27 is in any injury or other traun pages.	20a. Mathod of Disposition			Placa of D	Disposition (Name of crematory or other p	lace)	Date	20c. Location -	City or To	wn, Stata
, o E	age ent or: If	1X Burial 2 Crametio		Stata	Hebro	on Cemeter	y 4	1/17/98	Hebron	, MD	
=	artm injui	21. Signature of Funeral Service		1		22. Nama and Add	Irass of Facility				
B	Deparimon Important	1	11/11	/		Hollowa	y Funeral	Home			
		23/ Pagh. Enter the disease,	HOUSE	03	- D	501 Sno	w Hill Rd.	, Salis	bury, M	D 218	104
		23s. Pagh. Enter the disease, shock, or heart failure. L	ist only one cause on e	apriline.	iii. Do iio	Center tha mode of d	ying, soon as cardiac	or respiratory er	1031,		Approximate Intervel Between Onset end Deeth
	Physician /Medical	Immediata Cause (Finel	000		a l.						MIN
	Examiner	disaasa or condition resulting In deeth)	· WIX	MNIR	NU						1200
	See II Co		hor	Due to (	of as a co	nsequence of):					148
	3 3	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated awants resulting in death) Last	- DEN	TOYO	200	1 min					101
1	and First	Sequentially list conditions,		Dua to (	or as a co	nsequanca of):				1	
200	be earlician buria	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or Injury	2 .							i	
W-LU	og physician as the burk	that initiated avants resulting in death) Last	1	Dua to (d	or as a co	nsaquance of):					
P 24			L 4							1	
300	attend for use	Part II. Other significant cond								1	
0	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Part II. Other significant cond	Itions contributing to de	eath but not ras	sulting in t	ha undariying causa	givan in Part I.	23b. Did (	lobacco une co	ntribute to	the cause of death
. 3 9	hat the	Ê						10	Yes 2 No	3 Prot	bably 4 Unknow
3 5	ines that signed d be de	5							/ \	_	
SP	requires sen sign hould be	8						24a. Was	an autopsy rmed?	ave	ara autopsy findings eileble prior to
~ »	law m	<u> </u>									mplation of causa daath?
B	The law site has page 2	5						10	ras alano	15	Yes No
12	4 68		cal				26. Placa of Dea				
5		axaminar? \	Hospital:	Inpatiant 2	ER/Outp	eatient 3 DOA	Where	oma 5 Raaid		er (Specif	VI
ō	Phys raid and	-		of Injury th, Day Year)	28b. Tin				now Injury occur		"
o u	Attending ir death. ector: Afte by the tune	1 Netural 5 □ Pan	ding (Mon stigation	th, Day Year)	Inju		/ork? ☐ Yes 2 ☐ No				
9	death death ctor: y the	2 Accidant Inva	Id not be	of Injury - Al h	oma fam	n, streat, factory, offic		28f. Location (S	Street and Numl	ber or Rure	al Route Number,
$(a_{\mathcal{N}})$ Division of Vital Records	or At after o Direct in by	27. Mannar of Death 1 Overland 5 Pan 2 Accidant inva 3 Suicida 6 Cou 4 Homicida	rminad 28a. Placa buildi	ng, atc. (Speci	fy)	ii, offout, fuotory, offic	~	City or Tov			
	phis in the state of the state				1.1.		No. delegand descri	and don to the	(-)		1010
	Hose Mark Sely	(Check only 2 Medic	ying Physician: To tha ai Examiner: On tha b	asis of axamina	ation and/	daath occurrad at tha or Invastigation, In my	tima, date and placa, y opinion, daath occui	red at tha tima,	causa(s) end mi data and place,	and due to	tha causa(a)
				nar stated.		60- 41	non number		20d Daff sin-	of Manual	Ony Vent
	5 × 50	29b. Signatura and titla of cent	CoAn -	DOLA		29c. Lica	insa number		29d. Date signe	CI/	yay, rour)
		- Marca a	WOW -	MAN		1)	44979		0111	1/1	0
		30. Name and addrass of person	on who complated caus								
		Janet Wi	asson Wil	).	145 ]	E. Carroll	St. Salis	sbury, M	ID 41	0-548	3-2600
	State	31. Data filad (Month, Day, Yea	9r) 32. F	legistrar's signi							
	Registra	API	(19 1998	The will	Magnet 1	and the					



State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** APRIL PURNELL 10 1998 1:40 AM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Berlin Nursing & Rehabilitation Center Berlin Worcester 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Jan 3, 1920 Birthpiece (Stete or Foreign Country)
 MD **Funeral** 1□M 20F Hours 213-24-4426 78 Director Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified Director 1 ☐ Yes 2 No Worcester Berlin 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 itеms 23a 11811 Sinepuxent Rd. 21811 U.S. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ≥ 2 ▼No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter 1 Never Married 2 Married "natural", or Black 1 ☐ Yes 2 XNo Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 7. Department of Heelih and Mental Hygiene. Important: if Itam 27 is marked other than "na any injury or other traumatic event, the Wardonse. Elementery/Secondary (0-12) College (1-4or 5+) Domestic Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Joseph E. Purnell Carrie T. Henry 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mabel Purnell 11811 Sinepuxent Rd., Berlin, MD 21811 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removei from State 4/18/98 Berlin, MD 4 ☐ Donetion 5 ☐ Other (Specify) St. Pauls Cemetery 21. Signature of Furjeral Seppoe Licenses 22. Name end Address of Fecility Lewis N. Watson Funeral Home 1618 West Rd., Salisbury, MD 21801 or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete Intervai Betw **Physician** /Medical Immediate Cause (Final myounders Infant disease or condition resulting in deeth) Examiner Physician/Medical Examiner sician and buriel-transit pital or Attending Physician: The law requires that the death certificate be executed ours effer death.

eral Director: After this certificate has been signed by the attending physician and affect or the control of the property of the attending physician and see the principle of the property of the property of the property of the principle o Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Benuf azotenia 98 Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Sign Be 24b. Were eutopsy findings aveilable prior to completion of ceuse of death? Completed 24e. Wes en eutopsy performed? 1 Yes No 1 Yes 2 No 25. Wes cese referred to medicel exeminer?

1 Yes 2 No Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours ef To the Funeral DI completely filled is 1 Certifying Phyalclan: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es steted.

| Wedical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner steted. 29a, Certifier (Check only one) 29b. Signeture end title of courffee 29c. License number 29d. Date signed (Month, Dey, Year) D02026 30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

1622A OCEAN PINES

32 Resignar's Appaidter Rawlell

BERLIN MD 21811 410-641=4400

State Registrar

FEDERICO G. ARTHES

APR 141998

31. Dete filed (Month, Dey, Year)

Baltimore, Maryland 21215-0020

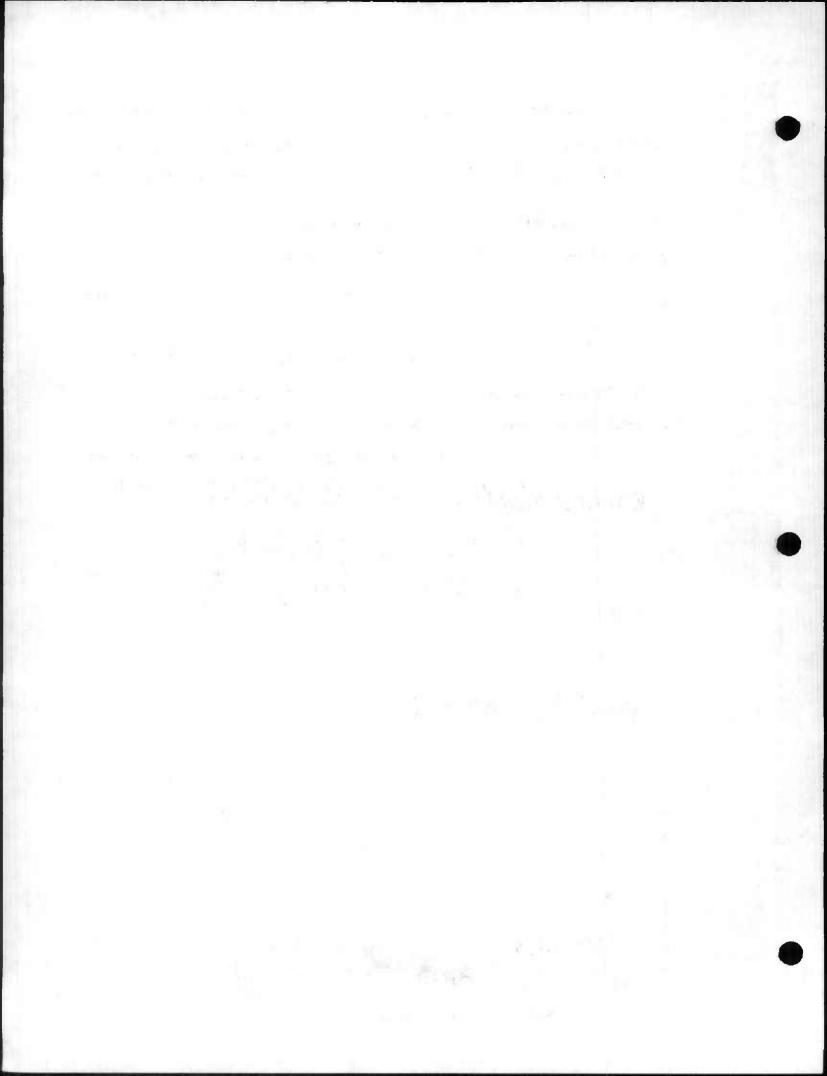
P.O. Box 68760,

Records,

Division of Vital

State of Maryland / Department of Health and Mental Hygiene

December (Accepted Company)  Fundament (Accepted Company)  Fundame				-			Certificate		Death		Reg. No.	3	3580
Deanna Joan Purkey  April 10, 1988 9:00pm  744 Young Way  744 Young Way  215-34-0216 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Physic	ion	1. Decedent's Name (First, Middle, L	ast)							Yeer	3. Time of Deeth
Examiner  4. Festing have girls or institution, give sinder and number)  744 Young Way  Fundo  Findo			Dea	nna Joan	Purkey							9:00pm	
Social Security Number   Colored				4a. Fecility Neme (If not institution, g	ive street and number,	)		4	4b. City, Town, or L		4c. Count	y of Deeth	
Social Security Number   Color   Col	1			744 Young Way					Westmir	ster	Carr	roll	
Sample   S		Funerai	П			ge (In yrs. last bii			If Under 24 Hrs.				iece (State or Foreign
Too. State   Too. Course   Too. State   Too. Course   Too. State   Too. Course   Too. State	п	Director		215-34-0216	1 Ш М ЖД Е	60	Yrs.	Days	Tiodis Will.	Jan 24	, 1938		
Securitary   Beautiful   State of MD	1	pu »	1			10- 01 T-							
Securitary   Beautiful   State of MD		anyle ehov	<u>ب</u>			10c. City, Fow	n or Location					10	
Securitary   Beautiful   State of MD		8a-f	ct		rroll		Westn	uins	ter				1 Yes 2XJNo
Securitary   Beautiful   State of MD		ith th	i i	10e. Street end Number			10f. Zip (	Code			10g. Citizen of	Whet Coun	try?
Securitary   Beautiful   State of MD		23a	<u>a</u>	744 Young Way					21158		U.S	5.A.	
Securitary   Beautiful   State of MD		r de	- Pur	11. Marital Status	Armed Forces	?	13. Was Decede	ent of H	lispenic Origin? (Sp an, Mexican, Puerto	ecify Yes or No- Rican, etc.)	14. Ra		
Securitary   Beautiful   State of MD	020	ours afte	Ď		11 1 00, 0140	No							
Securitary   Beautiful   State of MD	2	72 ho	ted	15. Decedent's I	ducetion	16a.	Decedent's Usuel	Occup	etion	ina	16b. Kind of B	Business/Ind	lustry
17, Farter's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Making Summer)   19. Mother's Name (First, Middle, Making Address (Sireer and Number of Rural Route Number, City of Town, Stells, 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Mother's Name (First, Middle, Making Address (Sireer and Number) (City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Westminster, MD 21158   20. Localion - City of Town, Stells 20 Code)   74.4 Young Way Way Way May May May May May May May May May M	7	C * 6	npie			5+)	life. DO NOT use	e retired	during most of work	uig			
1. Mother's Name (First, Middle, Last)   1. Mother's Name (First, Middle, Melator Sumanne)   1. Mother's Name (First, Middle, Melator Name		T3 F3 -	00	12		,	Correcti	ona.	l Office		State	of MD	)
Common   C	n	0 = 0 >		17. Father's Name (First, Middle, Las	t)			1		e (First, Middle,	Meiden Sumai	me)	
20. Method of Disposition  21. Signature of Turneral Service Libenses  22. Sykesville, MD  22. Signature of Turneral Service Libenses  22. Sykesville, MD  22. Signature of Turneral Service Libenses  22. Sykesville, MD  22. Signature of Turneral Service Libenses  22. Part I. Strate  22. Part I. Strate  22. Part I. Strate  22. Part I. Strate  23. Due to (or as a consequence of):  24. Wes en autophylip or death but not consequence of):  25. Wes case referred to medical  26. Part II. Other alignific not death  27. Method of Deeth  28. Wes case referred to medical  28. Wes case referred to medical  29. Strate  20. Location-City or Town. State  20. Due to (or as a consequence of):  24. Wes en autophylip referred  26. Due to (or as a consequence of):  26. Part II. Other alignific noted to medical  27. Method of Deeth  28. Wes case referred to medical  29. Carrier (Sweet)  29. Wes case referred to medical  29. Carrier (Sweet)  29. Wes case referred to medical  29. Carrier (Sweet)  29. C	<u>X</u>		0	John Christi	an Denner				Trene	Cather	ine Pes	Wor	
20. Method of Disposition  21. Signature of Turneral Service Libenses  22. Sykesville, MD  22. Signature of Turneral Service Libenses  22. Sykesville, MD  22. Signature of Turneral Service Libenses  22. Sykesville, MD  22. Signature of Turneral Service Libenses  22. Part I. Strate  22. Part I. Strate  22. Part I. Strate  22. Part I. Strate  23. Due to (or as a consequence of):  24. Wes en autophylip or death but not consequence of):  25. Wes case referred to medical  26. Part II. Other alignific not death  27. Method of Deeth  28. Wes case referred to medical  28. Wes case referred to medical  29. Strate  20. Location-City or Town. State  20. Due to (or as a consequence of):  24. Wes en autophylip referred  26. Due to (or as a consequence of):  26. Part II. Other alignific noted to medical  27. Method of Deeth  28. Wes case referred to medical  29. Carrier (Sweet)  29. Wes case referred to medical  29. Carrier (Sweet)  29. Wes case referred to medical  29. Carrier (Sweet)  29. C	a	and and				19b	. Mailing Address	(Street	end Number or Run	el Route Numbe	r, City or Town	, Stete, Zip	Code)
Design State   Design		CENL		Mr. Donald Purke	y (son)	7	744 Young	War	y Westmin	ster. M	D 21158	3	
Physician //Medical Examiner  /Medical Examiner  Physician //Medical Examiner //Medical Exam	Sre					20b. Place of	Disposition (Nem	e of					wn, Stete
Physician //Medical Examiner  /Medical Examiner  Physician //Medical Examiner //Medical Exam	Ĕ	Pag nt: H								/14 :	Sykesvi	lle,	MD
Physician Medical Examinor  Ph	Balt	permit. Departn Importa any init		21. Signeture of Funeral Service Lice	ensee	1	HAIGHT	Addre:	SS of Facility HOM	E & CHA	PEL (Bo	x 195	)
Physician (Medical Examiner    Security   Se		_	_	Lrian /	·4 Valga	>3.	Sykesv	ille	e, MD 217	84 (410	) – 795 – 1	400	
Immediate Cause (Final Framiner)   Part II. Other algorithms, contributing in death but not requiring in death but not requiring in death but not require to a consequence of):	4			shock, or heart feilure. List only	one ceuse by each l	ine.	not enter the mode	or ayın	ig, such es cerdiac	or respiretory en	rest,	-	Intervel Between
Sequentially list conditions, and address or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter Underlying cause given in Pert I.  Sequentially list conditions, if any, leading to immediate cause, Enter Underlying cause given in Pert I.  Due to (or as a consequence of):  d.  Pert II. Other alignificent conditions, on the page of the pag	l.			Immediate Cours /Final	1/0 "	f	0	1	0 · (1)	A		1	Oriset and Death
Due to (or as a consequence of):    Sequentially list conditions, and any leading to immediate cause, Enter theory in resulting in deeth) Lest   Due to (or as a consequence of):				disease or condition	e. Ven	er Cu	lar '	Tr	know	41 Cm			
Course (Disease or Influy Individual devents resulting in deeth) Lest  Due to (or as a consequence of):    Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in the time, data and place and manifer stated.   Course (Disease or Influy Individual devents resulting in the death of the cause (Security Influy Influ			-	,	0 0	Due to (or es A	consequence of):	K-		11			gears
Course (Disease or Influy Individual devents resulting in deeth) Lest  Due to (or as a consequence of):    Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in the time, data and place and manifer stated.   Course (Disease or Influy Individual devents resulting in the death of the cause (Security Influy Influ	_	ed isit	in in		b. aul	aled	ans	the	myo	pally			
Course (Disease or Influy Individual devents resulting in deeth) Lest  Due to (or as a consequence of):    Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in deeth) Lest   Course (Disease or Influy Individual devents resulting in the time, data and place and manifer stated.   Course (Disease or Influy Individual devents resulting in the death of the cause (Security Influy Influ		end end I-trar	хап	Sequentially list conditions, if any leading to immediate		Due to (or es e	consequence of):			/		1	
The state of the s	9	be e	E E	ceuse. Enter Underlying Ceuse (Diseese or Injury	C							Į.	
The state of the s	œ	phys the	dic	mer miniered events		Due to (or as a	consequence of):						
24e. Wes en eutopsy findings eveilable prior to completion of ceuse of death of deat		= 00	Me	·	d								
24e. Wes en eutopsy findings eveilable prior to completion of ceuse of death of deat	ရှိ	ath c	ian										
24e. Wes en eutopsy findings eveilable prior to completion of ceuse of death of deat		the de	ysic	Pert II. Other algnificent conditions	contributing to death b	ut not resulting in	the underlying ca	use giv	en in Pert I.	23b. Did to	obacco uee co	ontributa to	tha cause of death?
25. Wes case referred to medical exeminer?  1   Yes 2   No		hat the by detect		or abel	20 14	ellil	وسا			1 🗆 Y	No 2 No	3 Prob	abty 4 Unknow
25. Wes case referred to medical exeminer?  1   Yes 2   No	S	signe										T	
25. Wes case referred to medical exeminer?  1   Yes 2   No	0	neen Poul	etec									eve	ellable prior to
25. Wes case referred to medical exeminer?	ဝ	5 5 0	np.									of c	Jeeth?
25. Wes case referred to medical exeminer?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1 Shaturel 2 Accident 3 Suicide 4 Homlicide 28. Place of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 1 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nursing Home 5 Residence 6 Other (Specify)  28. Dete of Injury et Work? 2 Nu	=	E ag	Co							1 □ Y	es 20 No	1 🗆	Yes 20 No
27. Menner of Deeth 1 Naturel 28. Dete of Injury (Month, Day Year) 28. Dete of Injury 28. Dimension 28. Dete of Injury 28. Dimension 28. Dete of Injury 28. Detection 29. Det	<u> </u>	stan: artific ctor,							26. Plece of Deet	h (Check only or	ne)		
1   Mature    2   Accident   3   Sulcide   4   Homlcide   4   Ho	_	nysle			Hospital: 1 ☐ inpatie	ent 2 ER/Ou	tpetient 3 DO	A Oth	er: 4□ Nursing Ho	me 5 Resid	ence 6 Oti	her (Specify	)
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29b. Signeture and decress of person who completed cause of deeth (Item 23e) (Type, Print)  29c. License number  29d. Date signed Month, Dey, Year)  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  29c. License number  29d. Date signed Month, Dey, Year)  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  31. Date filed (Month, Dey, Year)  32. Pegistrer's Signeture	0	ter th		- 4			Time of 28	c. Injun	y et k?	28d. Describe h	ow Injury occu	rred	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29b. Signeture and decress of person who completed cause of deeth (Item 23e) (Type, Print)  29c. License number  29d. Date signed Month, Dey, Year)  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  29c. License number  29d. Date signed Month, Dey, Year)  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  31. Date filed (Month, Dey, Year)  32. Pegistrer's Signeture	<u>o</u>	ath. er: Af	atic	2 ☐ Accident investigation	n	,,							
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29b. Signeture and decress of person who completed cause of deeth (Item 23e) (Type, Print)  29c. License number  29d. Date signed Month, Dey, Year)  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  29c. License number  29d. Date signed Month, Dey, Year)  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  31. Date filed (Month, Dey, Year)  32. Pegistrer's Signeture	5	er de	tific	determine	289. Place of In	ury - At home, fa	rm, street, factory,	office				ber or Rural	Route Number,
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  DINESH · S · KALTARIA 217 Washington Ht. Westmisler  State 31. Date filed (Month, Day, Year)  32. Begistrer's Signeture  Md 7 1157	5	s eft	Cer		building, et	c. (Specify)				Chy or row	77, 516(6)		
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  DINESH · S · KALTARIA 217 Washington Ht. Westmisler  State 31. Date filed (Month, Day, Year)  32. Begistrer's Signeture  Md 7 1157		Hospit 24 hour Funera etely fill		(Check only 2 Medical Exa	miner: On the besis of	exemination en	, death occurred ed d/or investigation, i	t the tim	ne, date end plece, pinion, deeth occurr	end due to the d red et the time, d	euse(s) end m date and plece,	enner es ste end due to	eted. the ceuse(s)
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  DINESH · S · KALTARIA 217 Washington Ht. Westmisler  State 31. Date filed (Month, Day, Year)  32. Begistrer's Signeture  Md 7 1157		o the	Me	29b. Signeture end title of certifier			29c.	License	e number	2	29d. Date signe	ed Month.M	Dey, Year)
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  DINESH · S · KALARIA 217 Washington Ht. Westmisslen  State 31. Date filed (Month, Dey, Year) 32. Begistrer's Signeture  Md 7 1157		- S - O		Dan	20 n. 0						4	13/	98
DINESH · S. KALARIA 21/ Washington Hts. Westmissler  State 31. Date filed (Month, Dey, Year) 32. Begistrer's Signeture  Mc 7 1157				20 Name and add are				ン			-7	11-1	, A
State Registrar  APR 1 6 1000  State  State  State  State  APR 1 6 1000				DIALECH .	completed ceuse of o	leeth (Item 23e) (	Type, Print)	7	Washi	Ster	HHE	WPO	hariate
Registrar APR 1 6 1000				31 Date filed (Month Day Year)	22 800	arie Signature			(	5	117.	1/1-	021157.
					1000	All supplementary	2.14					ric	((11))



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedent's Name (First Middle Last) 2. Data of Deeth 3. Time of Deeth **Physician** Mont Elmer L. Rothwell 1998 12:08 AM April /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Harford Memorial Hospital Havre de Grace Harford If Undar 1 Yaar If Undar 24 Hrs. 5. Sociel Security Numbar 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1∭ M 2□ F Deys 55 Yrs. 218-40-7599 1943 North Carolina Director Usuel Residence of Decedent 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1X Yes 2 No Director Maryland Cecil Rising Sun 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 6 238 PO Box 385 257 Cowan Rd. 21911 USA Funeral Herma 12. Was Decedent Ever in U,S. Armed Forcas? 14. Race - American Indian, Bleck, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 X Yes 2 No If Yes, Give Yeer or Detes: 1961-64 1 Never Married 2 Married "natural", or Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🕱 No Specify: b 3 ☐ Widowed 4 ☐ Divorcad White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Peges 1 end 2 should be filed within nent of Health and Mental Hygiene. Int: If Item 27 is marked other than " Elementary/Secondary (0-12) College (1-4or 5+) Container Manufacturer Fork Lift Driver 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Louis Rothwell Nellie Seagraves 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 s Department of Health ar Important: if item 27 is any injury or other trau once. Nina V. Rothwell/Wife PO Box 385 257 Cowan Rd. Rising Sun, MD 21911 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stata 1X Burial 2 Cramation 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) West Nottingham Cemetery 4-18-98 Colora, Maryland 22. Name and Address of Fecility
R. T. Foard Funeral Home
111 S. Queen St. Rising 21. Signature of Funeral Service Licenses 23e. Pert . Enter tha disease, or complicat on short, or heart failure. List only one cert Rising Sun, MD 21911 re that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Final disease or condition resulting In deeth) Examiner Due to (or es a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of): pue physician e s the buriel-t Box 68760, Physician/Medical Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? o 1 Yes 2 No Syroling 3 □ Probably 4 □ Unknown þ Records, 24b. Were autopsy tindings available prior to completion of ceuse of deeth? Be Completed 24a. Wes en eutopsy performed? 22010 certificata 1 ☐ Yes 2 ☐ No of Vital ai or Attending Physician: The safter death.

I Director: After this certificate of in by the funeral director, ps 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient ≥SER/Outpatient 3□ DOA 27. Manper of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division Neturel 2 Accident 5 Pending invastigation 1 ☐ Yes 2 ☐ No 3 Suicide 8 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide To the Hospital o within 24 hours aft To the Funeral Di completaly filled in Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as steted.

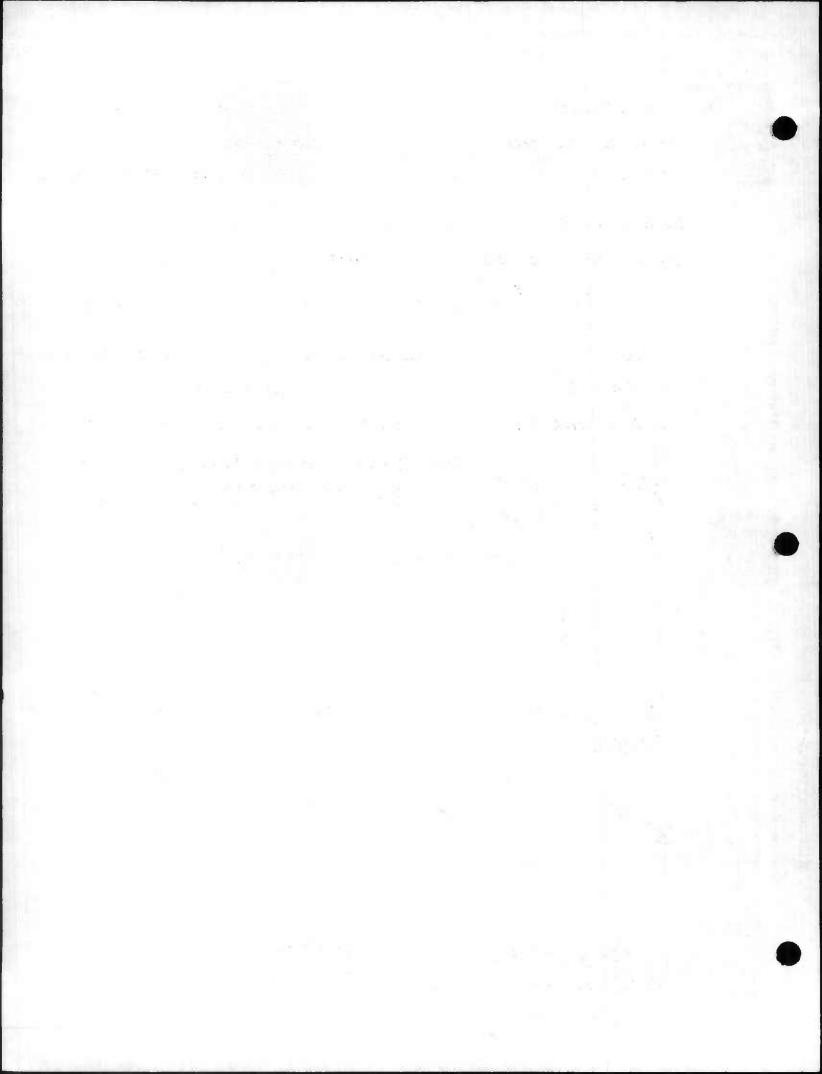
Madical Examinar: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end manner stated. Medical 29a. Certifiar 29b. Signeture and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 5+ WA 30. Neme end eddress of person completed cause of deeth (Item 23a) (Type, Print) Walnu Aberdeen ano 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State **APR 17** 1998 Julia Davidson Randall Registrar

**DHMH 16 Ray 6/95** 

and

4-15-98

Rothwell, Elmer Lewi



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey Month James Linton Reynolds 15, 1998 12:16 PM April 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Cecil Medpointe Elkton # Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. Birthplece (Stete or Follow) 1 Unit 30, 1961 1 1 kton, Md. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1 M 2□ F 36 Yrs. 215-76-0276 Usuel Residence of Deceden 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Cecil Elkton Md. 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21921 USA 300 Jackson Hall School Road 12. Was Decedenf Ever in U,S Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 3 ☐ Married 1 ☐ Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorcad 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Construction Laborer 12 17. Fether's Neme (First, Middle, Last) 18. Mother'e Name (First, Middle, Maiden Sumeme) Halus Linton Reynolds Pauline Peterson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zlp Code) 1 9 2 1 19e. informent's Neme/Reletionship (Type, Print) Constance Reynolds, Wife 300 Jackson Hall School Rd. Elkton, 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stete 1 Duriel 2 Cremetion 3 Removal from State Gilpin Manor Mem. Pk. 4/18/98 Elkton, Md. 22. Name end Address of Fecility 259 E. Main Street, Gee Funeral Home Elkton, Md. 21921 231. Part I. Enter the disease, or complications that caused the deefh. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death . Widely melastatic esophageal Concer 3-4mone Immediete Ceuse (Finel diseese or condition resulting in death) Sequentially list conditions, it eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of Due to (or es e consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably W Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deefh? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 

Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State)

/Medical Examiner ettending physician and for use es the bunal-transit Records. P.O. Box 68760, signed by the et d be detached fo been si hes Division of Vital funeral director, this After To the Hospital or Attendit within 24 hours after death. To the Funeral Director: At

Examiner Physician/Medical À Completed Be Certification:

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examinal must be notified at

permit. Pages 1 end 2 should be filed within 7. Department of Health end Mental Hygiene. Important: if Item 27 is marked other than "na sny injury or other treumetic event, the Mede once.

**Physician** 

james permola

1 ☐ Yes 2 No 27. Manner of Deeth

4 Homicide

6 Could not be determined

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

rtifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner es steted. dical Examiner: On the besis of exeminetion end/or investigetion, in my opinion, death occurred et the time, date end piece, and due to the ceuse(s) and menner steted.

29d, Dete signed (Month, Dey, Year)

30. Name end/address of person who completed cause of deeth (Item 23a) (Type, Prinf)

John Mulvey, MD 111 High St, Suite 214, Elkton, Md. 21921 31. Dete filed (Month, Day, Year) APR 1 7 1998 32. Registrer's Signeture

29c. License number

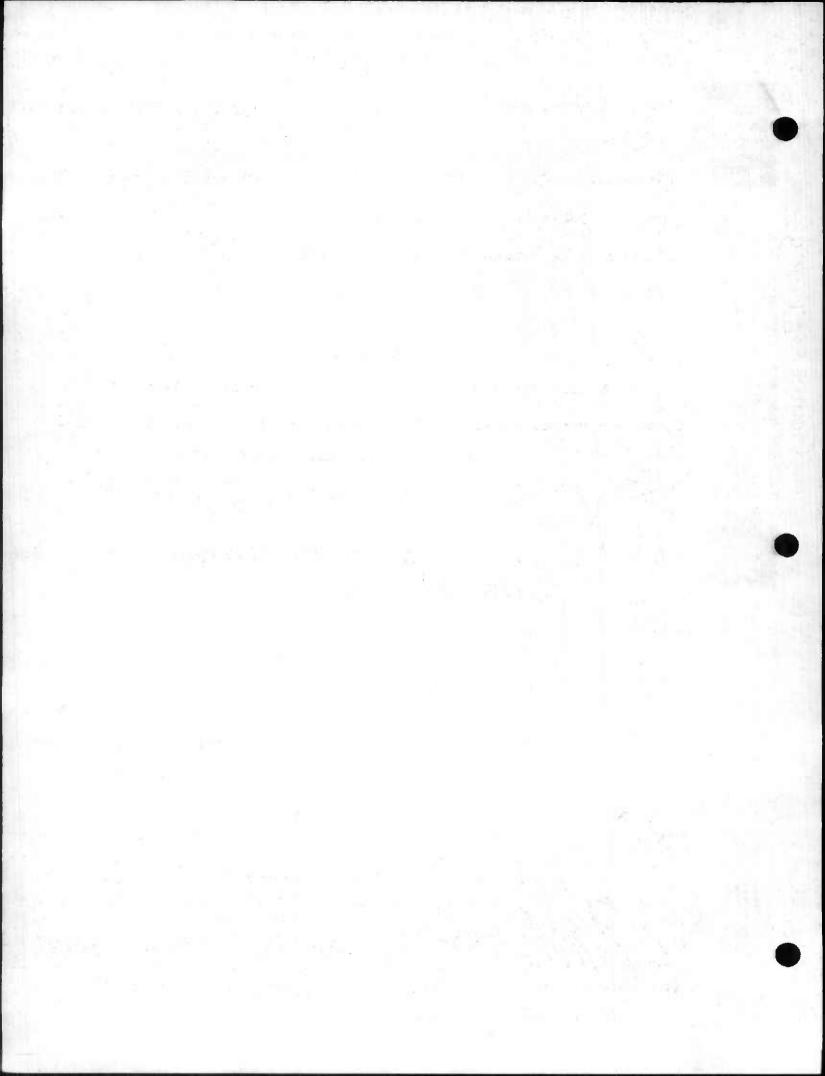
State Registrar

edical

29e. Certifier

29b. Signature and table





Amended Item 11 per F.D, Amended Item 23b per Phy, 4/27/98, Carroll County, wj1
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Item #1, Per Phy. 4/16/98, Carroll County, wjl Certificate of Death 1. Decedent's Name (First, Middle, Last) VIRGINIA MARY DICKSON ROSSETTI 2. Date of Deeth Month Dev Rosserr DE 150 N 12 1998 11:00am April /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1425 Woodbridge Road Catonsville Baltimore If Under 1 Year | If Under 24 Hrs. Months | Deys | Hours | Min. 5. Sociel Security Number 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 21 F 235-34-8377 73 Yrs. Director Nov. 9, 1924 Scotland Usual Residence of Decedent death with the Maryland 10e. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. inside City Limits Md Baltimore Catonsville Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1425 Woodbridge Road 21228 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes, 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Marital Status e filed within 72 hours after all Hygiene. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ X o Specify: Specify: white ð 3 Widowed 4 Divorced Completed 15. Decedent's Education 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) cosmotologist cosmotology 12 other traumatic event. 17. Fether's Name (First, Middle, Last) 16. Mother's Name (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be Department of Health and Mental Important: If Itam 27 Is marked or any Injury or other traumatic eve George Dickson Helen Robinson 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Connie A. Sommers (daughter) 865 Sarah Dr. Eldersburg, Md. 21784 20b. Place of Disposition (Name of cemetery, crematory or other place)
Carroll Cremation Serv. 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 4-13-98 Hampstead, Md. 22. Name end Address of Fecility 21. Signeture of Funeral Service Licensee Haight Funeral Home & Chapel Dauge Haught Skribert P.O. Box 195 Sykesville, Md. 21784 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting In deeth) /Medical metast et ic 3 months Examiner Due to (or es a consequenca of) Examiner hysician end the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760, physician 8 Physician/Medical thet initiated events resulting in deeth) Last Due to (or es e consequença of) esn for ed by the a deteched f Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? TOS 2X No 3 Probably 4 Unknown signed t by been si Completed 24a. Was en eutopsy 24b. Were eutopsy findings evalleble prior to completion of cause of death? 1 Yes 1 ☐ Yes 2 ☐ No al or Attending Physician: T s efter deeth. Il Director: After this certifical 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes ≥ No Hospital: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospital of within 24 hours at To the Funeral D completely filled in 29a, Certifie Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner es stated.

| Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end manner stated. Medical 29d. Date signed (Month, Day, Year) April, 13 T., 1998 29b. Signeture and title of pertifier 29c. License number 30 Name and address of person who completed cause of deeth (Item 23a) (Type, Print) CLEMENT KNIGHT MD 11065 LITTLE PATUXENT PKWY COLLINBIA, MD 21044 32 Registrer's Signature 31. Date filed (Month, Day, Year) State APR 1 6 1998 Registrar

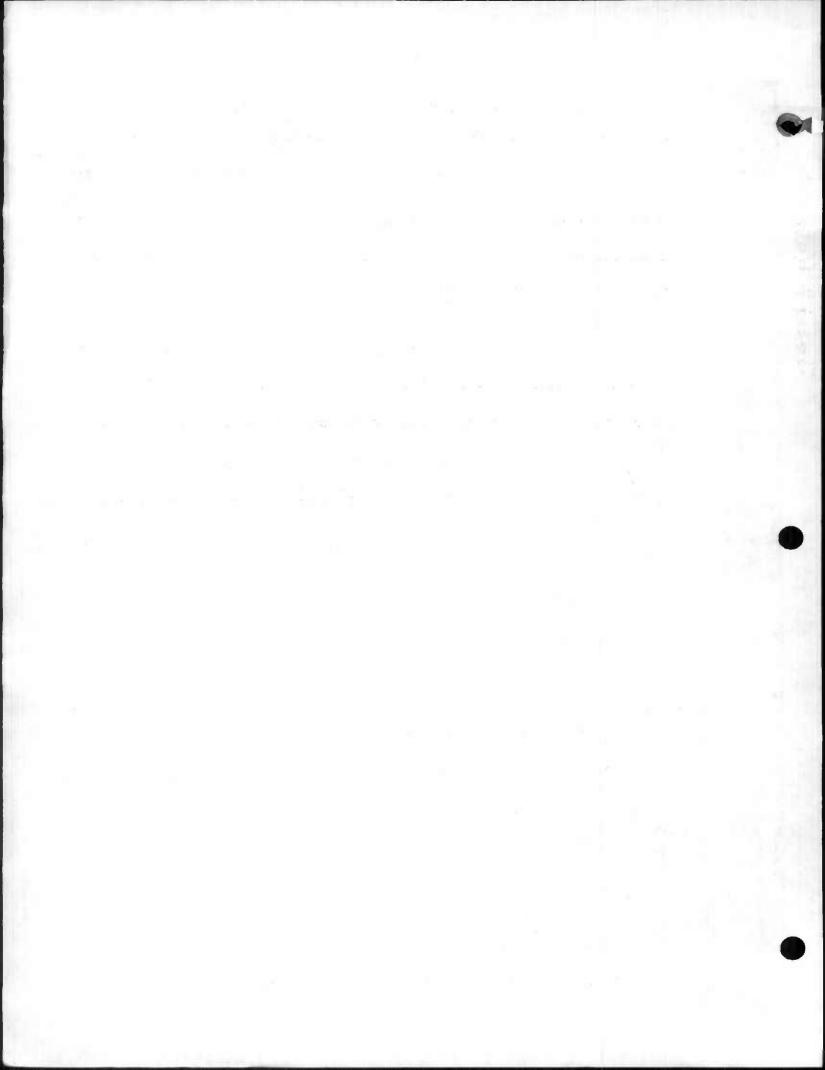
DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8

		Decedent's Name (First, Middle, Last)			Certificate of	Dealli	2. Data of De	Reg. No.	3	Time of Death
Phys			Charles Ra	ainvill	e. Jr		April	14	Voer	5:20P
A STATE OF THE PARTY OF THE PAR	dicai niner	4a. Facility Nama (If not institution, give s The Memorial H	street end number)	Q111V111	C, 01.	4b. City, Town, or Lo Easton		4c. County		
Funer	ai	Social Security Number     6. Sax	7. Aga (	(In yrs. lest birth	day) If Under 1 Yaar	r if Under 24 Hrs.	8. Date of Bir (Month, De		,	(Stete or Foraign
3 Directi	_	044-01-9207 Usual Residence of Decedent	\$M 2□ F	84 Y	rs. Months Days	Hours Min.	August 2		Country)	
OUNCE With the Manyland Ba or 28a-f show	-	10a. State 10b. County	1	0c. City, Town	or Location			-		nsida City Limits
R QUALLA 20 atter death with the Maryle after 25s or 25s4 sho miner must be notified at	Director	Maryland Talbot  10e. Street and Number		Ea	ston					Dayes 2 No
S with	Oic	201 Federal Street			10f. Zip Coda 21601			10g. Citizen ot		
hor doad	Funeral		12. Wes Dacadant Eve Armed Forces?	ar in U,S.	13. Was Decedent of If Yes, specify Cul	Hispanic Orlgin? (Sp	ecify Yas or No		d State	
CALER 21215-0020 dwithin 72 hours after pere. et than "restural", or the the Medical Exemple	þ	1X Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ZYes 2 □ No.	1941– 1945	1 ☐ Yes 2 ☐ XNo		Hican, etc.)	Specif	ck, White, etc. y: casian	
5-0 72 hr	eted	15. Decadent's Educ (Specify only highast grade	cation completed)	16a. D	ecedent's Usual Occu Give kind of work done ife. DO NOT usa ratire	pation a during most of work	ina		usinass/Industr	у
VIZ15- within 72 erie. then 'reals	Completed	Elementery/Secondary (0-12)	Collega (1-4or 5+)			,	,	Manufa	acturi	na
	Be Co	17. Fether's Name (First, Middle, Last)		5.	hipping Cl	18. Mother's Name	e (First, Middle,			ng .
Maryland d 2 should be lite th and Mental Hy 7 is marked othe traumatic event	ToB	Joseph Charl	es Rainvi:	lle, Sr	•	Ruby	May I	Hotchkis	SS	
Mary 2 sho and is ma	1	19a. Informant's Name/Relationship (Typ	oe, Print)	19b. I	Mailing Address (Stree	t end Number or Run	al Route Numbe	er, City or Town,	State, Zip Cod	(e)
foal faal		William Thompson 20a. Method of Disposition	nephe	20b. Place of D	65 Tolches Disposition (Name of cramatory or other pla	ter Road,	Rock Ha		city or Town,	
altimor mit. Pages partment of cortant. If the		1 ☑ Burlal 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State		Cemetery		1/20/98	Dentor	n, Mary	land
Baltim permit. Pag Department Important: I	S S	21. Signature of Funeral Sarvice Licanse	/// h		22. Nama and Addr	ess of Facility	72 7			
- 4024	OX .	23a. Part1. Enter the disease, or complice shock, or heert fallure. List only on	P.1/100	SVE	12 South	Second Sti	ceet, De	enton, N	Marylan	d 21629
Physicia		shock, or heart fallure. East only on	e cause on each line.	e death. Do no	t enter the <i>m</i> oda ot dy	ing, such as cardiac	or respiratory ar	rest,	App Inta Ons	roximata rval Batween et and Death
/Medica	al .	Immediete Causa (Final disease or condition	104+	(LIN	a Divers	marria				dous
Examine		resulting in death) e.	Du	ie to (or es a co						
bet isn	Examiner	b.								
68760, fficete be asscuted 9 physician and as the buriel-transit	Exal	Sequentielly list conditions, if any, leeding to immediata cause. Entar Underlying Cause (Disease or injury thet initiated events	Du	e to (or as a co	nsequenca of):					
68760, rificete be axe physician a	edicai	Cause (Disease or injury thet initiated events resulting in death) Lest	Due	e to (or as a cor	nsequenca of):					-
= 0.6		d.								
P.O. Box that the death cert ed by the ettending detached for use	by Physician/M	Doet II Other significant as distance.	the state of a state of the state of							
o. O. o. it the d	hys	Part II. Other significant conditions cont Congestive flear		not resulting in the	ne underlying cause gi	iven in Part I.				cause of death?
dS, P.	by P	congestive took						2010	3 Trobably	312 CHRION
COL v requ	Compieted	non Insulu I	spander	nt D	rabeter 1 Failu		24a. Was perfo	en eutopsy med?	evailabl	utopsy findings e prior to tion of cause
Vital Re- vicien: The lav certificata has	E O	Acute and Cl	ronic	Rena	1 Failu	ire	101	es 22 No	1 ☐ Yas	
/ita	Be	25. Was case referred to medical examiner?				26. Pleca of Daath	(Check only o	ne)		
Of \ Physic this c	10	1 ☐ Yes 2 ☐ No ☐ Ho		2 ER/Outpo	ationt 3D DOA	her: 4 Nursing Ho.				
vision of Vita Attending Physicien: roleath. ector: After this certific by the funeral director,	Certification:	Natural 5 Panding 2 Accident investigation	28e. Date of Injury (Month, Dey Ye	ear) 28b. Tin	iry Wo	ork? ]Yas 2∐No	28d. Describe r	ow injury occur	red	
ViSi Atten ar dea ector by the	ifica	3 Suicide 6 Could not be determined	28e. Placa of Injury	- At home, farm	, straat, factory, office			Street end Numb	per or Rural Rou	ita Number,
Ital or led in led in		4 D HOMOGO	building, etc. (5	<i>эрөспу)</i>			City or Tow	ni, Steta)		
Division of Vital Re- To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificata has completely filled in by the funeral director, page 2	Medicai	29a. Certifier (Check only one) Certifying Physical Examine	cian: To the best of m ar: On the basis of axa end manner stated	amination end/o	eath occurred at tha ti or invastigation, in my o	me, date end placa, oppinion, daath occurr	end due to the d ed et the time, d	cause(s) end ma date end placa,	anner es statad. end due to tha	cause(s)
To th To th	Σ	29b. Signature end title of certifier	/		29c. Licens			29d. Date signe		
		chural X	200MD		D	42005		411	4/98	5
		30. Nama and addrass of parson who com								
S	tate	Michael Lees, M.D. 31. Date filad (Month, Dey, Year)	32. Registrar's	Signature		eet, Easto	on, Mary	/Land	21601	
Regis	trar	APR 17 '98	The D	Tavidson-A	andore					

DHMH 16 Rav 6/95



		State of M	aryianu / i	Certific			d Mental Hy	Reg. No.	3 13	585
an	Decedant's Nama (First, Middla, La     HARRIET	FAYE		SMI	TH		2. Data of De Month APRIL	Dey	Yaar	Tima of Death  1:31 A.M.
cal ner	4a. Facility Nama (If not institution, gives 415 C WOODVIE)  5. Social Security Number 6. S	W SQUARE	ga (In yrs. lest bir		nder 1 Year	SA If Under 24	or Location of Deat LISBURY Hrs. 8. Date of Bir	th T	VICOMICO 9. Birtholaca	(Stete or Foraign
	230-50-3818 Usuel Rasidanca of Decedant	□M 2XF	57	Yrs. Mon	ths Days	Hours N	Min. (Month, De MARCH	14,1941	Country) VIRGI	NIA
	10a. Stata 10b. County		10c. City, Tow	n or Location					10d. lr	nsida City Limits
cto		OMICO		S.	ALISBU	RY				Yas 2□No
Dire	10e. Street and Number			10f.	. Zip Code			10g. Citizen of \		
Funeral Director	415 C WOODVI	EW SQUARE  12. Was Decedant	Ever in U.S.	13. Was D		804 ispanic Orlgin	? (Specify Yes or No		S.A. e - American In	dian.
by Fun	1 Navar Married 2 Married 3 Widowed 4 ☑ Divorced	Armed Forcas 1 1 ☐ Yes 2 X If Yas, Giva Yaar or Dates:		If Yas,	specify Cube s 2 🖾 No	n, Maxican, P Specify:	uarto Rican, atc.)		ck, Whita, atc.	
Completed	15. Dacedant's E. (Specify only highast gra	ida completed)		Decedant's U (Giva kInd or life. DO NO	Usuel Occup f work done o	during most of	working	16b. Kind of B	usinass/Industry	,
Com		College (1-4or	LI	CENSED	PRACT	ICAL N	URSE	NURSING	HOME	
Be	17. Fathar's Name (First, Middla, Last		DD A	DEODD			Nama (First, Middle			/I OD
To	HARRY M  19a. Informant's Name/Relationship (			DFORD  . Mailing Add	rass (Street	PHIL and Number o	LIS OD r Rural Routa Numb	ELLE er. City or Town.		LOR
	THOMAS B. MOORE				ESHAM		RSONSBURG			,
	20a. Mathod of Disposition 1 ☑ Buriel 2 ☐ Cramation 3 ☐	Removal from State	com ata	Disposition or Dispos	(Nama of or other place	a)	Deta	20c. Location -	City or Town, S	Stata
	4 Donation 5 Othar (Specif	y)		HAVEN			4-17-98	BELLE H	HAVEN, V	VIRGINIA
	21. Signature of Funaral Service Licer	Laur	el.	1	a end Addra: DS FUN	ss of Facility ERAL H		E. MAIN		)4
ner	2:1 Pint: Enter tha disease, or combook, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a. Nettos		L			ve		intai Ons	roximete rval Batween at and Death
VMedical Examiner	Saquantially list conditions, if any, laading to immadiata cause. Enter Underfying Causa (Disease or Injury that initiated avents resulting in daath) Last	bd.	Dua to (or as a o							
iciar	Part II. Other significant conditions of	ontributing to death h	ut not reculting Ir	the underhai	na cauca aire	on in Post I	22h Did	tohacco use co	ntelbute to the	causa of death?
y Phys	Tarri. Other eignizeant conditions	ontributing to death b	ot not resulting if	Tina unuanyi	ng causa giv	en in Part I.		Yes 2□ No	3 ☐ Probably	10
Be Completed by Physician/M							24a. Was	an autopsy ormed?	avalleble	utopsy findings e prior to tion of cause 17
Con							10	Yes 2 No	1 □ Yes	2□ No
	25. Was casa rafarred to medical axaminar?	Hospital:			Oth	0.51	Death (Check only			
n: To	27. Manner of Death	28a. Date of Inju	ry. 28b. 1	Tima of	28c. Injun Worl	4 LI Nursir	ng Homa 5 Basi 28d. Describe	danca 6 ∐Oth how injury occur	er (Specify) red	
atio	Natural 5 Panding Investigation		y rear)	njury M		Yas 2 □ No				
Certification:	3 Suicide 6 Could not be datermined	28a. Placa of Inj building, at	ury - At homa, fa c. <i>(Specify)</i>	rm, street, fac	ctory, office		28f. Location ( City or To	Street and Numb wn, State)	per or Rurel Rou	ta Number,
Medical	29a. Cartifiar (Check only one) 2 Medical Exam	yalclan: To the best	axamination and	, daath occur d/or Investiga	red at the tim tion, in my of	ne, date and pl	lace, and dua to the occurred at the time.	causa(s) and ma date and place.	anner as stated. and dua to tha	causa(s)
Mec	29th Signature and title of continer	and manner st	aled )		29c. Licansi			29d. Data signe		
	40/	200	1 W	)	Da	62	X	4-1	15-7	F
	30 Name and addrass of person who	completed causa of d		(Type, Print)	Con	6/15	7. 50	lish.	MD	21881
te ar	31. Data filad (Month, Day, Taar) APR 1 5 1998	32 Ragistr	ar's Signature			-		01		E. 1

State Registrar

31. Data filed (Month, Day, Faar)
APR 1 5 1998

Physician /Medica Examine

**Funeral** Director

permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylend Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Example must be notified at once.

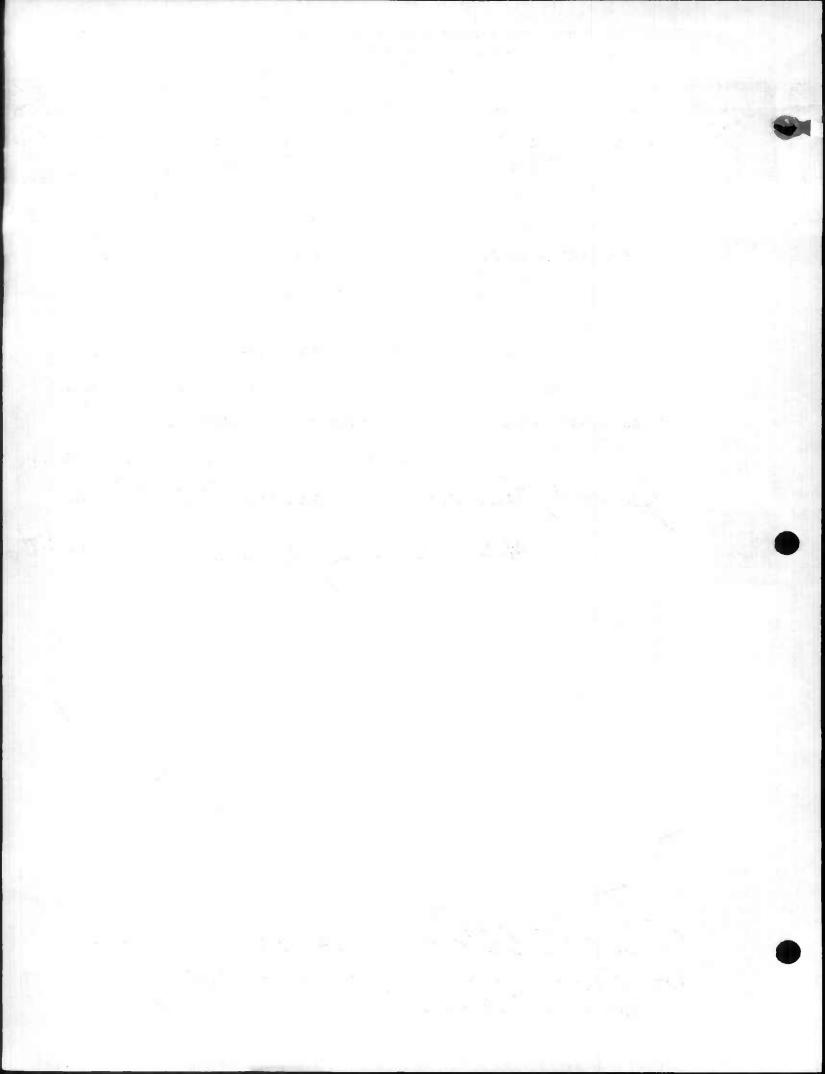
Physician /Medical Examiner

To the Hospital or Attanding Physician: The law requires that the deeth cartificate be assocuted within 24 hours effer death.

To the Funeral Director: Affar this cartificate has been signed by the ettanding physician and completally filled in by the funeral director, page 2 should be detached for use as the burial-transit

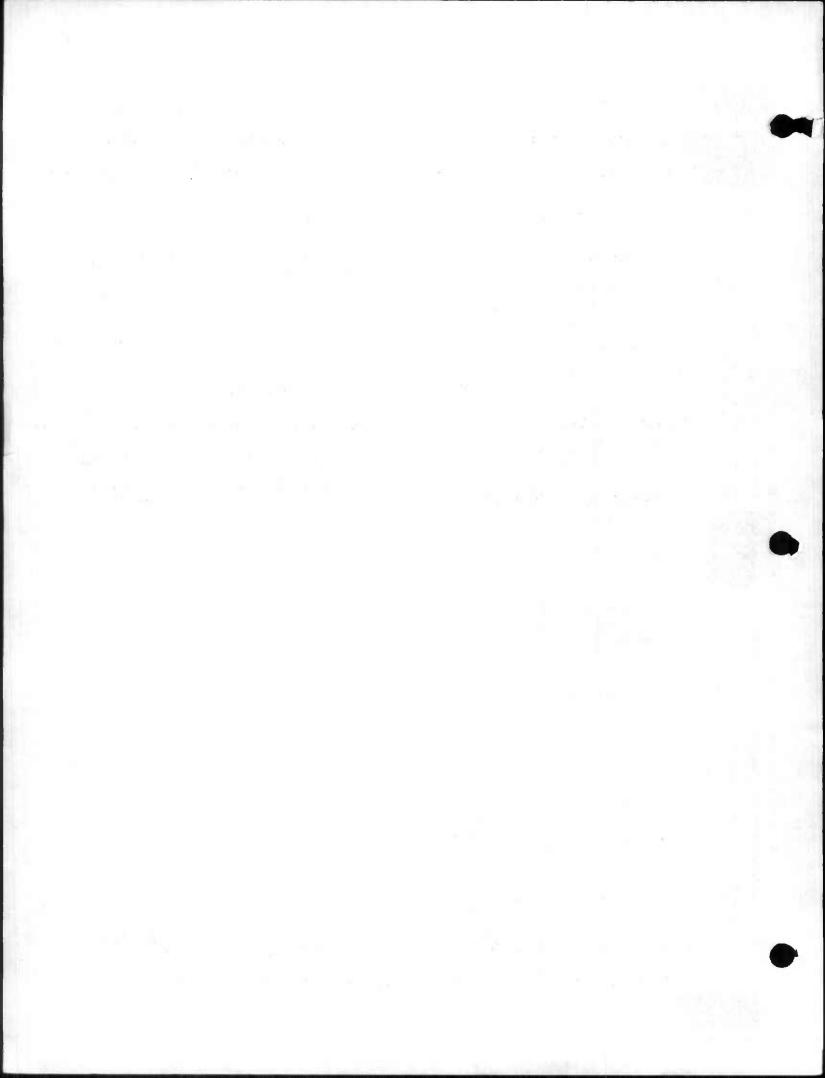
Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020



State of Maryland / Department of Health and Mental Hygiene

				,,,,,		Certifica		Death		g. No.		3586
Physician		1. Decedent's Name (First, Middla, L Eleanor		Cimm					2. Data of Deeti Month	Day	Year	3. Time of Deat
/Medical	1			Simm	5				04	07	98	2:50PM
Examiner	ľ	4a. Facility Neme (If not Institution, gr CAROLINE NURSIN						4b. City, Town, or L DENT		4c. County	of Death	Ε
Funeral Director	_		Sex 1 □ M <b>2</b> □4F	7. Aga (In yrs	B3 y	Month	er 1 Yeer S Deys		8. Dete of Birth (Month, Day, 12/05/	Year) 14		lace (State or Forting)  yland
and *	- 1-	Usual Rasidence of Decedent  10a. Stata 10b. County		10c. C	ity, Town	or Location					1	0d. inside City Lin
Manyl Manyl		MD Caro	line				Fed	leralsbu	rg			XXXYes 2
fer death with the Marylar ricema 23a or 28a4 show their must be notified as Foureral Director		10e. Street and Number 150 Brooklyn	Avenue			10f. 2	Zip Coda	1632		og. Citizen of		
items items recons		11. Marital Stetus 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Dece Armed For 1  Yas If Yas, Give Yaar or Da	2⊠ No a	J,S.		pedent of I	dispanic Orlgin? (Span, Maxicen, Puerto		14. Rad Ble	ca - Americ ck, Whita,	an Indien, atc.
d 2 should be filed within 72 hours aft th and Mental Hygiene. Trie marked other than "natural", or treumatic event, the Medical Examitration of the Medical Examitrement To Be Completed by F		15. Decedent's E (Specify only highast gi	ducation rada completed) Collega (1-	-4or 5+)	16a. C	Decedent's Us Give kind of t ifa. DO NOT	sual Occup work dona usa ratire	petion during most of world d)	king	16b. Kind of B	usiness/ind	dustry
2 should be filed with and Mental Hygiene. Is marked other than eumetic event, the I	3	17. Fethar's Nama (First, Middle, Las	()					18. Mothar's Nam	na (First, Middla, N	faiden Sumer	ne)	
			Benj	jamin	Hay	nes		Anna	Truxon			
d 2 should th and Mer 7 is marke traumatic		19e. Informant's Name/Ralationship			19b. I	Malling Addre	ss (Straat	end Number or Ru	ral Route Number,	City or Town	Stata, Zip	Code)
カモトセ	-	Noble L. Simms	/Spouse		15	0 Bro	okly	n Ave.,	Federa	lsbur	g, M	D 21632
permit. Pages 1 an Department of Heat Important: If itam 2 any Injury or other once.	1	20a. Mathod of Disposition  1 Burial 2 □ Cramation 3   4 □ Donation 5 □ Other (Spec		Stata Ea	cematary 3Ste:	Disposition (A crematory o rn Sh	lama of r other ple OYC			Hurlo		wn, State Marylar
permit. Departimportul		21. Signatura of Funaral Sarvice Lice  Multure 7.	akm			Fram	ptom	ass of Facility -Hawkin 3, Fede	s-Eskow	Fune	ral	Home
Physician /Medical Examiner page 14   Liansit Page 14   Liansit Page 14   Physician Pa		Immediata Causa (Finei diseasa or condition resulting in deeth)	8	Dua to (	or as a co	S C P	f):					days
ifficate be ng physicis as the bu		Sequentially list conditions, if eny, laeding to immediale cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	c			nsequance o						
death he atte ed for sicia	F	Part il. Other significant conditions	contributing to dea	ath but not ra	sulting in t	he underlying	causa giv	van in Part I.	23b. Did to	bacco use co	ntribute to	the cause of dea
requires that the death centeen signed by the attendin hould be detached for use ted by Physician/N		insu	lin de	pend	ant	diak	oe les	mellita	S 1□Ye	2 Z No	3 ☐ Prol	pably 4 Unkr
requirement seen should should be seen should be se						-			24a. Was er pertorm	n eutopsy ned?	av	are autopsy finding allable prior to mpletion of cause death?
stcian: The iaw certificate has b lirector, page 2 si									1 ☐ Ye	s 2000	10	Yas 2□ No
physician: this certific al director, To Be (	1	25. Was casa rafarred to medical examinar?	Hospitel:				0"		th (Check only one			
this alo		1 Yas 2 No  7. Mennar of Death 1 Netural 5 Pending 2 Accident investigation	28a. Date o		28b. Tir Inj	na of	28c. Injui Woi	413(Nursing H	ome 5 Rasida 28d. Dascribe ho			1)
2 4 4 5		3 Sulcide 6 Could not lead attarmined	28e. Plece	of Injury - At h g, atc. (Speci	i noma, fem ify)	n, street, fect	ory, office		28f. Location (Str. City or Town	reet and Numb , Stata)	per or Rura	l Route Number,
Hospital     24 hours     Funeral I     ietely filled	1	29a. Cartifiar (Check only one) 1 ☐ Certifying Pl	nysician: To that miner: On the bas and mann	sis of axamina	owiedga, o ation end/	daath occurre or invastigetion	d et tha tir on, in my o	ma, data and placa, opinion, deeth occur	and dua to tha ca red at tha tima, da	usa(s) and material m	anner as st and dua to	etad. tha cause(s)
To the To the compl		29b. Signetura and titla of certifier	574	Ki		2	9c. Licans	7 5 3 4	29	ed. Dete signe	d (Month,	Day, Year)
	3	30. Nama and addrass of person who Wafik Zaki, M							burg, M	7/ t D 216	32	
State Registrar	3	31. Data filed (Month, Day, Year)  APR = 9 398	32. Re	gistrer's Sign							7 2	

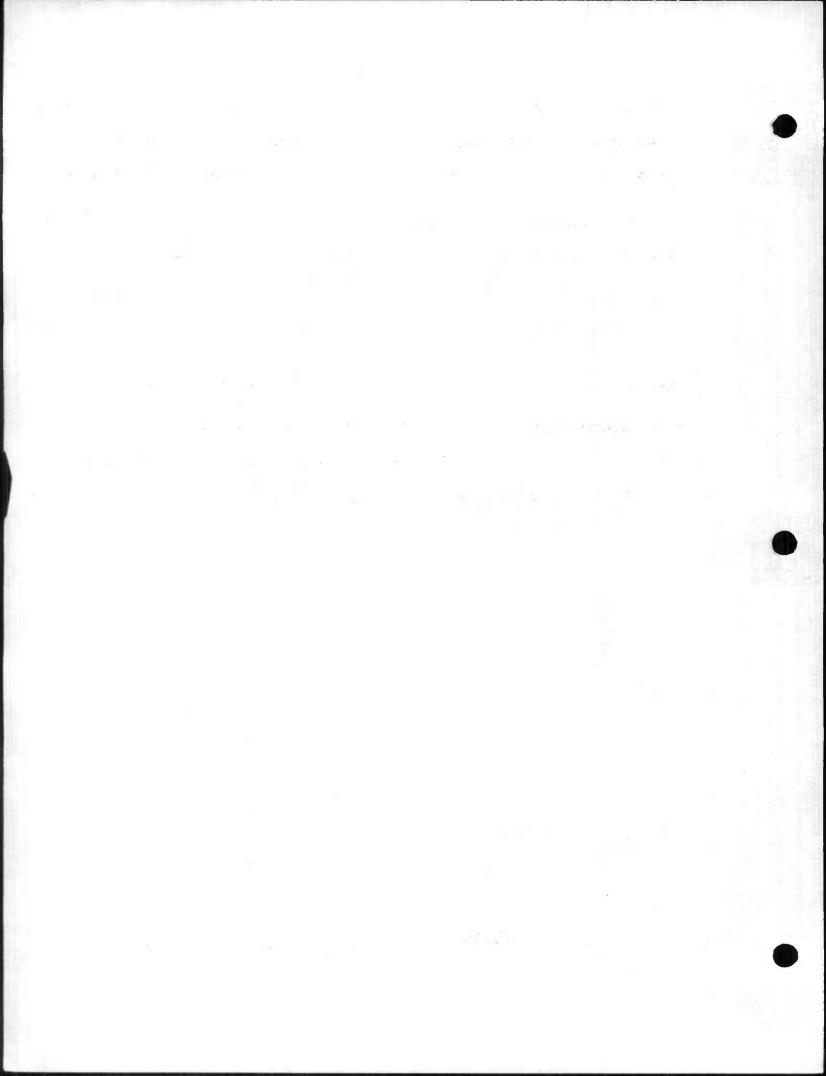


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Deta of Deeth 3. Time of Death **Physician** Month Vear WILLIAM DENNY TAYLOR 04 13 1998 09:50 AM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner CAROLINE NURSING HOME. INC. DENTON CAROLINE If Under 1 Yaer If Under 24 Hrs. 8. Data of Birth (Month, Day, 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1∰M 2□F Country) Maryland Yrs. August 19,1903 218-16-5060 94 Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiens. Important: if Item 27 is marked other than "natural", or Items 23a or 28e-4 show enly liplury or other than 18 the Medical Essentine mast be notified at 10e Stete 10h Count 10c. City, Town or Location 10d. Inside City Limits ¥ZYas 2 No Director Maryland Caroline Greensboro 10e. Street end Number 10f. Zip Coda 10g, Citizen of What Country? 13200 Greensboro Rd., Lot 20 21639 USA Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 1 ☐ Yas 2\2\No If Yes, Give Year or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes ZXNo Specify: à 3 5 Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) owner/operator service station 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Theodore Taylor Florence Stockley Taylor 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Deanna Wyatt/daughter P.O. Box 284, Greensboro, MD 21639 20b. Place of Disposition (Nama of cemetery, crematory or othar place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Burial 2 ☐ Crametion 3 ☐ Removal from State 4/16/98 Greensboro, MD 4 ☐ Donetion 5 ☐ Othar (Specify) Greensboro Cemetery 21. Signatura of Funerel Service Licenses 22. Name end Address of Facility Fleegle & Helfenbein Funeral Home, P.A. Greensboro, MD 23a. Pert1. Entar the disease, or complications that ceused the death. Do not enter the mode of dylng, such as cerdiac or respiretory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediete Causa (Final heimers disease or condition resulting in deeth) 16912 Examiner Due to (or as e consequence of) Examiner ician and burial-transit Sequentielly list conditions, if eny, leeding to Immadiete ceusa. Entar Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es a consequance of): Records, P.O. Box 68760. attending physician for use as the burial Physician/Medical The law requires that the death certificate Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobacco use contributs to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Coronard þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed ar carcinoma certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certification of the funeral director, it is the funeral director. Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred Certification: 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accidant 3 ☐ Suicida 8 Could not be 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e, Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Wafik Zaki, M.D., 920 Market Street, Denton, MD 32. Registrer's Signatura 31. Dete filed (Month, Day, Yeer)
APR 1 4 98 State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Daeth Day **Physician** Month BARBARA LYNN TTI GHMAN APRIL 15 1998 8:15AM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner HUNTINGTOWN ar If Under 24 Hrs. 8. 3570 DEEP LANDING ROAD CALVERT If Under 1 Year 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Days Hours 1□M 25 F Yrs Director 212-62-1911 43 May 18,1954 Washington, DC Usual Rasidence of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Examiner must be notified at Maryland Calvert Huntingtown 1 Yes 2 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6 ітеттв 23а 3570 Deep Landing Road 20639 U. S. A. Funeral 12. Was Decedant Ever In U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Ricen, atc.) 14. Rece - American Indien, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural". or incorpary injury or other traumatic event 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas: 1 ☐ Navar Married 2 ☐ Married 1 Yas 2√ No Specify: þ 3 ☐ Widowad 4 ☐ Divorced White Completed 15. Dacedant's Education (Spacify only highast grada complated) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Certified Public Accountant Accounting 5+ 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Charmaine Fox Gilbert B. Tilghman 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3570 Deep Landing Road Huntingtown, Maryland 20639 Charmaine Tilghman/Mother 20b. Place of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete April 1 1 Surial 2 Cremetion 3 Ramoval from Stete Southern Memorial Gardens 18,1998 Dunkirk, Maryland 4 Donation 5 Othar (Spacify) 22. Name and Addrass of Facility
Lee Funeral Home Calvert, P.A. 21. Signature of Funerei Sarvice Licenses 8125 Southern MD Blvd. Owings, Maryland 20736 Parl 1. Enter the disease, of complications the grused the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on such an **Physician** Immediata Ceuse (Final disaasa or condition rasulting in daath) /Medical ASTROCYTOMA 18 MONHUS Examiner Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cousa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as e consequence of): P.O. Box 68760. Physician/Medical Dua to (or es e consequance of): 88 been signed by the a should be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 1 No 3 Probably 4 ☐ Unknown 1 TYes Records, by 24b. Wara autopsy findings eveilable prior to completion of cause of daath? 24a. Was an autopsy performed? Completed page 2 s 2 No cartificate 1 Yas 1 TYas 2 No Division of Vital Hospital or Attending Physician: director. Be 25. Was cesa refarred to medicel 26. Placa of Death (Check only ona) P 1 Yas 2 No Other: 4 Nursing Homa 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 Rasidance 8 Othar (Specify) After this funeral 27. Mannar of Daath Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Natural 5 Panding Investigation s after death. 1 □ Yas 2 □ No 2 Accidant in by the 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida within 24 hours a To the Funeral C 29a. Cartifier 🛂 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. ŝ 29b. Signature aper 29c. Licensa number 29d. Data signed (Month, Day, Year) APRIL 15, 1998 30. Name and addre son who complated ceusa of daath (Itam 23a) (Type, Print) CHARLES A. JUDGE, M.D. 120 HOSPITAL ROAD SUITE 200 PRINCE FREDERICK, MD 31. Dete filed (Month, Day, Year) 32. Registrar's Signatura State Julia Davidson Randall Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month **Physician** 19 SHIRLEY 04 VETRA 98 0104 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year If Under 24 Hrs. 5. Social Security Number 9. Birthplaca (State or Foreign Country) West Virginia 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 M 2 X F Months Days Hours Yrs. Director 235-34-5482 72 08-31-25 Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. tnside City Limits 28a-f show items 23a or 28a-f shoving must be notified at 1 ☐ Yes 2 No Director Maryland | Somerset Eden 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 32070 Jones Road 21822 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Stetus 14. Race - American Indien. Black, White, etc. the Medical Examiner 72 hours after 1 Never Married 2 Married altimore, Maryland 21215-0020 ŏ 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced "natural". WHITE Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiens Important: if flem 27 is marked other than "r, any Injury or other traumatic avenue. Elementary/Secondery (0-12) College (1-4or 5+) 11 Housewife Own Home 17. Fether's Neme (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumame) Lock Dale Vincent Emma Mae Bell Fittro 19a. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert D. Vetra/Husband 32070 Jones Road, Eden, Maryland 21822 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Beechwood Cemetery 4/22/98 Princess Anne, Md. 22. Name and Address of Fecility 21. Signature of Fungral Service Licensee Hinman Funeral Home MDD295 1116/3 SOMETSEL AVEILUE, 122105

Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. 11673 Somerset Avenue, Princess Anne, Md. 21853 Approximate Interval Between Onset end Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) PULMONARY HEMORRHAGE Examiner Due to (or as a consequenca of) Examiner HYPERTENSIVE CARDIOVASCULAR DISEASE -transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of): physician a Box 68760. Physician/Medical the Due to (or as a consequence of): **US9 85** for use as P.O. ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown AORTIC STENOSIS; TRANSIENT ISCHEMIC ATTACKS Records, þ 24b. Were autopsy findings avaliable prior to Completed 24a. Was an autopsy peed completion of cause of death? page 2 s 1 ☐ Yes 2 ZANo 1 ☐ Yes 2 ☐ No cartificate Division of Vital or Attending Physician: Be director 25. Was case referred to medical 26. Placa of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 🕱 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1X Yes 2 No To the Hospital or Attending Physi within 24 hours after death.

To the Funeral Director: After this a completaly filled in by the funeral directions. After this 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: 1X Natural 5 Pending Investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner as stated.

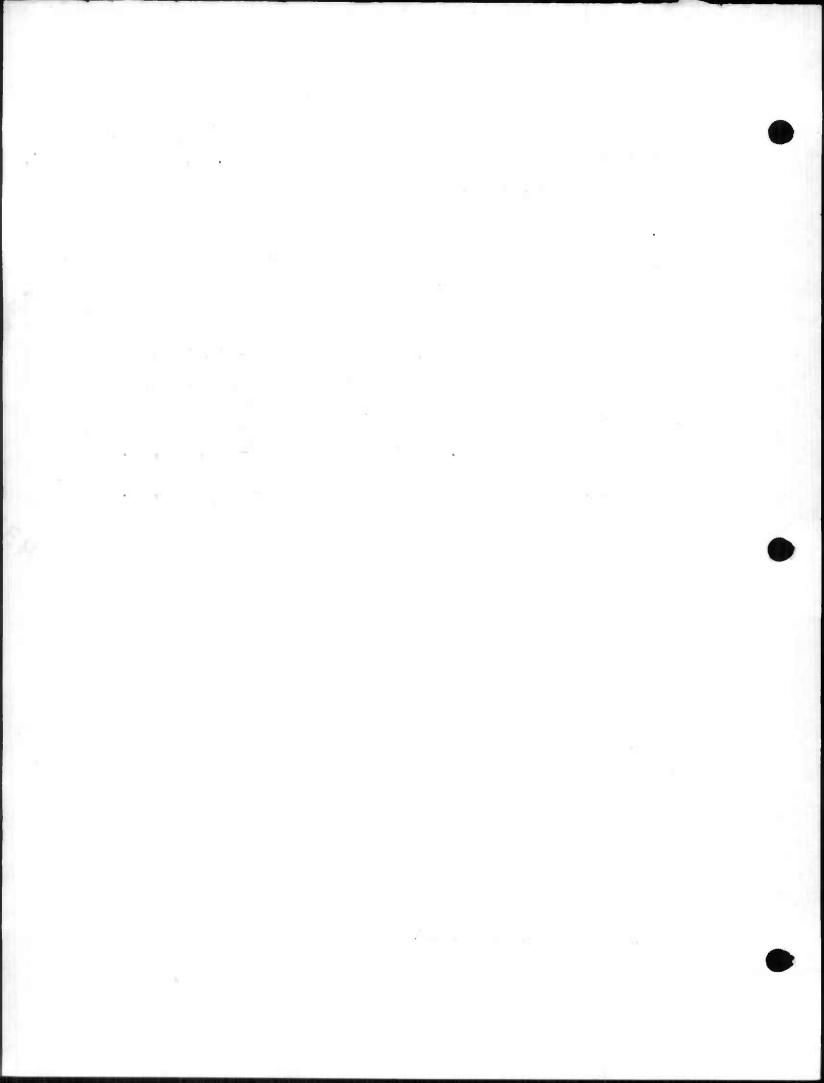
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end placa, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) welselle D.M.E. 04-20-98 30. Nem and address of person who completed cause of death (Item 23a) (Type, Print) JOHN T. BULKELEY, M.D., 108 PINE BLUFF ROAD, SALISBURY MD 21801 31. Date filed (Month, Day, Year) 32. Registrar's Signature Radall State APR2 1

Registrar

of the constant of the state of

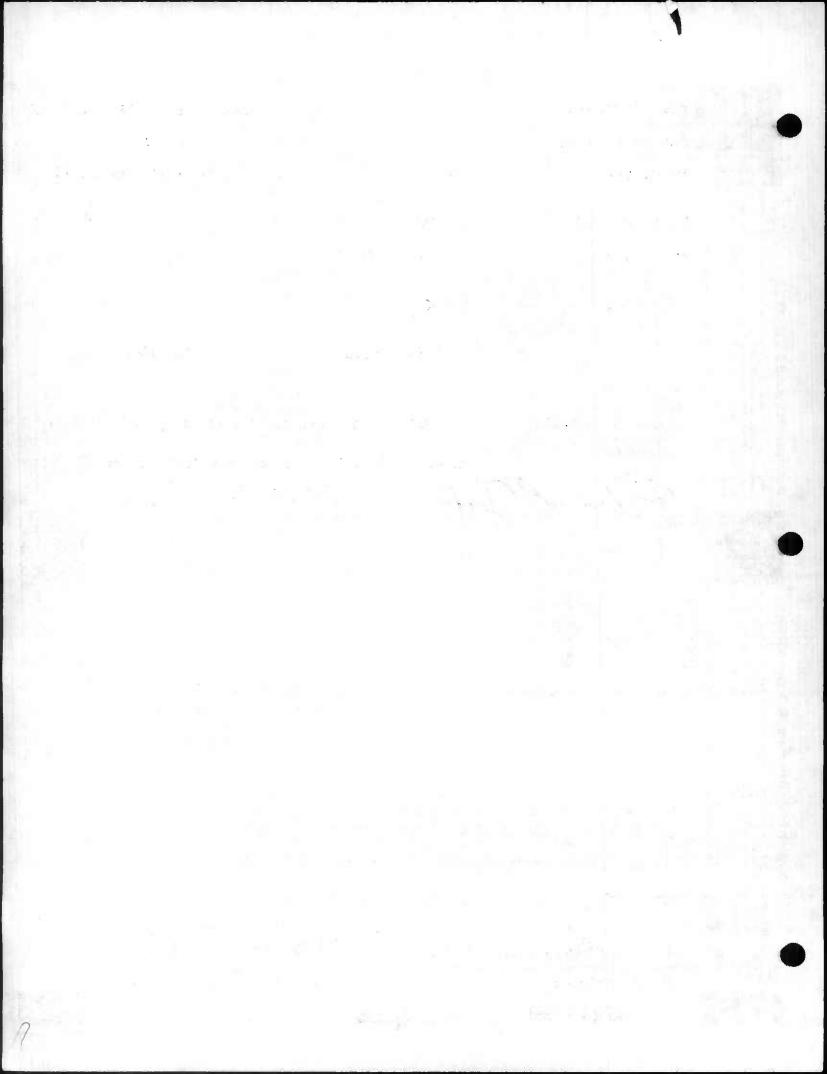
	iges 1, 2, 3 should		
e retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		notified at once
I within 24 hours after death. Page 6 may be retained by the hospit	d in by the funeral director, page	or removal.	medical examiner must be
hcate be executed	physician and completely filled	ne prior to burial, cremation,	her fraumatic event the
PHYSICIAN: The law requires that the death certi-	s been signed by the attending	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	2 chouse any injury or of
R ATTENDING PHYSICIAN: The I	RECTOR: After this certificate ha	urs after death with the State De	apportant: if item 28 is marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at once
TO THE HOSPITAL OI	TO THE FUNERAL DI	be filed within 72 hours after death v	IMPORTANT IF Its

											1	U	13390
	FOR STATE REGISTRAR	STATE	OF MARY				HEALTH F DEAT			HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle,	Lest)	И	1:11/	AM	S			2. DATE OF	DEATH DA	Z	YEAR 98	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-20-1677	5. SEE	Dr 7	E (In yrs. lest		IF UNDER 1 YEAR		24 HRS. MIN.	7. DATE OF (Month, C SEPT	BIRTH Day, Year) • 28	, 192	8. BIRTH Counts	
E	9a. FACILITY NAME (If not institution, 10257	HARRISO		)		96. CITY, TOW BERL	N OR LOCATIO TN	N OF DE	ATH			NTY OF D	
DIRECTOR	RESIDENCE OF DECEDEN			1	10c. CITY.	TOWN OR LO					1101	TOLOT	10d, INSIDE CITY
	MD. W	ORCESTER				RLIN							LIMITS?
FUNERAL	100. STREET AND NUMBER 10257 HARRIS	ON ROAD					101. ZIP CODE 21811					IZEN OF V JSA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCE	CEDENT EVER S? 1 TYE GIVE WAR OR	S 2 (X) NO		If yes	DECENDENT DO specify Cuber (ES 2 X NO		, Puerlo Ric		or No-		E — American Indian, k, Whits, etc. lly:
3	15. DECEDENT'S (Specify only highest	s EDUCATION grade completed)		16s. DEC	EDENT'S U	SUAL OCCUP	ATION most of working	g	16b. K	IND OF BUS	SINESS/IN	DUSTRY	DLALK
COMPLETED	Elementary/Secondary (0-12) 7th	College (1	-4 or 5+)	100	BOREF					ONAR		RKER	
	17. FATHER'S NAME (First, Middle, Last EDWARD	WILLIAM	S				18. MOTH	IER'S NAM	AE (First, Mic BESS	IE JO		ON	
TO BE	190. INFORMANT'S NAME (Type/Print) MILY WILLIAMS	)		19b.			SAME A			City or Tow	n, State, Z	ip Code)	
	20a. METHOD OF DISPOSITION 1/A Burtal 2 Cremetion 3 C 4 Donalion 5 Other (Specify,		tats S			ERGRE			4-20	1		- City or To	21811
	21. SIGNATURE OF UNERAL SERVI		Plan			22. NAM	JERSE		J	OLLEY	MEN	10RIA	L CHAPEL
7	23. PART I. Emper the diseases	s, or complication	ins thirt ceus	ed the des	ith. Do no								Approximats
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)					Pros	TATE	4	ANC	ER			Onset and Deat
CERTIFICATION	Sequantially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	DUE TO (DR AS	S A CONSEO	UENCE OF)	:				`			
	PART II. Other significant con	ditions contribu	ting to death	but not ra	suiting in	the under	ying causa g	jivan in i	Part I. 2	4a. WAS AN		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL									_	YES 2	DNO		OF DEATH?  1 YES 2 WHO
AN	DID TOBACCO USE CO		O CAUSE			NO		ERTAIN	1 🗆				
SICI	EXAMINER?	HOSPIT	AL: ent 2 ER/O	SOURCE IN	_ 11	OTHER:	Homs 5 A	sidence	8 🗆 Other (	Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	9 (	DATE OF INJUF Month, Day, Yea		28b. TIME INJU	IRY	INJURY AT WORK?  YES 2	ON	28d. DESC	RIBE HOW I	INJURY O	CCURED	
ED BY	2 Accident Investig 3 Suicide 6 Could n 4 Homicide determine	28e. I	PLACE OF INJU	JRY — At her Specify)	ne, 1erm, st				26f. LOCAT City or	ION (Street Town, State)	and Numb	er or Rural	Floute Number,
=				owledge de	rth occurre								
OMPLE	( SHOOK ONLY	PHYSICIAN: To the			rveetigetion	, In my opinio	ii, usetii occui						s) and manner as stated.
BE COMPLET	(Check only 1 CERTIFYING	(AMINER: On the b		rtion and/or in			200 1100	NSE NUN	IBER		I and Di	TE OLONE	a) and manner as stated.  D (Month, Day, Year)
TO BE COMPLET	(Check only 1 CENTIFYING one) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CENTIFY ON THE OTHER OF THE OTHER OF THE OTHER OT	RAMINER: On the b	ED CAUSE OF	rtion and/or in				HGZ	IBER 1, U	() :	I and Di	TE OLONE	



State of Maryland / Department of Health and Mental Hygiene 98 | 359 |

December Name (2nd Acobs Last)  Full Color (Color)  Full Color (Co								Cei	rtificat	e of	Death			Reg. No.	0 1	0001	
Examiner  40.4 Abbott Dr.Lu  197 28.4 - 28.2  197 197 28.4 - 28.2  197 28.	51		1. Decedent's Neme (First, I	Middle, Le	ist)									eeth		3. Time of Death	
## Facility Name of Fac			Frank L. Wal	ter												10:00 AM	
Social			4e. Fecility Neme (If not inst	tution, giv	a street end nu	ım bər)					4b. City, To	wn, or L					
Uses Residence of Decederal    Total State   Dot Country			404 Abbott D	rive							Elkto	n		Ceci	e		
The County   The			197-28-6282				-						8. Date of Bi (Month, Di Dec. 1	rth Py. Year) 7, 1937	9. Birthp Coun Penns	lace (Stete or Foreign try) Sylvania	
Security	pus *					10	c City Tow	n or Lo	cation							04 1-14-02-11-2	
Security	aho	5							oution						1		
Security	the A	ect		$\alpha$			ELRIO	1	401 72	0 - 1 -							
Security	ath with	rai Dir	404 Abbott D	r.						- 11					Whet Coun	try?	
Security	or itam		1 Never Married 2		Armed Fo	orces?			f Yes, spec	cify Cub	an, Mexicar	i, Puarto	ecify Yes or No Ricen, atc.)	Ble	eck, White,		
Security	rel'.		3 Widowed 4 Divo	rced	Year or E	Detes: 19	54-58				op-0y.			Speci	" Whi	te	
Code	natu Otes	ete	15. Dec (Specify only h	adent's Edighest gre	ducation ada com <i>pleted)</i>		16e.	(Give	e kind of work done during most of worki				ring	16b. Kind of E	Business/Inc	Justry	
17. Fahar's Name (First, Middle, Last)   18. Melting Address (Street and Number or Plans House Number)   18. Melting Address	han han	ם	Elementary/Secondery (0-	12)	College (	1-4or 5+)	-		DO NOT use retired)								
LeRoy Walter    Decided	hygie her t		17 Fathara Nama (First Afri	della I and													
19e. Meling Address (Street and Number or Rural Route Number. City or Town, State, Zip Code)  46 3 Main St. Apt. 2 Rogers Ford, PA 19468-2331  20e. Method of Disposition (Stome (Specify))  20e. Method of Disposition (Stome (Specify))  21. Signature of Disposition (Stome (Specify))  22. Name and Address of Epcility  23. Name and Address of Epcility  24. Signature of Disposition (Stome (Specify))  25. Signature of Disposition (Stome (Specify))  26. Forthis St. Co. Inc. 4-17-98 West Chester, PA  27. Raprominely Comment (Stome (Specify))  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  28. Forthis St. Co. Inc. 4-17-98 West Chester, PA  29. Name and Address of Epcility  29. West and Epcility  29. West and Epcility  29. Name and Address of Epcility  29. West and Epcility  29. Name and Address of Epcility  29. West and Epcility  29. West and Epcility  29. West and Epcility  29. West and Epcility  29. Name and Address of Epcility  29. West and Epcil	od fa o			idia, Last,										, Melden Sume	me)		
Alberta Freed/Mother  20b. Method of Disposition   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State)   Buriar 2 (20c. method of Disposition - City or Town, State - City or	Marke In Marke	5									-						
ALDERTAL FILE CAL MOCRET.  465 MACH St. Apt. 2 Rogers Ford, PA 19468-2551  20c. Method of Disposition (Specify)  21 Signature Thereis Survice Ucansee  22 Name end Address of Epolity  R. A. Fettus & Co. Inc.  4-17-98 West Chester, PA  22 Name end Address of Epolity  R. T. Found Funeral Mome  23 Name end Address of Epolity  R. T. Found Funeral Mome  211 S. Queen St. Rizing Sun, MD 21911  232 Funer end Address of Epolity  R. T. Found Funeral Mome  24 Name end Address of Epolity  R. T. Found Funeral Mome  25 Name end Address of Epolity  R. T. Found Funeral Mome  26 Name of Address of Epolity  R. T. Found Funeral Mome  27 Name end Address of Epolity  R. T. Found Funeral Mome  28 Name end Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  29 Name of Address of Epolity  R. T. Found Funeral Mome  20 Name of Address of Epolity  R. T. Found Funeral Mome  20 Name of Address of Epolity  R. T. Found Funeral Mome  20 Name of Address of Epolity  R. T. Found Funeral Mome  20 Name of Address of Epolity  R. T. Found Funeral Mome  20 Name of Epolity  R. T. Found Funeral Mome  21 Name of Epolity  R. T. Found Funeral Mome  22 Name of Epolity  R. T. Found Funeral Mome  23 Name of Epolity  R. T. Found Funeral Mome  24 Name of Epolity  R. T. Found Funeral Mome  25 Name of Epolity  R. T. Found Funeral Mome  26 Name of Polity  R. T. Found Funeral Mome  27 Name of Epolity  R. T. Found Funeral Mome  28 Name of Epolity  R. T. Found Funeral Mome  29 Name of Epolity  R. T. Found Funeral Mome  29 Name of Epolity  R. T. Found Funeral Mome  29 Na	A 0 W =																
Physician Medical Examiner of the property of	lealth m 27									2							
Physician / Modical Examiner    Sequentially list conditions	of H of H or of		20e. Method of Disposition										- City or To	wn, State			
Physician / Modical Examiner of James and the seeks of completions that stands the seeks of conditions and stands of the seeks of seeks of seeks of the seeks of the seeks of seeks of the seeks of seeks of the seeks of seeks of seeks of the seeks of the seeks of s	Pag ant: I					R	2. A.	Fer	ris 8	Co	. Inc	. 4	-17-98	West Ch	ester	. PA	
Physician / Modical Examiner of James and the seeks of completions that stands the seeks of conditions and stands of the seeks of seeks of seeks of the seeks of the seeks of seeks of the seeks of seeks of the seeks of seeks of seeks of the seeks of the seeks of s	partition of land		21. Signature of Fuyeral Sar	vice Licar	IS88 /		11' 12'	22	Name en	d Addre	ass of Facilit	v					
Approximate interest a disease, or complications that shared the disease, or complications that shared the disease, or complications that shared the disease or conditions that shared t	88 2 8 8	X _3	KL//	1	41	1	10										
Physician Medical Examiner    Part			23a Parti Enter the diseas	e or com	nlihations that	2000	re Da	I I	II S.	Que	zen St	onedian	using.	Sun, MD	2191		
Mindical Examiner			shock or heert failure.	List only	one ceuse	of line.	deeth. Do i	IOI OIII	er the moo	e or ayı	ng, such es	cardiec	or respiratory e	errest,		Interval Between	
Due to (or es a consequence of):    Due to (or es a consequence of):	•		Immediate Course (Final		U		10		18								
Due to (or es a consequence of):    Due to (or es a consequence of):			disease or condition		θ		ance	er c	YLu	ng					1	Six moni	
Course (Disease or Influny that Inhibited events resulting In deeth) Lest  Dua to (or as a consequence of):    Dua to (or as a consequence of):		100								V					I		
Dua to (or as a consequence of):    Course (Disease or Injury) that inhileted events resulting in deeth) Lest	sit ed	in			b										ş		
Course (Disease or Influny that Inhibited events resulting In deeth) Lest  Dua to (or as a consequence of):    Dua to (or as a consequence of):	end end -tran	xan	Sequentially list conditions, If any, leading to immediate														
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24b. Wera autopsy findings available prior to completion of cause of deeth?  12f. Yes 2 No 1 Yes 2 No	cian cian ourie		cause. Enter Underlying Ceuse (Disease or Injury														
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24b. Wera autopsy findings available prior to completion of cause of deeth?  12f. Yes 2 No 1 Yes 2 No	hysi the t	100	Due to for as a consequence off.														
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24b. Wera autopsy findings available prior to completion of cause of deeth?  12f. Yes 2 No 1 Yes 2 No	ng p	Me	A STATE OF THE STA	L													
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24b. Wera autopsy findings available prior to completion of cause of deeth?  12f. Yes 2 No 1 Yes 2 No	r use	an			d					-					1		
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24b. Wera autopsy findings available prior to completion of cause of deeth?  12f. Yes 2 No 1 Yes 2 No	dea ed fo	sici	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to								the cause of death:						
25. Wes case referred to medical exeminer?  26. Plece of Deeth (Check only one)  27. Menner of Deeth  28. Dete of Injury  28. Injury et Work?  29. Accident  3 Suicide  4 Homicide  28. Plece of Deeth (Check only one)  28. Dete of Injury  28. Dete	by the	h							, ,								
25. Wes case referred to medical exeminer?  26. Plece of Deeth (Check only one)  27. Menner of Deeth  28. Dete of Injury  28. Dete of Injury  28. Dete of Injury of Injury of Injury  28. Dete of Injury of Injury of Injury  28. Dete of Injury  28. Injury of Work?  3 Suicide  4 Homicide  28. Plece of Deeth (Check only one)  28. Dete of Injury  28. Dete of Injury  28. Dete of Injury of Injury  28. Dete of Injury of I	s tha												1 44	100 2010	0_1102	abiy 4 dinalon	
25. Wes case referred to medical exeminer?  26. Plece of Deeth (Check only one)  27. Menner of Deeth  28. Dete of Injury  28. Dete of Injury  28. Injury et Work?  1   Yes 2   No  28. Injury et Work?  1   Yes 2   No  28. Injury et Work?  1   Yes 2   No  28. Dete of Injury  28. Injury et Work?  1   Yes 2   No  28. Location (Street end Number or Rural Routa Number, City or Town, Stete)  28. Plece of Deeth (Check only one)  28. Dete of Injury  28. Injury et Work?  1   Yes 2   No  28. Location (Street end Number or Rural Routa Number, City or Town, Stete)  29. Certifier  29. Medical Examiner: On the basis of exemination and/or lovestiretion in my online deeth occurred the time, dete end plece, and due to the ceuse(s) end manner as steted.	v require been sig should b														ava	Illeble prior to	
25. Wes case referred to medical exeminer?  26. Plece of Deeth (Check only one)  27. Menner of Deeth  1   Yes   2   No  28. Dete of Injury  1   Nospital:   1   Inpatient   2   ER/Outpetlent   3   DOA   Other:   4   Nursing Home   5   Residence   6   Other (Specify)  27. Menner of Deeth  1   Nospital:   28. Dete of Injury   28b. Time of Injury   28b. Time of Injury   28c. Injury et Work?  28c. Injury et Work?  1   Yes   2   No  28d. Describe how Injury occurred   1   Yes   2   No  28d. Describe how Injury occurred   1   Yes   2   No  28d. Describe how Injury occurred   1   Yes   2   No  28d. Describe how Injury occurred   1   Yes   2   No  28d. Describe how Injury occurred   28d. Describe how Injury occurr	has ge 2	E											9	/	ord	eeth?	
27. Menner of Deeth   Month   Dey Year   28b. Dete of Injury   28c. Injury et Work?	cate												1 🗷	Yes 2 № No	10	Yes 2□ No	
27. Menner of Deeth   Month   Dey Year   28b. Dete of Injury   28c. Injury et Work?	clan			dical	Hearital.					100		of Deet	(Check only	one)			
Duilding, etc. (Specify)  City or Fown, Stere)  29e. Certifier  29e. Certifier  Check only  2 Medical Examiner: On the basis of exemination and/or investigation in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as steled.	this c	-			101					^	4LI NU					)	
Duilding, etc. (Specify)  City or Fown, Stere)  29e. Certifier  29e. Certifier  Check only  2 Medical Examiner: On the basis of exemination and/or investigation in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as steled.	ther i	on:		nding	28e. Dete	of Injury th, Dey Yea			2	Bc. Injur Wor	y et k?		28d. Describe	how Injury occur	rred		
Duilding, etc. (Specify)  City or Fown, Stere)  29e. Certifier  Check only  Ch	endi eath. or: A	ati	2 Accident	estigation					М	1 🗆	Yes 2 1	No					
29e. Certifier  (Check only (Check only 2) Medical Examiner: On the basis of exemination and/or investigation in my onlying death occurred at the time, determined the time, dete	rect rect	=	do		289. PI909	of Injury -	At home, fai	m, stre	et, fectory	, office			28f. Location (	Street end Numi	ber or Rural	Routa Number,	
29e. Certifier (Check only one)  29e. Licensa number (29e. Date signed (Month, Day, Year)  29e. Certifier (Check only one)  29e. Licensa number (29e. Date signed (Month, Day, Year)  29e. Certifier (Check only one)  29e. Certifier (	a safe	S					,,							, , , , , ,			
29b. Signature and title of cartified  29c. Licensa number  29d. Date signed (Month, Day, Year)  4/16/98  30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)  31. Dete filed (Month, Dey, Year)  32. Registrer's Signeture  ADD 1 7 1000	Mospi 24 hours Funer detely fil	dicai	Check only 2 Med	fying Phy cal Exam	iner: On the ba	asis of exen	ninetion and	/or Invi	estimetion	in my o	ninion deet	h occurr	ed at the time	date and place	and due to	the course(c)	
State  State  Seekeley 8 mb  D23322  4/16/98  30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)  S-S-SHEADEN M.D. 1/8 North 87 Suit-3/3 Elb 7 mD 2/92/  State  31. Dete filed (Month, Dey, Year)  ADD 1 7 1000  ADD 1 7 1000	vithir omp		29b. Signature and title of car	tifier					29c	Licens	a number			29d. Date signe	ed (Month, E	Day, Year)	
30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)  State  31. Dete filed (Month, Dey, Year)  ADD 1 7 1000  32. Registrer's Signeture	->-0		1	10	1.000	, 8	mis			1	233	2-2	_	4/	clad	2	
State  30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  1 - S - SHEADEN M.D.   18 North 87 Suit - 38 Elle 7 mD 21921  State  31. Dete filed (Month, Dey, Year)  ADD 1 7 1000  32. Registrer's Signeture	NIA	}	20 Name and add	vece	usce	10	11.00	_		U	-//			7//	0140		
State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture	1/1/		O Co	son who d	completed caus	e of deeth	(Item 23a) (	Type, F	rint)	20	4-2	n	8017	nin	210		
State State  ADD 1 7 1000  ADD 2 7 1000			21 Date filed (45-45 Day )	77)	N III	.0.	//3	140	vay 8,	े के	uk 8	D	URU	7 110	442	/	
			31. Dete med (Month, Dey, Yo		000 32. R	egistrer's S	igneture										



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedent's Nama (First, Middla, Last) 2. Data of Daath Day **Physician** HTTIG WIGNALL APRIL 15, 1998 1908 PM /Medical 4a. Facility Nama (If not Institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE FREDERICK CALVERT CALVERT MEMORIAL HOSPITAL 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Days 1 M 200F JAN. 16,1918 MASSACHUSETTS Yrs. Director 80 579-14-2739 with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic evant, the Medical Examiner naunt be notified at CHARLOTTE HALL MARYLAND ST. MARY'S 1 ☐ Yes 2 ☑ No **Funeral Director** 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? ò 20622 15055 OAKS ROAD Herns 23a U. S. A. 11. Marital Status 12. Was Dacadant Evar in U.S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, White, atc. permit. Peges 1 end 2 should be filed within 72 hours after c Department of Health end Mental Hygiene. Important: If item 27 is merked other than "natural", or then any injury or other traumetic evant. 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Datas: 1 Navar Marriad 2 Married Maryland 21215-0020 1 Yas 2 No Specify: Specify: WHITE þ 3 □ Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elementery/Secondery (0-12) College (1-4or 5+) SALESPERSON / WAITRESS RETAIL 12 17. Father's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Meiden Sumema) Be HELEN E. WRIGHT 2 LOUIS W. RUSSELL 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stete, Zip Coda) 162 CHURCH DRIVE VASS, NORTH CAROLINA 28394 WILLIAM S. WIGNALL/SON Baltimore, 20b. Piaca of Disposition (Nema of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata APRIL 1 Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Spacify) 20,1998SUITLAND, MARYLAND CEDAR HILL CEMETERY 22. Nama and Addrass of Facility LEE FUNERAL HOME CALVERT, P.A. 21. Signature of Funeral Service I 8125 SOUTHERN MD BLVD. OWIN

Part1. Enter the disease, a complications the call ad the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on the fine. OWINGS, MARYLAND 20736 Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) **Examiner** Tred- Infection The law requires that the death certificate be executed Sequantially list conditions, if any, laeding to immediate cause. Entar Undarlying Ceusa (Disaase or Injury that initiated avants rasulting in daath) Last Box 68760. physician Physician/Medicai the Dua to (or as a consaquance of): P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? s been signed by t 2 should be detach 1 ☐ Yes 2 TNo 3 Probably 4 Unknown Division of Vital Records. Completed by 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy parformad? a hungym certificate or Attanding Physician: Be 25. Wes casa raferred to medical axaminar? 26. Placa of Deeth (Check only one) 1 Yas 2 No Inpatiant 2 ER/Outpetient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 this within 24 hours after death.

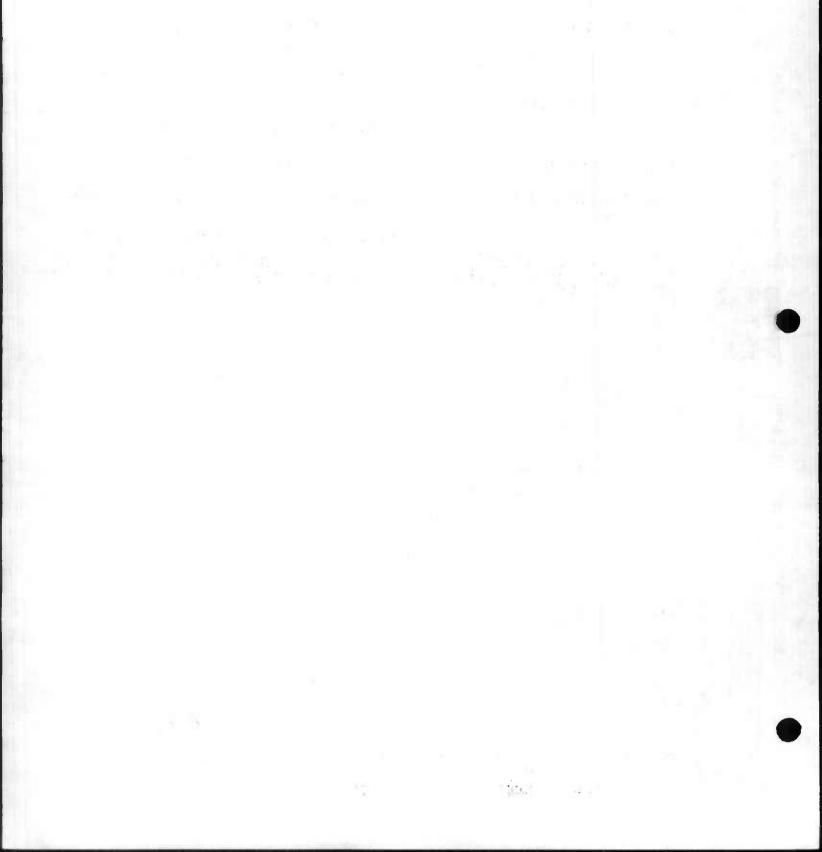
To the Funeral Director: After thi completely filled in by the funeral 27. Mannar of Daeth Certification: 28b. Tima of 28d. Dascribe how Injury occurred 5 Pending investigation 1 (Maturel 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicida 28e. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida Cartifying Physician: To the best of my knowledge, death occurred at the time, deta end place, end due to the cause(s) and menner es steted.

2 Madical Examinar: On the basis of axamination and/or invastigetion, in my opinion, death occurred at the time, deta and place, end due to the cause(s) and mannar stated. edicai 29a. Certifier (Check only 29b. Signature and title of certifier 29c. Licansa numbar 29d. Data signed (Month, Day, Year) 30. Name end addrass of person who completed cause of death (Itam 23a) (Type, Print) Dr. Mukesh N. Mathur, M.D. Prince Frederick, Maryland 31. Data filed (Month, Day, Yaar) 32. Registraris Signatura State

1998 Julia Stevelson Rardall

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

				and or many tarm	Ce	rtificate of	Death		Reg. No. 98	13593	
	Physic		1. Decedent's Nama (First, Middle, Last)  Nora. V. Win	dsor.				2. Data of De Month	ath Dey	Year 98 1.00 AM.	
	/Medi Exami		4a. Facility Nema (If not institution, give street Mc Cready Hospi	t and number)			4b. City, Town, or Lo	cation of Deat	4c. County		
	Funeral Director		5. Social Security Number 6. Sex 1 □ M	7. Aga (In vrs. la	Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Deta of Bir (Month, De	th by, Year) 1-19.19	9. Birthplace (Stata or Foreign Country) Maryland	
	lend w		Usual Rasidance of Decedant  10a. Steta 10b. County	10c. City	, Town or Lo	ocation				10d. Inside City Limits	
	h the Marylend r 28a-f show s notified at	ctor	Maryland Somerse	t	Ma	arion Sta	tion			1 ☐ Yes 2 🛣 No	
	23a or 28	Funeral Director	10e. Straat and Number 6589 Charles Can	non Road		10f. Zlp Code 21	838		10g. Citizan of W		
21215-0020	and ZIZIS-UUZU be filed within 72 hours efter death with the Marylend hal Hyglene. d other than "natural", or Hems 23a or 28e-f show event, the Medical Examinet must be notitled at		1 Never Merried 2 Married	Vas Decedant Evar in U,S trmed Forces? □ Yas 2 No i Yes, Give ⁄aar or Datas:	i i	Wes Dacedent of If Yas, specify Cub  1 ☐ Yas 2 No	tispenic Origin? (Spe an, Mexican, Puerto Specity:	ecify Yas or No Rican, etc.)	Specify:	- Amarican Indian, c, Whita, etc. White	
15-0	72 h	Completed	15. Decedant's Educatio (Specify only highast grade cor	n npleted)	16a. Dece (Giva	dant's Usual Occup	oation during most of worki d)	ing	16b. Kind of Bu	sinass/Industry	
12	within than	dmc	Elementery/Secondary (0-12)	Collega (1-4or 5+)		DO NOT usa retire	d)		Frozen	Foods	
br	2 should be filed within and Mental Hygiene. Is marked other than reumatic event, the Mental the Men	Be Co	17. Fether's Name (First, Middla, Last)				18. Mothar's Name	(First, Middla	Meidan Sumam	a)	
Na	Menta Menta arked	To E	Henry Elliott				Juli	la Mess	ick		
Maryland	2 a m		19e. Informant's Name/Ralationship (Type, I	· ·			and Number or Rure				
	is 1 and 2 should of Health and Mer Nem 27 Is marke other treumatic		Gayle L. Tyler (daug) 20a. Mathod of Disposition	20b. Pla	ace of Dispo	osition (Nama of	T	Deta Deta		ation, MD 21838	
Baltimore,	t. Pege tment o tant: If		1  Burial 2 □ Cramation 3 □ Ramo 4 □ Donetion 5 □ Othar (Specify)	Cel from Ctota	Paul	metory or other pla s Cemeto	ery 4/	14/98	Marion	Station, MD	
Bal	Depermine Depermine Important Irraportant		21. Signature of Funaral Sarvice Licensee Robert H. Bradsh	aw hum	22		ss of Fecility & Sons F Main St			21817	
	Physician /Medical Examiner	ı	23a. Part1. Entar tha diseasa, or complication shock, or haart failure. List only one call immediate Causa (Final disease or condition resulting in death)	A	S C V	0	ig, such es cardiac c	or raspirstory's	rrest,	Approximate intarval Batween Onset and Desth	
Box 68760,	certificete be executed nding physician end use es the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, laading to Immadiata cause. Enter Undartying Causa (Disaasa or Injury that initiated events resulting in death) Last								
	death cert ie ettendin ed for use	Physician/M	Part II. Other significant conditions contribu	ting to death but not resul	iting in tha u	ındariying ceuse gir	van in Part I.	23b. <b>Di</b> d	tobseco use con	tribute to the cause of death?	
s, P.O.	requires that the death cer seen signed by the ettendir hould be deteched for use	by Phy	Seizenes CVA					1 🗆	☐ Yes 2 No 3 Probably 4 Unknow		
Records,	\$ S S	Completed	CUA					24a. Was perfo	an autopsy rmad?	24b. Wara autopsy findings available prior to completion of cause of daeth?	
<u>~</u>	Pa age	Con						10	Yas 2X No	1 Yas 2 No	
Vital	Physician: The ratio contificate and director, pag	o Be	25. Was cesa rafarrad to medical axaminar?  1 ☐ Yas 2 No Hospi	tel: 1 Unpatiant 2 E	R/Outpatie	nt 3 DOA Oth	26. Plece of Deeth				
Division of	ath. r: Atte	Certification: To	27. Mannar of Death 12 Naturel 5 Panding investigation 3 Sulcida 6 Could not be determined	28d. Describe	sidance 6 Othar (Specify) e how Injury occurred  (Street end Number or Rural Route Number, own, Steta)						
7	To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi	edical Ce	(Check only 2 Medical Examiner:	n: To the best of my know On tha basis of axamination	rledge, deetl on and/or in	h occurred et the til vastigation, in my o	me, dete end plece, oppnion, death occurr	end due to the ed at the time,	ceuse(s) end mei dete and place, a	nner es steted. nd dua to tha cause(s)	
	ro the vithin fo the comple	Me	29b. Signatura and titla of certifier	mainiai otatau.		29c. Licens	se number		29d. Date signed	(Month, Day, Year)	
	, ,, ,, ,		MUL	1.		D	48098		A	11/98.	
,			30. Nama end sddrass of parson who comple Vijay Karumbunath	an, M.D 2	01 Ha	ll Highwa	ay - Crisf	ield,	MD 2181	7	
	Sta Registi		31. Date filed (Month, Day, Yaar) APR 1 4 · 19	32. Ragiotrar's Signatu	char R	roball					

SHOW MORNEY RELIGION WOLL

선생님들 보다 있는 생님 것으로 되었다. 그 교육하다면 되었다.

marker of the state

Briller CE N.

way to notice - been framed sendent with laying L. Tylor (daughter)

District Courses of the Revenue variety of

The state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Tima of Death 2. Data of Death **Physician** Jacob Mark Adams 10:50 A.M. 4b. City, Town, or Location of Daath 23 1998 /Medical 4a Facility Nema (If not institution, give street and number) 4c. County of Death Examiner Prince George's 12642 Heming Lane Bowie If Undar 1 Yaer If Under 24 Hrs. Birthplaca (Stata or Foraign Country) 5. Social Sacurity Number 7. Aga (In vrs. last birthday) 8. Date of Birth (Month, Day, Yaar) **Funeral** Months Days Hours Min. XXM 2 F Yrs. 178 20 0450 Director 70 July 31,1927 Pennsylvania Usuel Rasidanca of Decedant 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f ahow No Yes 2□ No Directo Prince George's Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? "natural", or items 23a or edical Examiner roust be 12642 Heming Lane 20716 permit. Pages 1 end 2 should be filed within 72 hours after death 1 Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s any injury or other traumatic event. United States Funeral 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian Bleck, White, etc. trayas 2 No Ir Yes, Giva Year or Datas: 45–46 1 ☐ Nevar Married 🏋 Married 1 Yas 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) United States Elementery/Secondery (0-12) Collega (1-4or 5+) Navy Bureau of Ships Chemical Engineer 18 Mother's Nama (First Middle Maiden Sumama) 17. Fathar's Neme (First, Middla, Last) Jacob H. Adams Victoria Gabrish 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Typa, Pnnt) 200. Placa of Disposition (Name of cometery, cramatory or other placa) April 24 1998 Carmelia L. Adams Wife 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) Northern Virginia Crematory Arlington Virginia 22. Nama and Addrass of Facility 21. Signatura of Funaral Sarvica Licansaa Robert E. Evans Funeral Home, Inc. 23a. Pant. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest,

Appropriate the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest,

Appropriate the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest,

Appropriate the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, Approximate Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final cardiomyo diseese or condition resulting in death) Examiner Examiner COVONAVY physicien end s the burial-trans Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaase or Injury that Initiated avants rasulting in daath) Last Dua to for as a consequence of): arteriosclerosi Physician/Medical 98 use signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Profile Onknown þ 24b. Were autopsy findings available prior to complation of cause of death? Atrial Fibrillation, Diabetes 24e. Wes an autopsy performed? Completed Mellitus Renal insofticiency, Decubitus Ulcer 10 Yas 2 TNO
25. Was casa rafarred to medical axaminar?
26. Place of Death Charles 1 □ Yas 2 □ No funeral director, Be Othar: 4 Nursing Homa 5 P Rasidanca 8 Other (Specify) Hospital: 2E No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yas 28a. Data of Injury (Month, Day Yaar) 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: 1 Naturel 5 Pending 1 Yes 2 No investigation 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, ferm, street, factory, offica building, etc. (Specify) 4 Homlcida filled in

1🗂 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, deta and place, end due to the causa(s) and manner as statad.

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated.

29c. Licansa numbar

BRUCE GOPE

29d. Data signed (Month, Day, Year)

the death certificate be executed Division of Vital Records, P.O. Box 68760, Attending Physician: ò Hospital

After this

efter deetl

24 hours

with the Merylend

Baltimore, Maryland 21215-0020

within 24 hor To the Fune completely fi

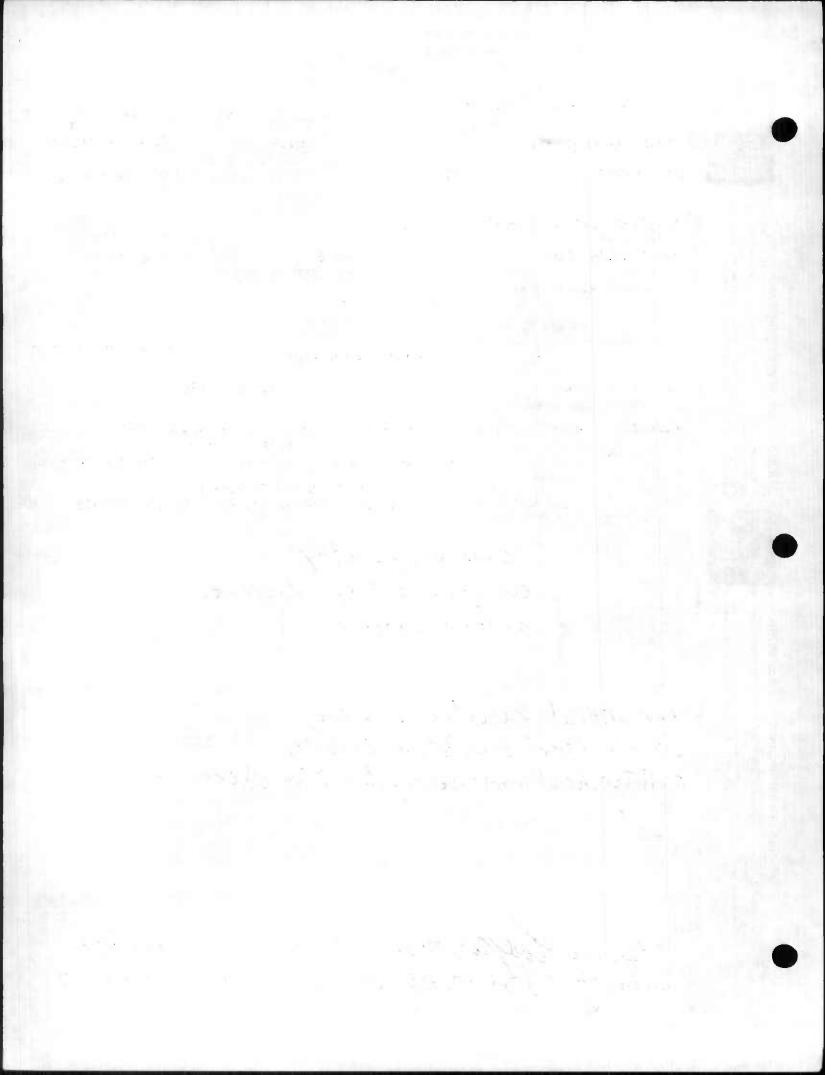
State

edical

29a. Certifier

(Check only one)

29b. Signatura and titla of certifian



#### Piease Type or Print in Biack indelibie Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** 4 Monchella Yvette Brown 30 1998 8:35A.M /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Death Examiner University Of Maryland Hospital Baltimore Baltimore City If Under 1 Year 8. Date of Birth (Month, Day, Year) 6-23-1960 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. Birthplace (State or Foreign Country) 6. Sex **Funeral** Min 1□M 2♥F Months Days Hours 215-748-087 37 Virginia Director Usual Residence of Decedent 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner man be recitied at XXYes 2 No Directo Md. N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21218 USA Apt. G-2 822 Belgian Ave. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Rece - American Indian Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) (Hotel) Elementery/Secondary (0-12) College (1-4or 5+) Lord Baltimore Housekeeper 12 th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Margaret Cobbs William C. Brown 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 3454 Vargas Circle Balto., Md. 21244 Margaret Jackson (Mother) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Voschells Mem. Cemetery 5-4-98 Dundalk, Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Caple Funeral Services 21. Signature of Funeral Service Licensee 5502 Winner Ave. Balto., Md. 21215 enno 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death Physician /Medical Immediate Ceuse (Final disease or condition resulting in deeth) a Pneumonia with ARDS Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as e consequenca of): 88 use 0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the a signed by 1 Yss 2 No 3 Probably 4 Unknown HiV, Renal Failure, Pancreatitis, Hepatitis, ð 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Coagulopathy page 2 s certificate has 1 Yes X No 1 Yes 2 No funeral director. Be 25. Was cese referred to medicel 26. Plece of Death (Check only one) Hospital: X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 this 27. Menner of Death 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) end manner steted. 29a. Certifier (Check only one)

of Vital Records, P.O. Box 68760, Hospital or Attending Physician: Division 24 hours after death Funeral Director: A within 2 \$

certificata be axec

the Maryland

Baltimore, Maryland 21215-0020

Medical 29b. Signeture and title of cartifier

29c. License number

29d. Dete signed (Month, Day, Year)

P10280

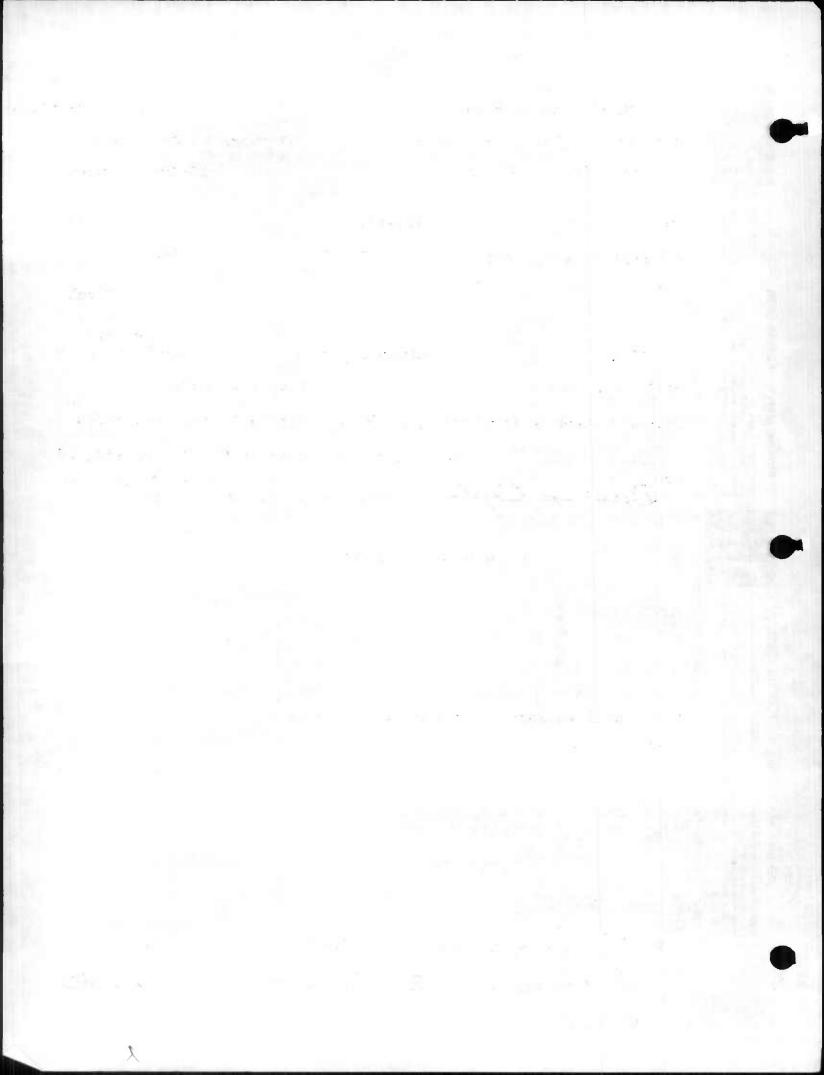
4-30-98

es of person who completed cause of death (Item 23a) (Type, Print) 30. Neme and all 23

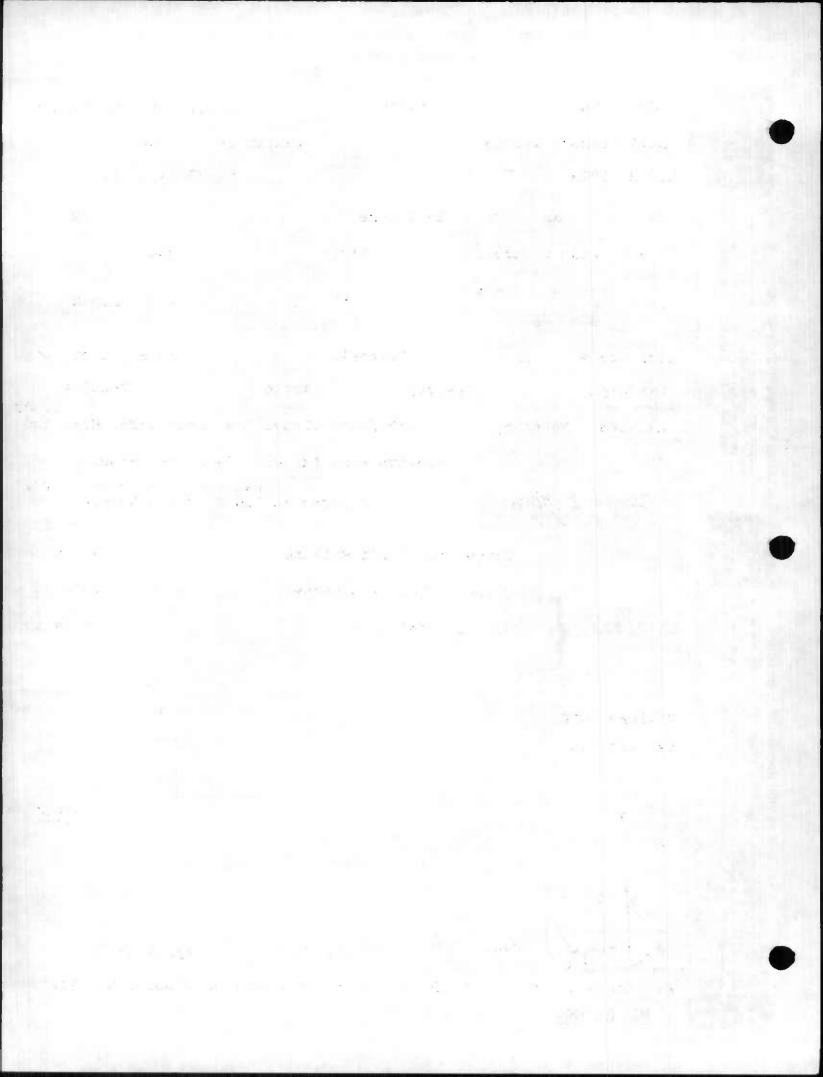
S. Greene St Uni of MaryLAND

State Registrar 31. Date filed (Month, Day, Year)

32. Registrar's Signature Mia Davidson



State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** Catherine Brice 26, 98 8:16am April /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Fecility Name (If not institution, give street and number) Examiner 3929 Rexmere Avenue Baltimore if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** Days 1 M 2 F 73 Yrs. 08-23-24 Director 220-24-3228 VA Usual Residence of Decedent the Manyland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "naturel", or items 23s or 28s-f show other treumstic event, the Madical Examination must be notified at MD NA Baltimore XX Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? with 21213 USA 2212 E. Biddle Street Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian Black, White, etc. filed within 72 hours efter 1 Yes 27 No If Yes, Give Year or Dates; 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes % No Specify: Specify: Black à 3 K Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) in & out of home 10th Grade Domestic 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be permit. Peges 1 and 2 should be obtained to the peartment of Health and Mental Important: If item 27 is marked of Bentley Katie Randolph Gregory 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21202 19a. fnformant's Name/Relationship (Type, Print) 3533 White Chapel Road Baltimore, Maryland Kathleen Hathaway 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) injury or Arbutus Mem. Pk. Cem. 04-30-98 Arbutus, Md. 21. Signature of Funerel Servica Licanse 22. Name and Address of Fecility any ir Baltimore, Maryland 21202 Bemard Thison WM.C.MArch FH 110 E. North Avenue 23a. Part1. Enter the disease, or or inplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Congestive Heart Failure months Examiner Due to (or as a consequence of): Examiner Coronary Artery Disease 10 months deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last ettending physician and for use as the bunal-tren Due to (or as a consequence of) P.O. Box 68760 10 months Diabetes Mellitus Physician/Medical Due to (or as a consequence of): 88 signed by the e 23b. Did tobecco use contribute to the cause of death? Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 3 Probably 4 Unknown 1 Yes 2 No Failure to Thive Records, 5 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed Dehydration pege 2 certificate hes 1 Yes 2X No 1 ☐ Yes 2 X No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Daughter 1 ☐ Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this Home uneral 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? Attending 1 Netural
2 Accident 5 Pending investigation efter death. 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 T HomicIde 8 Hospital 24 hours 29e. Certities 1 💢 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the ceuse(s) end menner as stated Medical completely 2 Madical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and manner stated. (Check o within 2. \$ 29b. Signatur 29c. License number 29d. Date signed (Month, Day, Year) MA April 27, 1998 Res-001 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) MD Tonya L. 601 N. Caroline Street Baltimore, Md. 21287 Adams, 31. Date filed (Month, Dey, Year) Registrar's Signature State Davidson Randall MAY 01 1998 Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth April 30. 1998 2:40 A. M. Mary Bernadette Button 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street end number) Good Samaritan Hospital Baltimore 8. Date of Birth (Month, Day, Year) 1960 Maryland If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 6. Sex Months 1□ M 200 F Deys Hours 218-80-1536 38 Yrs. Usual Residence of Decedent 10d. Inside City Limits 10e State 10b. County 10c. City, Town or Location 1X Yes 2 □ No Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5612 Belle Vista Avenue 21206 U. S. A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes: 14. Race - American Indian, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 ☐ Never Married 2 🕱 Merrled 1 Yes 2 No Specify Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 12th Grade Office Manager Transportation 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Mary Ames Jack Ames 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Stephen A. Button (Husband) 5612 Belle Vista Avenue, Baltimore, Maryland 21206 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removai from State Gardens of Faith 5/4/98 Baltimore. Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Schimunek Funeral Home Inc. 21. Signeture of Funeral Service Licensee llem Buran a. We 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. Approximete Intervel Between Onset and Death Immediete Ceuse (Final disease or condition resulting in deeth) Due to (or es e consequence of): 0 Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 Probably 4 Unknown 1 Yes 2 No 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy 1 Yes 20 No 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Impatient 2 ER/Outpatient 3 DOA

**Physician** /Medical **Examiner** 

**Physician** 

Examiner

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinet must be notified at

other

Injury or

any

permit. Pages 1 and 2 should be filed within 72 hours aftar death Depertment of Heelth and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Items 23.

Maryland 21215-0020

Baltimore,

the Marylend

with 1

/Medical

Directo

Funeral

p

Completed

physician end the burief-transit 98 950 page 2 director,

hes

Physician/Medical Completed by Be To Certification:

Medical

29b. Signature

Examiner

Division of Vital Records, P.O. Box 68760 signed by the a certificata Hospital or Attending Physician: this funeral After after deeth.

> State Registrar

25. Wes case referred to medical 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 1 Maturel 2 Accident 5 Pending 2 No investigetion 6 Could not be determined 3 Suicide Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyatctan: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es stated. 29a. Certifier (Check only one)

2 Medical Examiner: On the basis of examinetion end/or Investigation, In my opinion, deeth occurred et the time, date end ptece, end due to the ceuse(s) end menner stated.

29c. License number

29d. Dete signed (Month, Dey, Year)

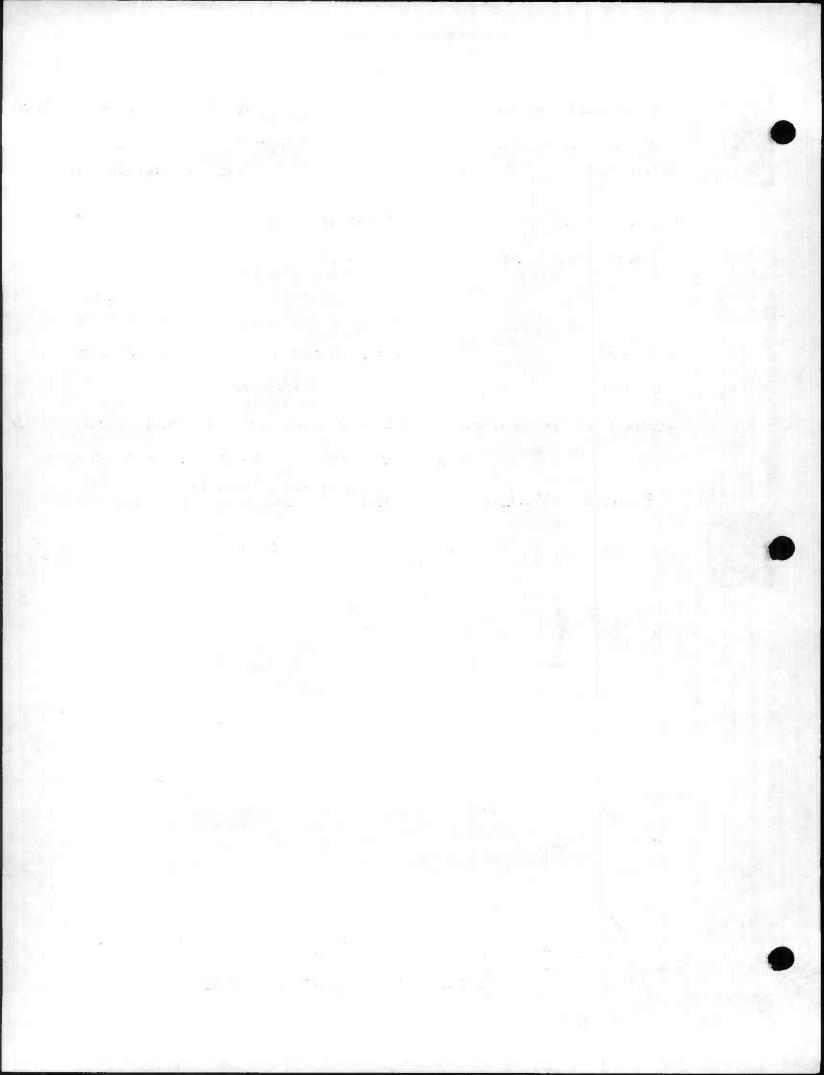
mpteted cause of deeth (Item 23e) (Type, Print) eddress of person who Loch Raver

31. Dete fited (Month, Day, Yeer) MAY 0 1 1998

32. Registrer's Signeture Mr Davidson Randoll

24 hours a

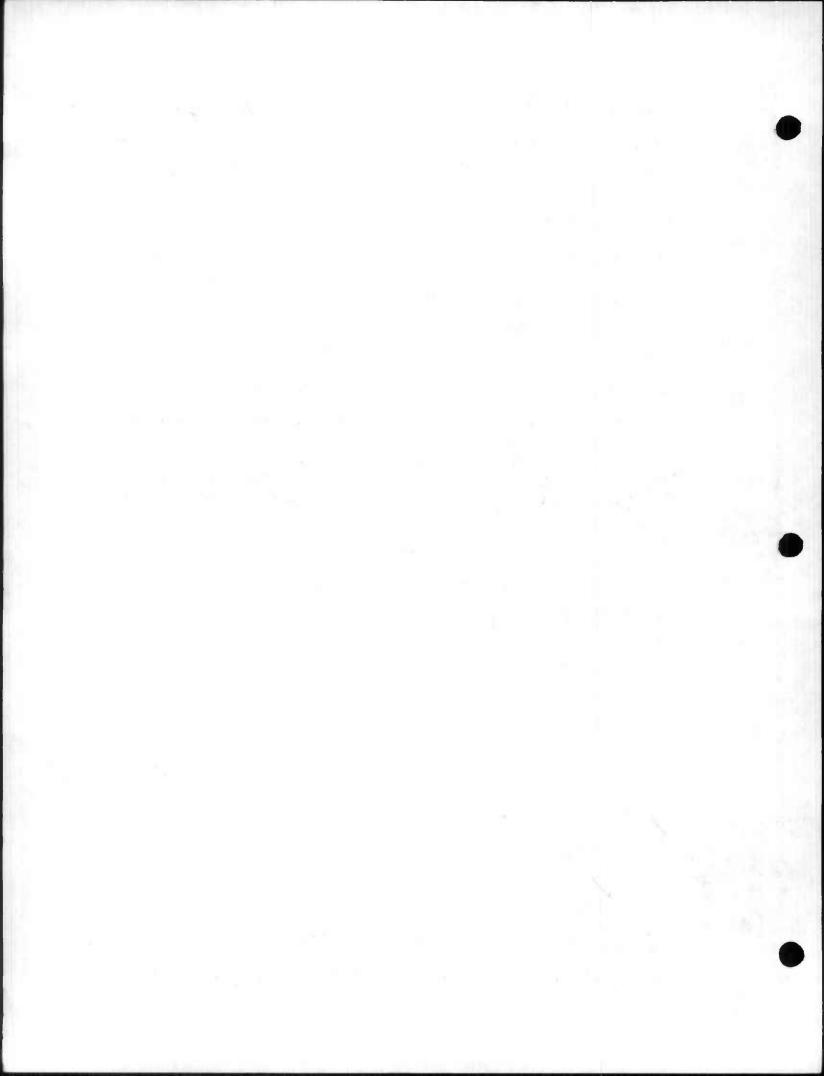
To the within 2



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth aniel **Physician** : 25 AM /Medical 4e. Facility Neme (If not institution, giva street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Liberty medical center Baltimore if Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Birthplece (Stete or Foreign Country) **Funeral** Deys 1**X** M 2□ F Hours 71 Yes 217-26-8337 Director 03-01-1927 Va. Usuel Residence of Decedent the Merylend 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 23a-f shov traumatic event, the Medical Examinar mast be notified at 1 Nas 2 No Director Baltimore 10e. Streat end Number 10f. Zip Code 10g. Citizen of Whet Country? with USA 21208 7404 Ricksway Rd. nit. Pages 1 and 2 should be filed within 72 hours efter death eftenent of Heelth and Mentel Hygiene. Ortant: If ferm 27 is marked other than "natural", or ferms 23 injury or other traumatic avent, the Medical Experiment Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 13. Wes Dacadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 11. Maritel Stetus 14. Race - Amarican Indien, Bleck. White, etc. 117 Yas 2 8/16/51 It res, Give Year or Dates: 3/6/56 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Black by 3 ☐ Widowed 4 ※ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6th Home improvement Construction 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pearl Wilson Willie Byrd 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 7404 Ricksway Rd. Baltimore, Md. 21208 Macoy Eames (nephew) 20a. Method of Disposition
1 ☑ Burial 2 ☐ Crametion 3 ☐ RemovaLfrom Stete 20b. Place of Disposition (Nema of cematery, cremetory or other plece) 20c. Location - City or Town, Stete Depertment of important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest VA Cem. 05/05/98 Owings Mills, Md. 21. Separature of Funeral Service Licenses 22. Name and Address of Facility The Derrick C. Jones F.H. 4611 Park Heights Ave. Baltimore, Md. 21215 23a. Part1. Enter the disease, or complications that course the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on such line. Approximete intervel Between Onsat and Deeth **Physician** /Medical Immadiate Ceuse (Finei disease or condition resulting In deeth) Examiner Examiner or Attending Physician: The law requires that the deeth certificete be executed Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest physician of the buriel nutrit 100 Box 68760. Physician/Medical Due to (or es e consequence of) deteched for u Pert ii. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to complation of causa of deeth? Completed 24e. Wes an autopsy peen octor: After this certificate has 2 No 1 Yes 1 TYas 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: 21 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 1 Dinpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled, in by 4 Homicide edicai 1 Certifying Phyaician: To the best of my knowledge, death occurred et the time, dete and place, and due to the ceusa(s) and menner es steted. 29e. Certifier 2 Medical Exeminer: On the besis of examinetion end/or Investigation, In my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. D41365 29d. Dete signed (Month, Dey, Yeer) le M 2600 Liberty Heights Ale Wicks TU

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day 1998 **Physician** 28 Evelyn April 5:40 A.M. /Medical 4a Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Heartland Health Care Center Prince George's Adelphi If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. Oct. 23 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 10 M 20 F Yrs. Pennsylvania 578 12 6537 87 1910 Usuel Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1□Yes 2□No Director Maryland Prince George's 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12511 Kembridge Drive 20715 United States Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2720No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 XNo Specify: Specify: White þ % Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Howard Leber Maggie May Ball 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 12511 Kembridge Drive Bowie Maryland 20715 Paige Bridges Son 20b. Place of Disposition (Name of cemetery, crematory or other place) May 1, 1998 20a. Method of Disposition 20c. Location - City or Town, State x⊠ Burial 2 ☐ Cremation 3 ☐ Removal from State Fort Lincoln Cemetery Brentwood Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury Due to (or es a consequence of) Physician/Medicai that initiated events resulting in deeth) Lest Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the ceues of death? 1 Yee 2 No 3 Probably 4 Unknown P 24b. Were autopsy findings evailable prior to Completed 24e. Wes an eutopsy performed? completion of cause of death? 1 ☐ Yes 2 ☑ No 1 Yes 2 No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 70 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) end menner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and Itie of certific 29c. License number

Division of Vital Records, his Attending after death.

Oirector: All Within 24 hours at To the Euperal D

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examinar must be notified at

permit. Peges 1 end 2 should be filed within 72 hours after or Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iter any injury or other traumetic event, the Medical Exercise.

**Physician** /Medical

Examiner

physician end the burial-tren

80 use

signed t

certificete uneral director.

requires that the death certificate be executed

P.O. Box 68760

Maryland 21215-0020

altimore,

with the Maryland

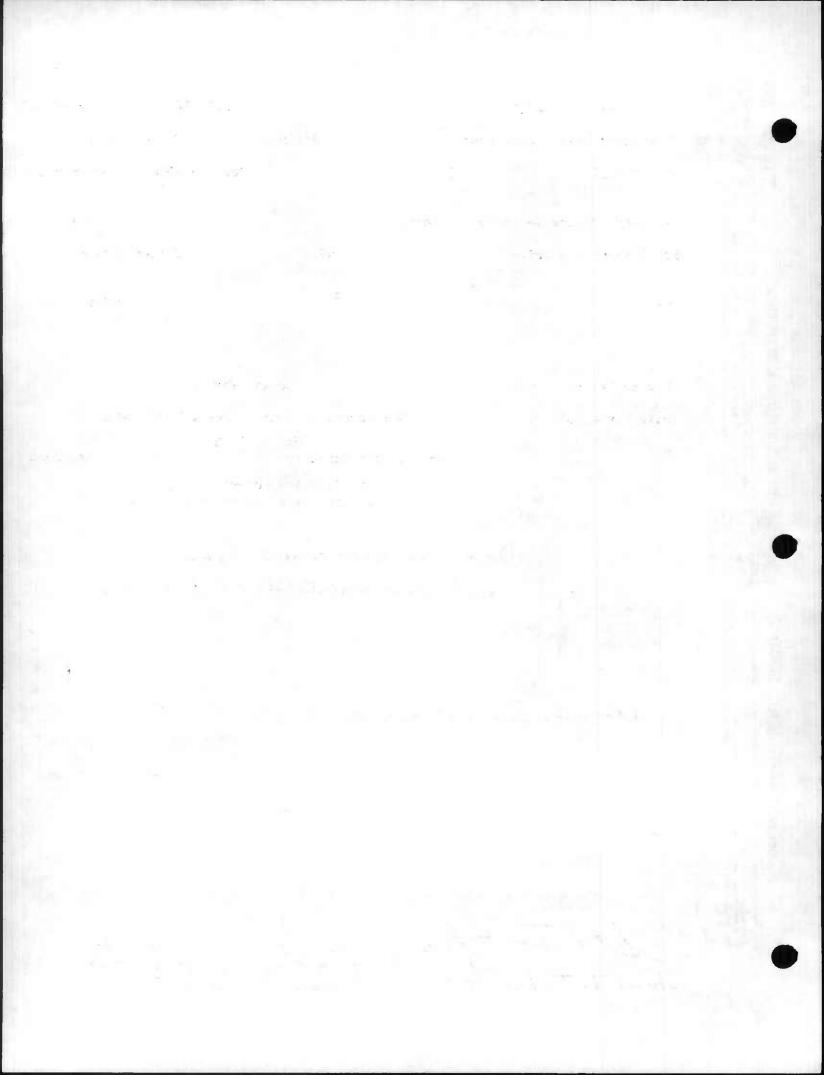
death

State Registrar 30. Name end eddress of person who completed cause of meth (Item 23e) (Type, Print) 3500 Green vray Catr. Dr. #430 Stuart T. Turkenits M.D. Greenbelt, MD 20770

32. Registrar's Signature
Funda Davidson-Randalla

D31001

29d. Date signed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Death 1. Decedent's Nama (First, Middla, Last Month Dev **Physician** CRLOCK KINITA IOAN April 26,1998 1:44 a.m. /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Neme (If not institution, giva street and number) Examiner Laurel Regional Hospital Laurel Prince George If Under 1 Yaar 6. Sax If Undar 24 Hrs Birthplece (State or Foreign Country) 5 Social Security Number 8. Dete of Birth (Month, Dev. Year) 7. Aga (In yrs. last birthday) **Funeral** Days 1∏M 2ÑF Months Hours Min 60 Yrs Mar. 21,1938 474-40-0686 Minnesota Director Usuel Residence of Deceden the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r is marked other than "natural", or items 23s or 28s-f show traumatic event, the Web cal Examinating the notified as 1X Yas 2 No Director MD Prince George Bowie 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? With 2617 Kinderbrook Lane 20715-2813 USA Funeral 72 hours efter death 12. Was Decedent Ever in U,S. Armed Forcas?

1 ☐ Yes 27 No It Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yas or No-It Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian 11. Meritel Status Bleck, White, etc. 1 Never Married 2 Married 1 Yas 2 No Maryland 21215-0020 send Mental Hygiena. Is marked other than "natural", or Specify Specify: White p 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade complated) filed within 7 Hygiena. College (1-4or 5+) Elementary/Secondary (0-12) 12 Arts Teacher Education 18. Mothar's Name (First, Middle, Maiden Surname) 17. Fathar's Neme (First, Middle, Last) should be Glen Whitcomb Evelyn Hoelscher 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) permit. Pages 1 end 2 sh Department of Health end Important: If Item 27 Is m eny injury or other traum page. Clarence Blalock/Husband 2617 Kinderbrook Lane, Bowie, Maryland 20715 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Buriel 2 Cramation 3 Removel from State Other (Specify) 4 Donetion Baltimore Washington Cr. 4/28 Laurel, Maryland 22. Name end Address of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 the mode of dying, such as cardiac or respiratory arrest. Approximate Approximate Interval Between Onset and Death replications that caused the death. Do not enter the mode of dying, such as cardiac one cause on each line. shock, or heart teilure **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical morras Examiner Due to (or as a Examiner nosno 85 The law requires that the death certificate be executed attanding physician end for use as the bunal-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or as a consequence Box 68760. Physician/Medical Due to (or as a consequence of) 88 23b. Did tobacco use contribute to the cause of death? Part II. Other significent conditions contributing to deeth but not resulting in the undarlying cause given in Pert I. Division of Vital Records, P.O. the detached signed by t 1 Yes 2 No 3 Probably 4 Onknown þ 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24a. Wes an autopsy should Completed peen s has page 2 1 Yes 2 No 1 T Yes 2 700 certificate : After this certifica e funeral director, p Attending Physician: Be 25. Was case referred to medical 26. Plece of Death (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25 No To 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury et Work? 1 Naturel Injury 5 Pending 1 Yes 2 No deeth. Invastigation 2 Accident rector: A 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 P P 4 \( \text{Homicide} \) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 29a. Certifier Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) end menner stated. (Check only one) 29d. Date signed (Month, Dav. Year) 29b. Signature a 29c. License number

28

BOWIE

103

#

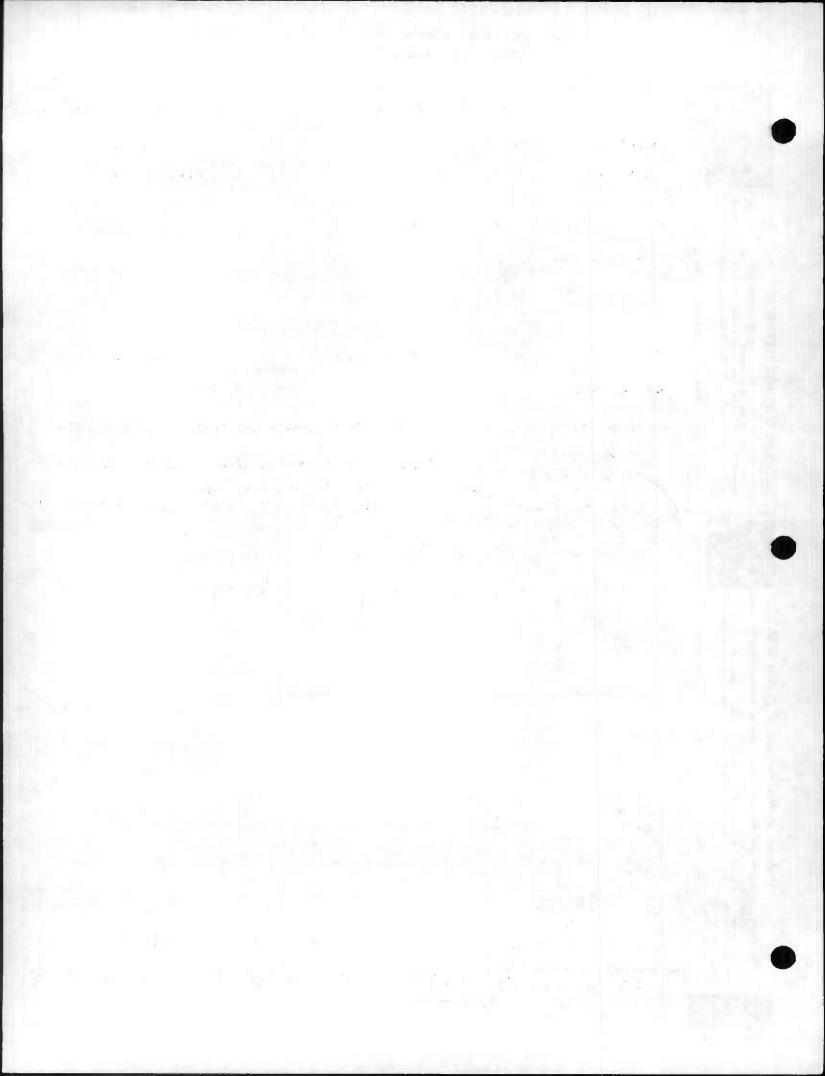
HOAD

State

**DHMH 16 Rev 6/95** 

Registrar

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)



#### Type or Print in Black Indelible ink Assure All Conies Are Legible Pleas

			/ Department of Health and	•	niene	0001
			Certificate of Death	F	Reg. No. 90	3601
, Last)				2. Date of Dea		3. Time of D
L.	Bell	Sr.		APRIL	27, 1998	1500

THOMAS BELL SR.

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental Hygiene. Raltimore, Maryland 21215-0020

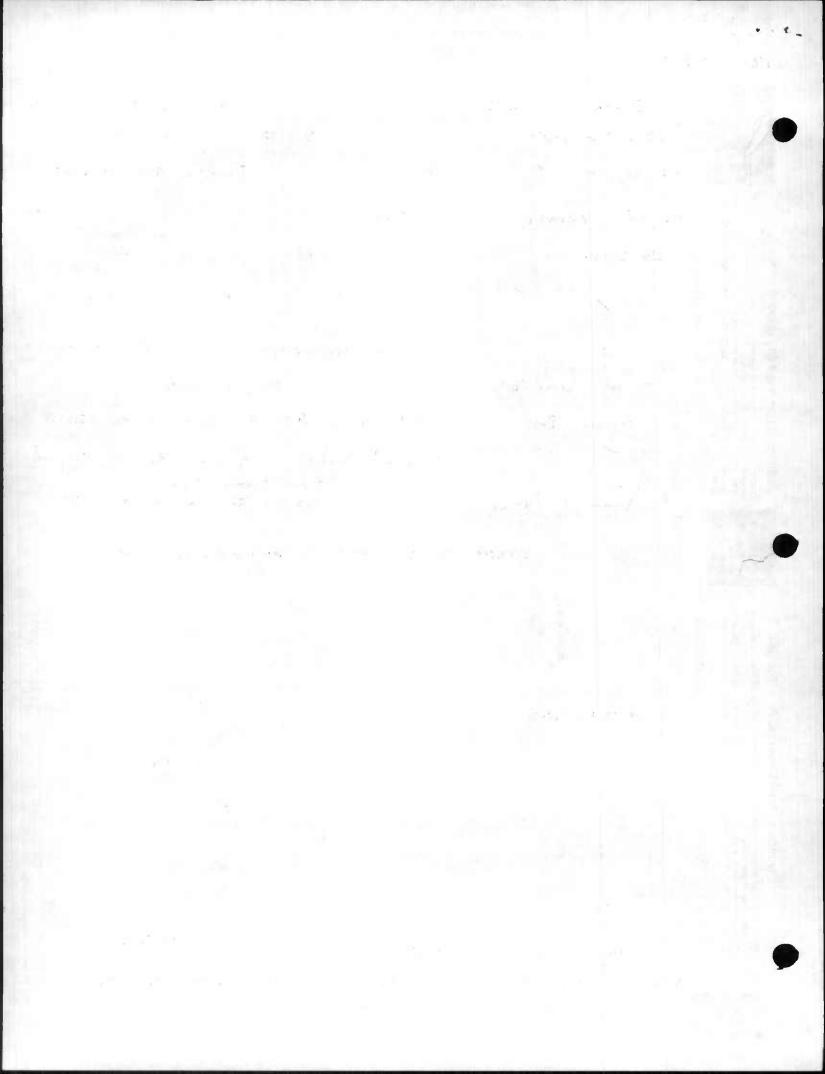
Phy: /M: Exa

To the Hospital or Attending Physician: The law requires that the death certificate be axecuted within 24 hours effer death.

Division of Vital Records, P.O. Box 68760,

	1. Decedent's Name (First, Middle, Last Thomas	Bel	1 Sr.	001	uncate	, 0,	Douth		2. Date of Dea Month APRIL	th Day 19	Yesr 98	3. Time of Death	
ŀ	4a Facility Name (If not institution, give 220 LINDEN AVEN	street end nu				Ī	4b. City, Town		cation of Deeth				
	220 48 1148	ex ØM 2□ F	7. Age (In yrs. I	last birthday) 50 Yrs.	If Under Months			Hrs. Min.	8. Date of Birth (Month, Day	23 1948		place (State or Foreigntry)	
5	Usual Residence of Decedent  10a. State  10b. County  Maryland  Baltim	Ore	10c. City	y, Town or Lo	cation					10d. Inside City Lim 1 ☐ Yes 2 ☑			
	10e. Street and Number 220 Linden Ave				10f. Zip		21286			10g. Citizen of	What Cou	intry?	
completed by runeral billector	11. Maritel Status  1 Never Married 2 Married 3 Widowed 4 Divorced	Armed F	2 No	1	Yes, speci	fy Cub	Hispanic Origin pan, Mexican, F Specify:	? (Spe	ecify Yes or No- Rican, etc.)		ck, White	can indian, , etc.	
Delega	15. Decedent's Ed (Specify only highest gre Elementary/Secondary (0-12) 12	1-4or 5+)	-	kind of worl DO NOT use	done retire	pation during most of		ing	16b. Kind of B		Equipment		
2000	17. Fether's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Melden Sumeme)  Mary E. Jones												
	19a. Informant's Name/Relationship (19a Patricia B	Type, Print)		19b. Mellin			e VAlley		Al Route Number. Cock	11	, Stete, Zi	p Code) 21030	
	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		Stete	lace of Dispo emetery, cren	netory or of	her pla	tery		Date April 29 1998	20c. Location		own, State Maryland	
	21. Signature of Funeral Servica Licen	see		22	. Name end	Addr			ret. Tin		MD.	21093	
Lyallille	Immediate Cause (Final disease or condition resulting in death)  Hypertensive Arteriosclerotic Cardiovascular Disease  Due to (or es a consequence of):  b.  Due to (or as a consequence of):  Due to (or as a consequence of):												
50000	cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):												
Ligardia	Part II. Other significent conditions of		b. Did tobacco use contributs to the cause of death										
completed by									INSPE	en autopsy med? CTION 'es 🏋	0	Vere sutopsy findings veileble prior to ompletion of cause f deeth?	
	25. Wes case referred to medical examiner?  XX Yes 2 □ No	Hospital:	Inpatient 2 🗆	ER/Outpatien	t 3 DO	_ OI	than		n (Check only o		her (Snec	ihv)	
	27. Menner of Death  1 XX aturel 5 Pending investigation  3 Sulcide 6 Could not be	of Injury oth, Day Year)	28b. Time of Injury	M 28	Bc. Inju	ury at ork? ] Yes 2 ☐ No	Nursing Home ★★ Residence 6 Other (Spec 28d. Describe how injury occurred 2 No						
	4 Homicide determined  29a. Certifier (Check only 2 Medical Exam	build	a of Injury - At ho ling, etc. (Specify best of my knowness of examinal	viedge death	occurred a	it the t	time dete and t	olaca	City or Tow	m, State)	enner as	stated.	
	29b. Signature end title of certifier  Atual	and mar	Laco	US A		Licen	nse number	Jocuit		29d. Date signe	ed (Month	, Dey, Year)	

32. Registrary's Signature Randolle

State Registrar 

State of Maryland / Department of Health and Mental Hygiene (1)

				Certifica	te of Death	Reg	. No.	13602	-
Physi	cian	Decedent's Name (First, Middle, Lest)	D.	1		2. Date of Deeth Month	Dey,	3. Time of D	
/Med	lical	Robert		ghan		04 -	19 19	198 2010	2
Exam	iner	4a. Facility Nama (If not institution, giva s	1 17	. Hos	A D.11.	Location of Death	4c. County o		
Francis		5. Sociel Security Number 8. Sex	7. Age (In frs. le	est birthdey) If Und	r 1 Year If Under 24 Hr	MOCC S. 8 Date of Birth		Himore	
Funera Directo			M 2□F 5	9 Yrs. Months			1939	9. Birthplece (State or F Country) Marylard	- Oreign
ylend		10e. Steta 10b. County	10c. City,	Town or Location				10d. Inside City	Limits
e Ma	cto	Maryland	Ba	Himore				1 X Yes 2	?□No
라 다 다 22	Funeral Director	10e. Street end Number	1	10f. Z	ip Code	10g	. Citizen of W	/het Country?	
eth w	ia i	3575 Wudly	AV.		1213		ales	4	
ter de	in.	11. Meritel Stetus  1 Naver Married 2 Married	Wes Decedent Ever in U,S Armad Forcas?	if Yes, sp	edent of Hispenic Origin? ( ecify Cuban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)		- American Indian, c, White, etc.	
1020  ours efter deeth with the Marylen sit, or items 23e or 28e-f show Examinet must be notitied at	by F	3 Widowed 4 Divorced	1 ☐ Yes 2 Ø No If Yas, Give Yaer or Detes;	1□ Yes	2 No Specify:		Specify:	White	
15-0020 72 hours effer deeth with the Maryland "natural", or flams 23a or 28a-f show officel Examiner insurt be incitled at	bet	15. Decedent's Educ	ation	16a. Decedent's Us	uel Occupation	16	b. Kind of Bu	siness/Industry	
4 C . S	Completed	(Specify only highast grede Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT	rork done during most of wo use retired)	60	20.00	andina	
		1468		TRUCK C	PIVER		Ransp	ortung	
2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Be	17. Father's Neme (First, Middle, Last)	10/10/10		18. Mothers Na	me (First, Middle, Me	den Sumeme	9)	
Marylan d2 should be th and Mentel 7 is marked o	To	19e. Informent's Nerte/Relationship (Tyc	GRUV	19h Mailing Addres	ss (Street end Number or F	Jure I Boute Number C	OV (	State Zin Code)	
E = 0 -		Sandon A PRIC	0	4219 HA	proceet Pd	Bothman	20 Ma	1 212111	
S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1		20e. Method of Disposition	0.00	eca of Disposition (Nametery, cremetory or	eme of	A Detey 18 200	c. Location - (	City or Town, Stete	
Baltimor		1 ☐ Buriel 2) ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	movel from State	on Warnt	Comateri	1998 B	2041mi	300 Mapida	and
Baltim pemit. Pag Department important: I		21. Signeture of Foneral Service License	0	22. Name 6	and Address of Fecility	vans Fun	exal (	nasel	CONTRACTOR.
m %2 = 2 ;	Si	OPISUR S	11dolls	2200	HADLADD P	1 Banton	nnon	4/ 21134	1
		23a. Pert1. Enter the diseasa, or complice shock, or heert failure. List only one	ations that caused the deeth.	Do not enter the mo	ode of dying, such es cardie	c or respiretory errest	LWK Y	Approximate Intervel Between	en en
Physician	_							Onsat end De	ath
/Medica Examine	_	Immediate Cause (Finel disease or condition resulting In death) a.	cereb	COVASCUL	ar acci	dents			
	ē		Due to (or	es e consequenca of	):				
uted	Examiner	Sequentially list canditions b.	Due to (or	es e consequence of	1.				
58760, icate be executed physician end s the buriel-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	200 10 (01 1	os o consequence or	<i>j</i> •				
68760, ficate be ex physician s the burie	lical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	Due to (or e	es e consequenca of	:				
£ 0.0	Physiclan/Medical	d.						1	
Box eeth cer ettendin I for use	lan	<b>-</b> u.							
P.O.	iysic	Part ff. Other significant conditions cont	0	ting In the underlying	cause given in Pert f.	23b. Dld toba		tribute to the causs of	death?
S that igned by be dete	by Pr	respiratory	tailure			1 Tes	2□ No	3Probably 4□ Un	nknown
Records, P.O The law requires that the steeper signed by the page 2 should be deteched.	Q D		•			24a. Wes en e		24b. Were eutopsy find	dings
cord w requir	Completed	Sepsis				performed	17	sveileble prior to completion of cau of deeth?	ısa
The law sete hes page 2	Eo	gastrointest	rinal ble	ed		1 ☐ Yes	2 No	1 □ Yes 2 No	0
	Be	25 Wes case referred to medical exeminer?	77-(1 27-)		26. Piece of De	eth (Check only one)			
of Vita Physician: this certific ral director,	10	1 Yes 2 No	ospital: 1 Inpatient 2□E	R/Outpetient 3 C	OA Other: 4 Nursing	Home 5 ☐ Residenc	e 6 Othe	r (Specify)	
Ing P	on:	27. Manner of Deeth  1 △ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. fnjury et Work?	28d. Describe how	injury occurre	bed	
VISION C Attending P or death. ector: After t by the funera	cat	Accidant investigation  3 Suicide 6 Could not be	00- 01	М	1 ☐ Yes 2 ☐ No	001 1		0 10 11 1	
C	Certification:	4 ☐ Homicide determined	28e. Pleca of Injury - At hom building, etc. (Specify)	ne, ferm, street, fecto	ry, offica	City or Town, S	tete)	er or Rurel Route Numbe	₽F,
DIVI To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai C	29a. Certifier (Check only one) Certifying Physi Msdical Examine	cian: To the best of my knowler: On the besis of exeminetic	ledge, death occurred on end/or Investigatio	d et the time, dete end plec n, in my opinion, death occ	e, end due to the ceus urred et the time, dete	e(s) end mer end piace, a	nner es steted. nd due to the ceuse(s)	
o the	Mec	29b. Signeture end title of carplier	end menner steted.	29	c. License number	29d.	Date signed	(Month, Day, Year)	
6 4 5 4		JAM/1	1 412		PPS-001	4	1/24	11998	
•		30. Name end eddless of person who co	pleted cause of death (Item :				1-11	7710	
		Heidi Major	A / /	OBY DO	pt. R	ayvicw	Ho	soital	
	tate	31. Dete filed (Month, Dey, Yeer)	32/ Registrar's Signetu	ire U/	,,,,	1			

and party of the second 

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** PRi 0 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner alls for If Under 24 Hrs. 3326 Hazelwood 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex Yrs. **Funeral** 1□M 2XF Months Days Hours Min. 8 154-34-3514 Usual Residence of Decedent May 26 tali Director with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other treumatic event, the Medical Examination and any longe. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 200 No Directo lister Magyland Hartord 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3326 Funeral 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Biack, White, etc. 1 ☐ Yes 2 ☑ No It Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 ☑ No Specify: by 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Clifton Board of Elementary/Secondary (0-12) College (1-4or 5+) 4 yrs Education 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Be UNKNOWN 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 3326 101 April 30 20a. Method of Disposition 20b. Piaca of Disposition (Name of cametery, crematory or other plece 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Bloom field 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Facility FUNERA 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying such es cardiec or shock, or heart failure. List only one cause on each line. Baltimore 2/234 **Physician** Weeks /Medical Immediate Cause (Final disease or condition resulting In death) eumonia Examiner Physician/Medical Examiner The law requires that the death certificate be executed ettending physicien and for use es the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence ot): Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be deteched ZE No 3 Probably 4 Unknown þ 24b. Were autopsy tindings evailable prior to completion of cause ot death? Completed 24a. Was an autopsy performed? his certificate has b 1 ☐ Yes 2K No 250 No 1 Ves or Attending Physician: 25. Was case reterred to medical examiner? Be 26. Piace of Death (Check only one) Other: 4 ☐ Nursing Home 5 € Residence 8 ☐ Other (Specify) 1 Yes 25 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 Yes 2 No Director: A investigation 2 Accident 6 Could not be determined within 24 hours efter dec To the Funeral Director completely filled in by th 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 29a. Certifier (Check only one) 🕵 Certifying Phyelcian: To the best ot my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner as stated. edicai

2 Medical Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and placa, end due to the ceuse(s) and manner stated.

23a) (Type, Print)

32. Registrar's Signature

ulia Davidson

29c. License number

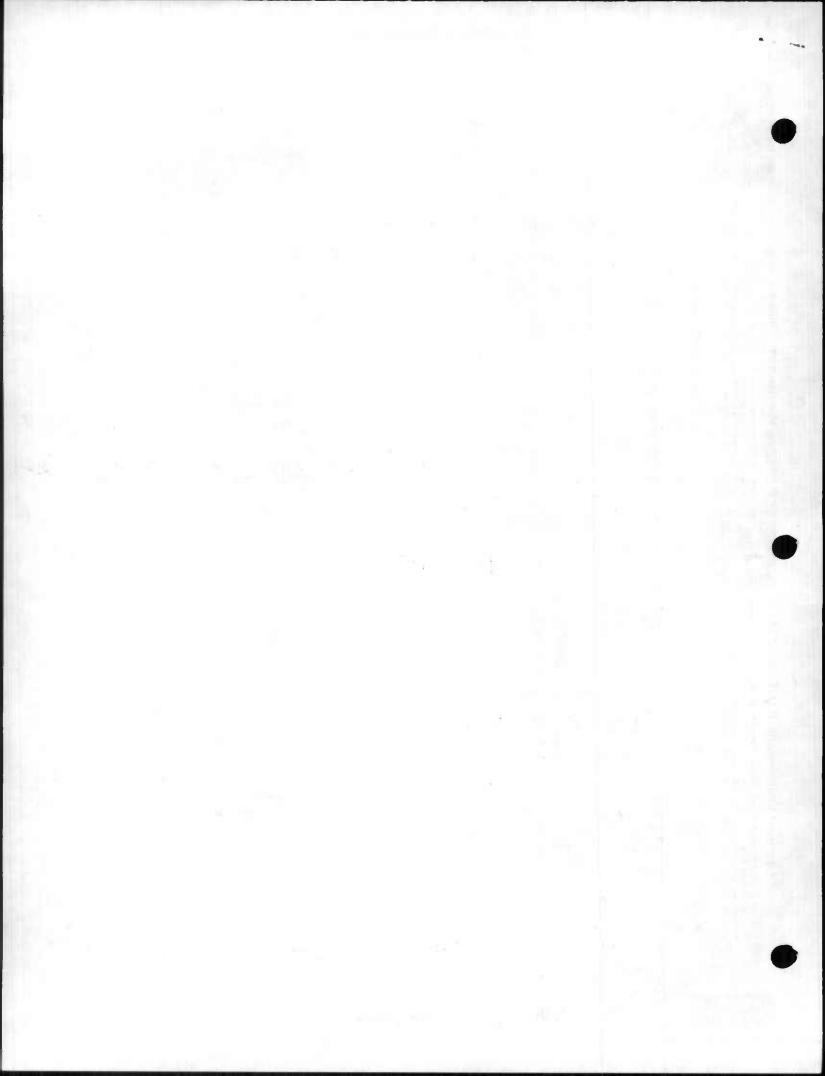
29d. Date signed (Month, Day, Year)

State Registrar 29b. Signature and title

31. Date filed (Month, Day, Year)

0 1 1998

0



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) April 29, Day 1998 7:45am Blanche Carr Lewis Brashears 4a Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Pleasant Living Nursing Home Edgewater Anne Arundel If Under 24 Hrs. 8. Date of Birth Hours Min. DeC 19,1898 If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplaca (Stete or Foreign Country) Months Days 1□ M 25 F 214-05-2426 99 Yrs. Maryland Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits Anne Arundel MD Mayo 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21106 USA P.O. Box 221 14. Raca - American Indien, Black, White, etc. 11. Maritel Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: White 3℃ Widowed 4 Divorced 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) William Walton Lewis Trene Carr 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) William Lewis Brashears-Son 1250 Mayo Road, Mayo, MD 21106 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Mayo U. M. Cemetery Mayo, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Hardesty Funeral Home, P.A. 23a. Part1. Enter the lise se, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21401 Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Tailure to thrive 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred

Examiner physician end s the buriel-trans Division of Vital Records, P.O. Box 68760 80 980 0 ed by the e signed to peen page 2 has certificate Attending Physician: director. this funeral losoftal or Attending Lewis after death. The Pale Director: After

**Physician** 

/Medical

Examiner

Director

Funeral

p

Completed

Be

**Funeral** 

**Director** 

with the Maryland r 28a-f show

Pages 1 and 2 should be filed within 72 hours efter death with nent of Health and Mental Hygiene.
Int: If item 27 is marked other than "natural", or itema 23a or inty or other traumatic event, it a Medical Examiner maint

permit. Page Department o Important: If any Injury or

**Physician** /Medical

Examiner

altimore, Maryland 21215-0020

1□ Yes 2⊡ No

Physician/Medical à Completed Be To Certification:

27. Manner of Death 1 Natural

2 Accident 3 ☐ Suicide 4 - Homicide

5 Pending Investigation 6 Could not be determined

28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature and title

29a. Certifier

(Check only one)

MI

29c. License number

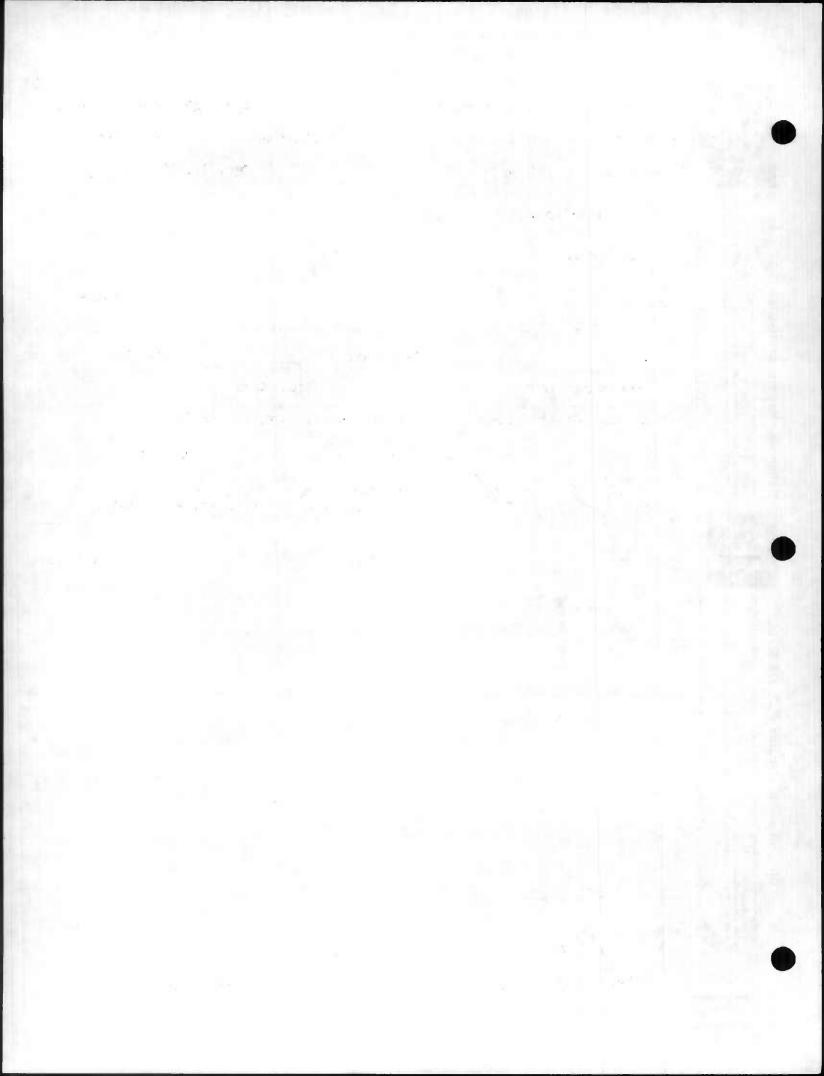
29d. Dete signed (Month, Day, Year)

completed cause of death (Item 23a) (Type, Print)

Om an 1838 Greene 1838

32. Registrar's Signature

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year BOLOTSKY MAX 24, April 1998 3:23 A.M. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Montgomery General Hospital Montgomery 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** tom 2□ F Yrs. July 18, 1916 New Jersey Director 018-20-5095 filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location "natural", or items 23s or 28s-f show 10d. Inside City Limits 15 Yes 2 No Director Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20853 U.S.A. 14210 Clayton Street Funeral 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☑ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed the Mudical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Nuclear Regulatory Elementery/Secondary (0-12) College (1-4or 5+) Commission Pages 1 and 2 should be filed w timent of Health and Mental Hygier tant: If item 27 is marked other th jury or other traumatic event, the 6+ Years Material Engineer Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Sarah Weiss Samuel Bolotsky 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14210 Clayton Street, Rockville, Maryland Gloria Bolotsky, Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 4/26/1998 Buriel 2 Cremation 3 Removal from State permit. Page Department of Important: If any Injury or Falls Church, VA 4 ☐ Donation 5 ☐ Other (Specify) King David Memorial Garden 21, Signeture of Funeral Service Licensee STEIN HEBREW MEMORIAL FUNERAL HOME, INC. MO0544 232 CAKKULL SIKEL, 232. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only opercause on each line. 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 Approximete Interval Between Onset end Death **Physician** /Medical ACUTE MYOCARDIAL INFARCTION

Due to (or as a consequence of): Immediate Cause (Final disease or condition resulting in death) Examiner CORONORY ARTERY DISEASE Physician/Medical Examiner The law requires that the death certificete be executed buriel-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury Box 68760. that initiated events resulting in death) Last use es the Due to (or as e consequenca of) P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of deeth? deteched 3 Probably 4 Unknown 1 Yes 2 No Records, by should be 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an eutopsy certificate has 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case referred to medical 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 製料 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After or Attending 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, and due to the cause(s) end manner as stated.

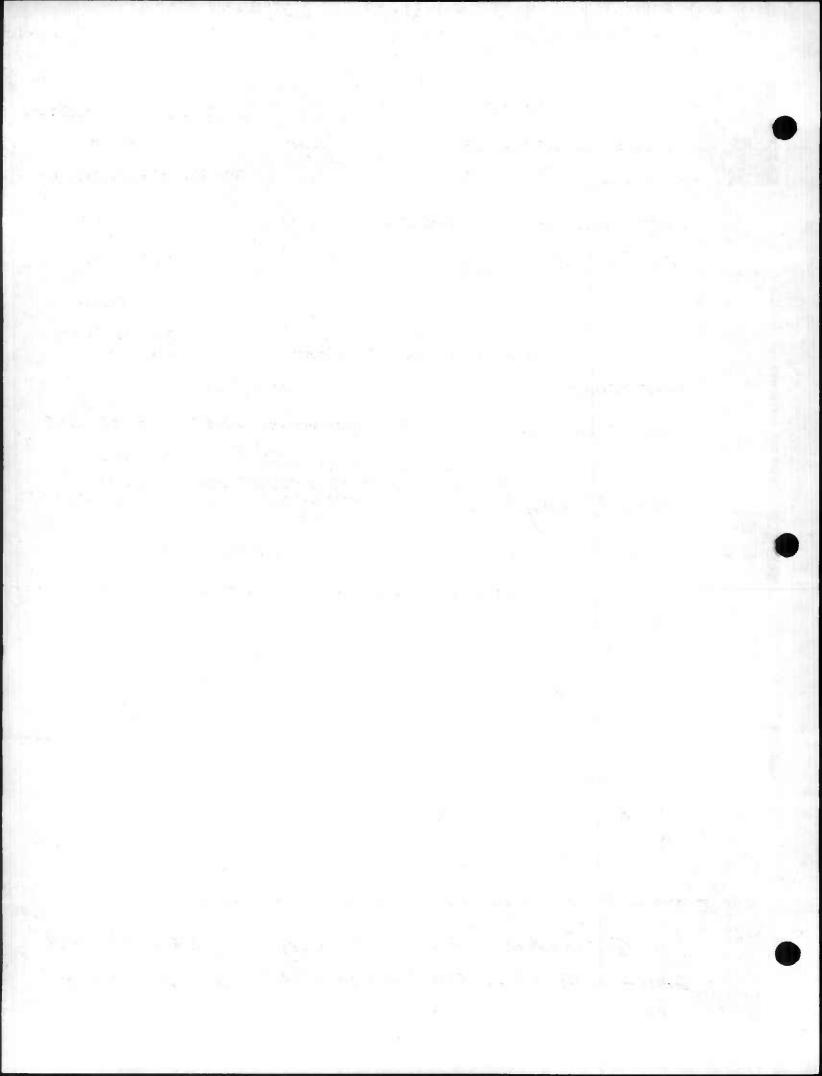
2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) G. Thaleer M.D.

State Registrar

31. Dete filed (Month, Dey, Year) MAY 0 1 1998

32. Registrar's Signature
Thina Davidson-Randelle

30. Name end address of person who completed cause of death (Item 23a) (Type, Print) = PHICIP OR # 212 OLNEY, MD 20832



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

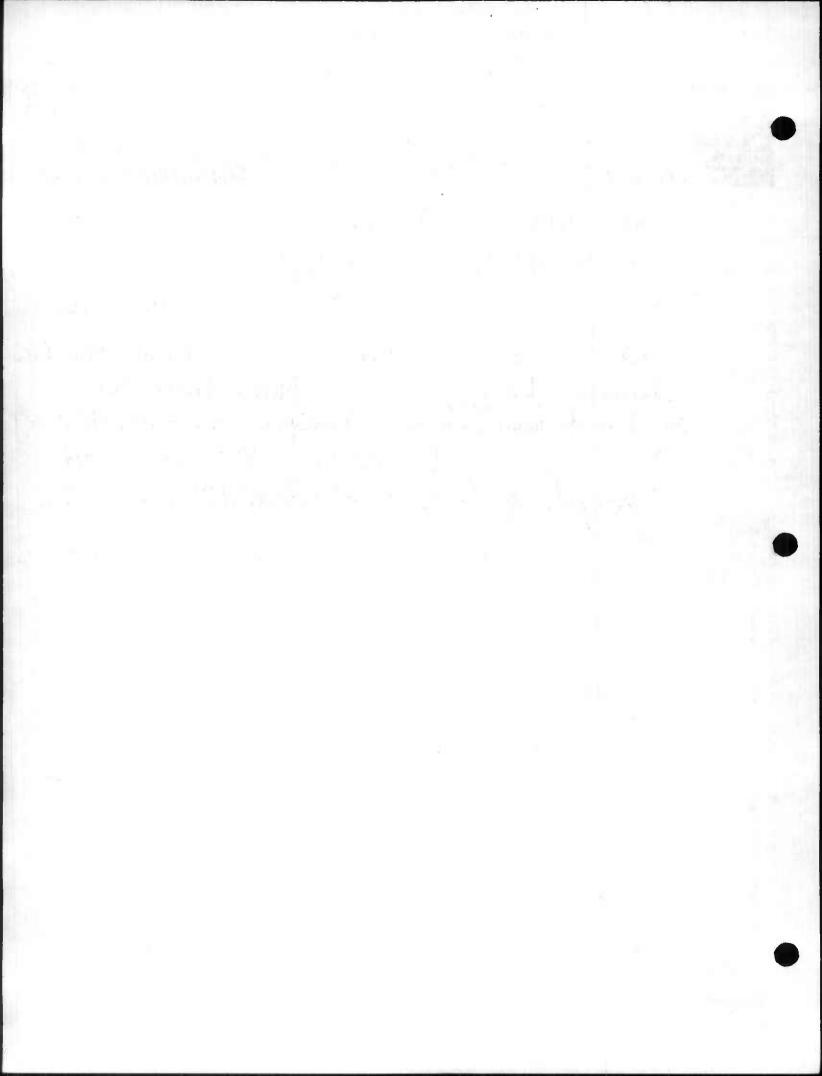
ysician		. Decedent's Nama (First, Middle, Las	st)					2 Date of Dag	th	Vans	3. Time f th	
Medical	_	Mildred R. Camp	Lon					April	25 19	98	1:45 P.1	
aminer	4	a. Facility Nema (If not institution, give					4b. City, Town, or	Location of Daath	4c. County			
	4	Prince George's I					Cheverl		Prince			
erai ctor	3	Social Security Number  6. S  370 24 9464  Isual Rasidence of Dacedant	9x 7. A □ M 22⊠ F	76	Yrs.	Months Days	If Under 24 Hrs Hours Min.	8. Data of Birth (Month, Day July 28	Yaar) 3, 1921	9. Birthpl Count MIC	aca (Stata or Fore (N) higan	
N	-	0a. Stata 10b. County		10c. City,	Town or Loc	ation				10	Od. Insida City Limi	
ust be notified at rai Director	I	Maryland Prince	George's	Во	owie						XX Yas 2□N	
Dire a	1	0e. Street and Numbar				10f. Zip Coda		1	0g. Citizan of V	Vhat Coun	try?	
la la		2904 Kendale Lan				2071		United	Stat	es		
by Funeral Director	1	1. Marital Status  1 □ Navar Married 2□ Married  3 □ Widowed 4 □ Divorced	12. Was Deceden Armed Forcas 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas	? ] No	lf.	/as Dacedant of F Yas, specify Cub ☐ Yas 2☑ No	lispenic Origin? (Sen, Maxican, Puan Specily:	pecify Yes or No- o Ricen, atc.)		a - Amarica k, Whita, e	etc.	
aumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director		15. Decedant's Ed (Specify only highast green Elementery/Secondary (0-12)	ucation da com <i>plated)</i> College (1-4o	5+)		16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)  School Teacher  16b. Kind of Businass/Industry Prince George's Co						
Se C	1	7. Fathar's Name (First, Middla, Last)			Delico.			na (First, Middle, I				
To E		Sidney Warner					Clara :	Reis				
aume	1	9a. Informant's Name/Ralationship (7						iral Routa Numbai			Coda)	
t per tr	$\vdash$	Bruce Campion	Husb					owie Mary		20715		
5	20	Da. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐	Ramoval from State	9			_	29, Date 1998				
Jury	-	4 □ Donation 5 □ Othar (Specify	)	Meti		tan Crem		A	Alexand	ria V	irginia	
any injury or other traumatic evoluce.	2	Signature of Funaral Service Licans	2.0			Nama and Addre bert E.		neral Ho	me, Inc			
	+,	3a. Part1. Entar tha disaase, or comp shock, or haart failura. List only o	nak	س	16	000 Anna	polis Rd	. Bowie	Marylan		715 Approximete Intarval Batween	
as the bunal-fransit	SitoOtt	Sequentially list conditions, if any, leading to immediate ceuse. Entar Underlying Cause (Disease or Injury that infliated evants resulting in death) Last  Due to (or as a consequence of):  Due to (or as e consequence of):										
9 ==	1	art II. Other significant conditions co	d.			David Control	On Pide		1	the cause of deat		
Phys	-	Minoclona	e Gas	nn	pal	My	an mr ant i.	1 🗆 Y			ably 4 ☐ Unkno	
2	15	Theumo A	wax		U	$\bigcirc$		24a. Wes a		ava	ra autopsy findings llable prior to apletion of causa	
az snould be detached for usa npieted by Physician/N	-	11						perform	ileo?	of d	aath?	
Comp	_	Hemuton	na				-				eath? Yas 2□ No	
ctor, page 2 Be Comp		denuton  5. Was cesa rafarred to medical axaminar?	-a			lou		perform	s 2 No		_	
To Be Comp	25	axaminar?	Hospital: Delinpat		R/Outpatient	3□ DOA Oth	er: 4□ Nursing H	perforr  1 □ Ys  th (Check only on  ome 5 □ Rasida	as 2 <b>∭</b> No a) ince 6 ⊡Otha	1 □	Yas 2□ No	
To Be Comp	25	axaminar?  1  Yes  No  No  Mannar of Deeth  Natural  5  Panding invastigation	28a. Data of Inj (Month, Da	ay Year) 2	28b. Tima of Injury	28c. Injur Wor M 1	er: 4□ Nursing H	perform  1  Ye  th (Check only on  ome 5  Rasida  28d. Dascribe ho	a)  a)  ince 6 Other  ow Injury occurre	1 □ ar (Specify,	Yas 2□ No	
To Be Comp	25	axaminar? 1	28a. Data of Inj (Month, Data) 28a. Place of Industrial	ury ay Year) 2 jury - At hom tc. (Specify)	28b. Tima of Injury	28c. Injur Wor M 1 1	er: 4□ Nursing H y at k? Yas 2□No	perform  1  Ye  th (Check only on  ome 5  Rasida  28d. Dascribe ho  28f. Location (St  City or Town	as 2 No a) ance 6 □Otha ow Injury occurre reet and Number, Stata)	1 □  ur (Specify, ed  er or Rural	Yas 2□ No	
illied in by the funeral director, page 2 il Certification: To Be Comp	25	axaminar?    Yes	28a. Data of Inj (Month, Da 28e. Place of In building, a sician: To tha best ner: On tha basis of	ury year) 2  ujury - At hom tic. (Specify)  of my knowled examination	28b. Tima of Injury	28c. Injur Wor M 1 1	er: 4 Nursing H	perform  1  Ye  th (Check only on  ome 5  Rasida  28d. Dascribe ho  28f. Location (St  City or Town	a)  a)  ince 6 □Otha  ow injury occurre  reet and Number  ause(s) and mar	1 □  at (Specify, ed  er or Rural	Yas 2□ No	
in by the funeral director, page 2	27	Axaminar?  1 Yes No  Namnar of Deeth Natural 2 Accident 3 Suicide 4 Homicida  Sa. Certifiar  Sa. Certifiar  No  No  Pa. Certifiar  No  No  Pa. Certifying Physical Sa. Certify	28a. Data of Inj (Month, Data) 28e. Place of In- building, a	ury year) 2  ujury - At hom tic. (Specify)  of my knowled examination	28b. Tima of Injury	28c. Injur Wor M 1 1	er: 4 Nursing H  y at  k?  Yas 2 No  na, data and plece pinion, daath occu	perform  1 Yes  th (Check only on  orne 5 Rasida  28d. Dascribe ho  28f. Location (St City or Town  end due to the cerred at tha tima, do	a)  a)  ince 6 □Otha  ow injury occurre  reet and Number  ause(s) and mar	1 Dat (Specify) ed	Yas 2□ No  Pouta Number,  itted. tha causa(s)	
illied in by the funeral director, page 2 il Certification: To Be Comp	29 29 300	axaminar? 1	28a. Data of Inj (Month, D. 28e. Place of Ir building, a sician: To the best ner: On the basis of and manner s	plury - At home to. (Specify) of my knowled examination letted.	edga, daath con and/or inva	28c. Licens	er: 4 Nursing H	perform  1 Yes  th (Check only on  orne 5 Rasida  28d. Dascribe ho  28f. Location (St City or Town  end due to the cerred at tha tima, do	as 2 No  a)  ance 6 □Otha  ow Injury occurre  reet and Numbe  a, Stata)  suse(s) end mar  ata and place, a	1 Dat (Specify) ed	Yas 2□ No  Pouta Number,  itted. tha causa(s)	

CAMPION . MILDRED CCC 097 CAMPION . MILDRED CCC 097 CC 097

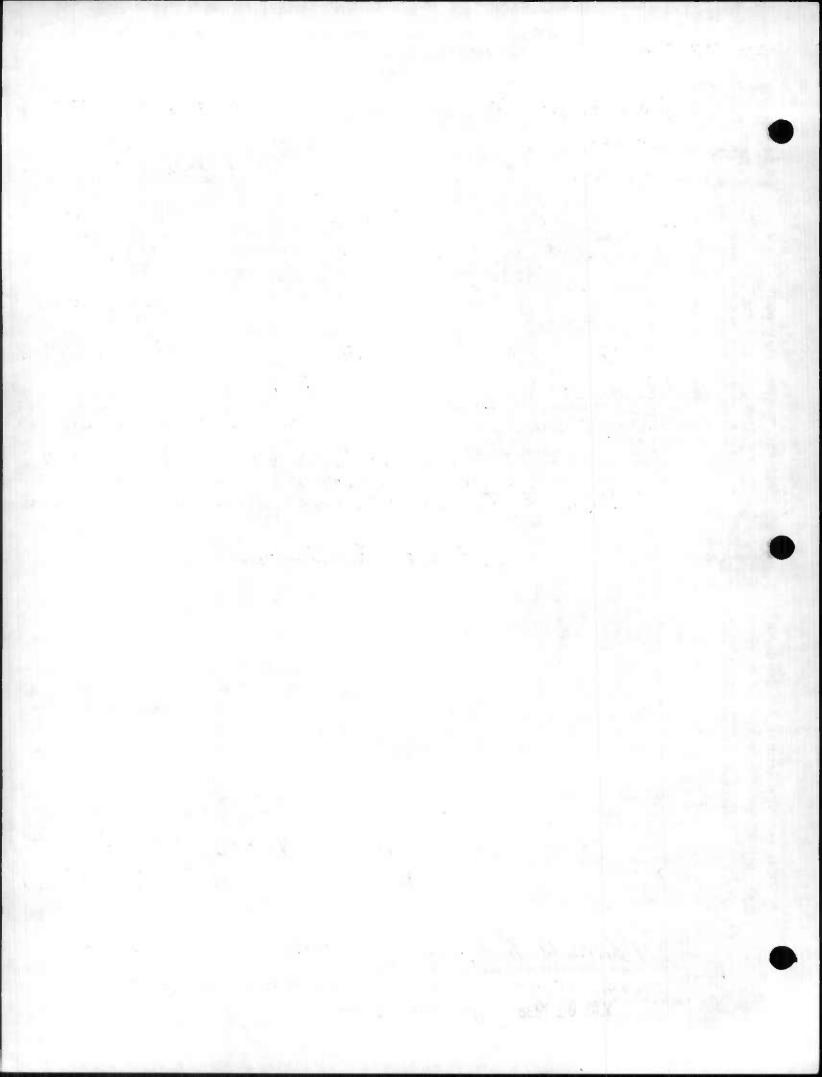
State of Maryland / Department of Health and Mental Hygiene 9 8

13607

					Certificate	e of Death		Reg. No.		
	Dhusia	·	Decedent's Neme (First, Middle, La	,			2. Dete of Dee	oth Dev	Year	3. Time of Deeth
	Physic /Medi		Pearl Cas	terlow			April		1998	934/pm
1	Exami		4e. Fecility Neme (If not institution, give	e street end number)		4b. City, Town, or		4c. County	of Deeth	
			Union Men	orial Hospita	al	Balt:	more		NL	A
	Funeral Director			7. Age (In yrs. last	Yrs. If Under Months	1 Yeer If Under 24 Hrs. Deys Hours Min.	8. Dete of Birt SMonth, De	0,1904	9. Birtheller	y and
	Maryland f show	tor	10a. Stete 10b. County	A 10c. City, T	Fown or Location	ore			100	I. Inside City Limits  1) Yes 2 \( \bigcap \) No
	with the	i Director	10e. Street end Number	spring Re	10f. Zip			10g. Citizen of V	Vhet Country	n
	death ms 2	Funeral	11. Maritel Stetus	12. Was Decedent Ever in U,S.	13. Was Deced	ent of Hispenic Origin? (S	pecify Yes or No-	14. Rac	e - American	
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mantal Hygiana. Itam 27 is marked other than "natural", or items 23s or 28a-f show other treumstic event, the Medical Examiner market	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 A.No if Yes, Give Year or Detes:	if Yes, spec	ify Cuben, Mexicen, Puert	to Rican, etc.)	Specify	k, White, etc	American
5-0	72 ho	eted	15. Decedent's E (Specify only highest gre		6a. Decedent's Usue	l Occupation k done during most of wor	rkina	16b. Kind of Bu	siness/Indu	The state of the s
121215-0020	2 should be filed within and Mantal Hygiana. Is marked other than " eumatic event, the Max	Completed	Etementary/Secondery (0-12)	College (1-4or 5+)	L PN us	e retired)		Private		ome Care
Maryland	be fill d out	Be	17. Father's Name (First, Middle, Last	1 anking		18. Mother's Ner	me (First, Middle,		1	
K	should nd Man marke	To	19e. Informent's Name/Reletionship	Laining	400 44-99 4-4	IVIAI	y FC	orres		
-	gas 1 and 2 si t of Haalth and if itam 27 is n or other treur		Mrs. Juanita	Young Smith	5709	197	19 Rd	Bal	to. M	d. 2/209
Baltimore,	Page nant c int: If		20e. Method of Disposition  1 ☑ Burial 2 ☐ Cremetion 3 ☐  4 ☐ Donetion 5 ☐ Other (Specif	Removel from Stete	e of Disposition (Nemetery, crematory or of	ther plece)	5/5/98	Bal-	City or Town	Nd.
Balt	permit. Pa Departman Important: any Injury once.		21. Signature of Funeral Service Life	Isee & Russ	22 Name en	d Address of Facility	s Fur	reral	Har	ne
			23a. Partt Enter the discuss, or com shoot, or heart failure. List only	pilcetions that ceused the death. It one ceuse on each line.	Do not enter the mode	of dying, such es cardia	c or respiretory er	rest,	- Ir	oproximete Intervel Between Onset end Deeth
	Physician /Medicai		Immediate Ceuse (Finel	104 1 0 0 1		10 - 4 10	-			1.6
	Examiner		diseese or condition resulting in deeth)	· Myocard		10000000			1	15 your?
ш		ē		Due to (or es	s e consequence of):				-	
oʻ	icata be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	b. Due to (or es	s e consequence of):				1	
Box 68760,	Tha law requires that tha death certificate be assocuted tal has been signed by the attending physician and page 2 should be detached for use as the burial-transit	n/Medicai	Ceuse (Disease of Injury that initiated events resulting in deeth) Lest	Due to (or es	e consequence of):					
	death e atta d for	Physician/	Part Ii. Other eignificant conditions of	contributing to death but not resulting	ng in the underlying or	ause given in Pert I	23h Did t	ohacco use co	ntribute to t	he cause of death?
P.0	ras that tha da	hys			ig in the endonying of	3000 9.7011 1117 0111.				biy 4□Unknown
S)	s tha	by F	Hyperten	21011				,		
of Vital Records,	aw require s been si 2 should b	Completed		e Heart Faile	ure			en eutopsy med?	evail	e eutopsy findings eble prior to bietion of ceuse eth?
Ä	The law ata has page 2:	E O	Diabete	s mellitus			101	es 2 No	10	Yes 25 No
ita	ilclan: The cartificata rector, pag	Be	25. Was cese referred to medical exeminer?			26. Plece of De	eth (Check only o	ne)		
> >	nysic nis ca I dire	2	1 Yes 2.⊠No	Hospitel: 1 ☐ Inpatient 2 ☑ ER	VOutpetient 3□ DO	A Other: 4 ☐ Nursing H	lome 5 ☐ Resid	lence 6 Oth	er (Specify)	
Division o	To the Hospital or Attanding Physician: within 24 hours after death.  To the Funeral Director: After this carificacompletaly filled in by the funeral director,	Certification:	27. Manner of Deeth 1 ⊠Naturel 5 □ Pending 2 □ Accident Investigation	(Month, Day Year)	Bb. Time of 29 Injury M	Bc. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe h	ow Injury occur	red	
Divis	al or Att	Certific	3 Suicide 6 Could not b 4 Homicide determined	e 28e. Place of Injury - At home building, etc. (Specify)	e, farm, street, factory	, office	28f. Location (S City or Tow	Street end Numb m, Stete)	er or Rural F	Route Number,
	e Hospit 24 hour e Funera	edicai		yeiclan: To the best of my knowle ninar: On the basis of exeminetion end menner stated.						
	within To the Comp	ž	29b. Signature end title of certifier	2 11 .1	29c	License number		29d. Date signe	d (Month, De	ey, Year)
	1		flawy	Hill ano		041699		April.	29,1	998
	X		30. Neme and eddress of person who		Be) (Type, Print) E	ONR R. HI	LLIMO			
			Union Memoria	1 Hospital, 20	1 East Uni	versity Park	way, Bal	timore, r	ND 31	218
	Sta Registi	-	31. Dete filed (Month, Day, Year) MAY 0 1 1998	32 Registrate Signeture	- Panders					



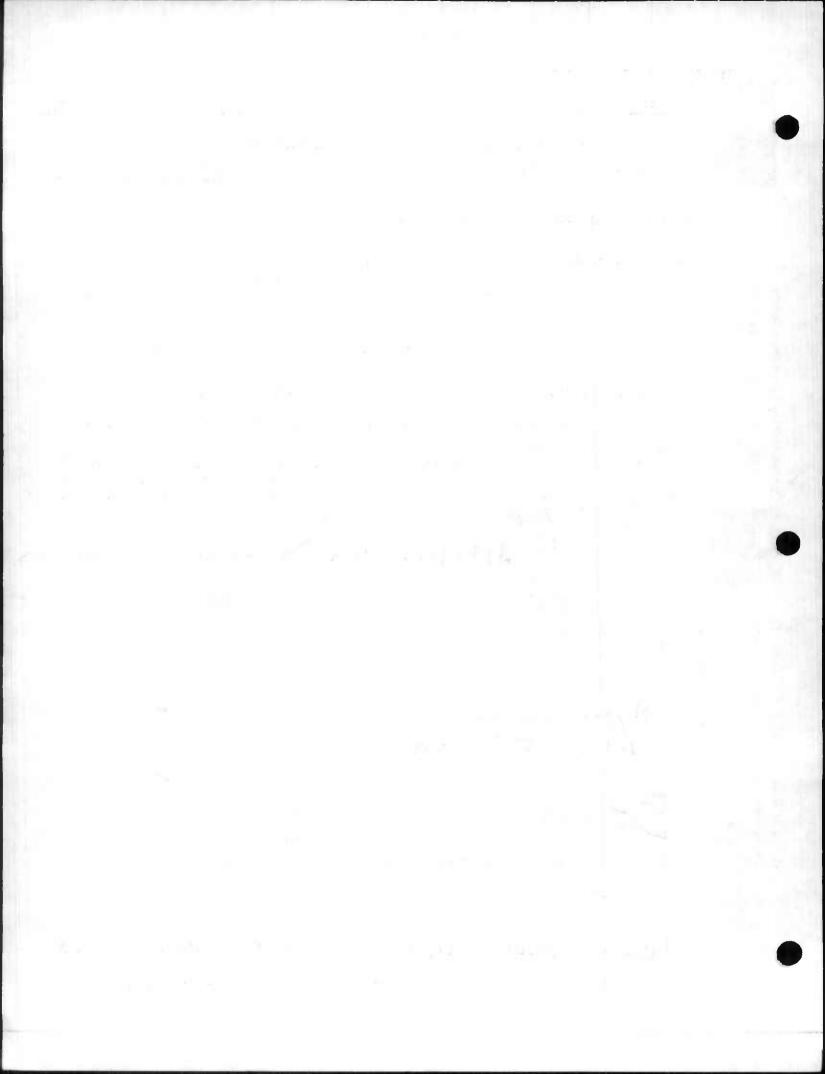
		State of Maryland /	Certificate of		Re	g. No. 8	13608		
Physician /Medical	1. Decedent's Name (First, Middle, Last, B'NAL Dana	Crosby		45.0%		4, 1998	The state of the s		
Examiner Funeral Director	213-96-2441		oirthday) If Under 1 Year Months Days		8. Data of Birth	Year 1966	9. Birthplace (State or Foreign (State)		
if show find at for	Usual Residence of Decedent  10a. State 10b. County	1 10c. City To	wn or Vocation				10d. Inside City Limits 1		
ms 23s or 28s-f sho must be notified at veral Director	10e. Street and Number 3 607 N. ROC	iers ave	10f. Zip Code	207		g. Citizan of W	That Country?		
Examine Examine by Fur	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forcas?  1  Yes 2 No If Yes, Giva Year or Dates:	13. Was Decedent of If Yes, specify Cut		cify Yas or No- Ricen, etc.)		A-American Indian, k, Whita, etc.		
t, the Medical	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12)		16a. Decedent's Usual Occupation (Giver kind of work done during most of working  Iffe DO NOT usp retired)  Baho						
metic event. To Be C	17. Father's Nama (First, Middle, Last)  OOA  19a, Informant's Name/Relatjonship (Ty	le Sc.	9b. Malling Address (Stree	18. Mother's Name	Hawk	Kins			
or other trau	20a. Method of Disposition  1 @ Burial 2 Cremation 3 F	INS 20b. Place	of Disposition (Name of lery, cremetory or other plants)	inton St.	Baltin	More 1	Md. 21216 City or Town, Stata		
any Injury ance.	4 Donation 5 Other (Specify) 21. Signature of Funeral Service Ucens	L. Kuss	22. Name and policy (2.2.2 W.)	ssorthau North ave	inera, Baltu	Hon	ne nd. 21216		
cian dicai niner	Immediate Causa (Final disease or condition resulting in death)	Multip	. 0 . 4	Downlas cerdiac o	r respiretory arre	st,	Approximate Interval Between Onset and Death		
edicai Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated avents resulting in deeth) Lest	o	a consequence of):						
eteched for use as Physician/Mec	Part II. Other algorificant conditions con		in the underlying cause g	iven in Part I.	23b. Did tol		atribute to the cause of death		
b &					24a. Was ar	autopsy	24b. Were autopsy findings evellable prior to complation of cause of death?		
36 2 m					1)XYe		1⊠Yes 2□ No		
al director, page To Be Co	TXYES 2 NO	750	Jutpatient 3 DOA		me 5 🗆 Reside	nce 8 Oth			
completely filled in by the funeral Medical Certification:	27. Manner of Death  1 Neturei 5 Pending invastigation  2 Accident invastigation  3 Sulcide 6 Could not be determined	(Month, Day Year)	farm, straat, factory, office	Yes 2 No	28d. Describe ho 28f. Location (Str. City or Town	eet and Numb	er or Rural Route Number, 07 New 12 Rogers		
pletely filled edical Ce	29e. Certifier 1 Certifying Physical Conduction Check only one)	sician: To the best of my knowled her: On the basis of examination and manner stated.	ge, death occurred at the tend/or investigation, in my	ime, date and place, opinion, death occurr	and due to the ca	e Batter	one Mayland		
Med	29b. Signature and title of certifier	Kirch and	29c. Licar O • C • N	nsa number		od. Date signed	(Month, Day, Year)		
3 State	30. Name and address of person who con THE OPPREM. Fun. 31. Date filed (Month, Day, Year)		Penn Street	t, Baltimo					



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Item#:	_	per Phy G75				00	rtificate of	Dealli	-	Rag. No.	0 [	0000
ysician Medical		1. Decedent's Name Hettie HETTI	CROUSE		ım harl			4b. City, Town, or		Dey 29, 199		3. Time of Deeth 2:30PM
aminer eral ctor		GENESIS 5. Sociel Security N 229-26-00	ELDER CA		ONDS L	rs. lest birthday,		BROOKLYN If Under 24 Hrs	PARK  8. Dete of B (Month, D	irth ey, Year)	9. Birthp Cour	olece (State or Foreig ntry)
10	- h-	Usual Residence of 10a. Stete	10b. County		10c.	City, Town or L	ocation				1	IOd. Inside City Limit
tor	2	MARYLAND	ANNE A	RUNDEL	GL	EN BURN	IE					1 ☐ Yes 2 🔀 N
Directo	2	10e. Street end Nur	mber				10f. Zip Code			10g. Citizen of	Whet Cour	ntry?
a le	0 1	LOOS LILA	C LANE				21061			U.S.A.		
event, the Medical Examiner must be notified at Be Completed by Funeral Director	2	11. Marital Status 1 □ Never Marri 3 🎇 Widowed	ed 2 Marrie	Armed Fo	XXNo ive		Was Decedent of If Yes, specify Cub	Hispanic Origin? (Spen, Mexicen, Puer Specify:	Specify Yes or N to Ricen, etc.)	o- 14. Ra	ce - Americ eck, White, My:	
Completed	ompleted	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5-1)  A  College (1-4or 5-1)				16e. Dece (Give life. HOMEM	during most of wo	orking	16b. Kind of I		dustry	
BeC		17. Fethar's Neme	First, Middle, La	ist)				18. Mother's Na	me (First, Middle	, Maiden Sume	m <i>e)</i>	
2		JAMES MON				19b. Meili	ing Address (Stree		ET HESTE			
other traumatic	N	IR. DOYAL					BUCKEYE (					
any injury or other trau		20e. Method of Disp				. Plece of Dispo	osition (Name of metory or other ple		Dete	20c. Location		
100			□ Cremation 3 5 □ Other (Spe	□Removal from cify)			GE MEMOR		5/2/98	ELKRIDG	E. MA	RYLAND
any inju		21. Signeture of Fu	nerel Service Lic	censee	412		2. Neme end Addre					
i 0		Minka	el C	5-11	1							LAND 2106
		CUAIN		VISAN	112W	_	DECOMD 1	,0.,	ODLIN	,		
ian		23e. Pert1. Enter the shock, or heel	ne diseese, or controlled the contro	omplication in the	causad tha de eech line.							Approximete Intervel Between Onset and Deeth
al ier je	Value	Immediate Cause (disease or condition resulting in death)  Sequentially list con if any, leading to im	Finel	e. b.	- ( + z Due to	eath. Do not en	reter the mode of dyl reter the mode of dyl reter the mode of dyl reter the mode of dyl	ing, such es cerdle	c or respiretory	errest,		Approximete Intervel Between
edical Examiner	Colon Page III	Immediete Ceuse (	Finel  Inditions, Indi	e	Due to	eath. Do not en	quence of):	ing, such es cerdle	c or respiretory	errest,		Approximete Intervel Between Onset and Deeth
cian/Medical Examiner	Colon Page III	Immediete Ceuse ( disease or condition resulting in death)  Sequentially list con- if eny, leeding to im- cause. Enter Unde- Cause (Disease or thet initieted events	Finel n ditions, mediate rying injury	e	Due to	eath. Do not en	quence of):	ing, such es cerdle	c or respiretory	errest,	26	Approximate Intervel Between Onset and Deeth
lached for use as the bune-transit at 2 and 1 an		Immediate Cause (disease or condition resulting in death)  Sequentially list confirm, leading to implement the cause. Enter Undergraph Cause (Disease or that initiated events resulting in death) L	Finel n ditions, mediate rying injury	e	Due to  Due to	eath. Do not en	quence of):	ing, such es cerdle	c or respiretory	errest,	Sontribute to	Approximate Intervel Between Onset and Deeth Onset and Deeth Onset and Section Onset
by Physician/Medical Examiner		Immediate Cause (disease or condition resulting in death)  Sequentially list confirm, leading to implement the cause. Enter Undergraph Cause (Disease or that initiated events resulting in death) L	Finel n ditions, mediate rying injury	e. A b. c. d. s contributing to d	Due to  Due to	eath. Do not en	quence of):  quence of):  quence of):	ing, such es cerdle	23b. Dic	errest,	ontribute to	Approximate Intervel Between Onset and Deeth Pra Spara
Completed by Physician/Medical Examiner		Immediate Cause (disease or condition resulting in death)  Sequentially list confirm, leading to implement the cause. Enter Undergraph Cause (Disease or that initiated events resulting in death) L	Finel n ditions, mediate rying injury	e. A b. c. d. s contributing to d	Due to  Due to	eath. Do not en	quence of):  quence of):  quence of):	ing, such es cerdle	23b. Dic	tobacco uee c	Sometribute to	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth D
Be Completed by Physician/Medical Examiner		Immediete Ceuse ( disease or condition resulting in death)  Sequentially list con if eny, leeding to im cause. Enter Unde Cause (Disease or that initiated events resulting in death) L  Pert II. Other signifil  25. Was cese referr exeminer?	rinel nditions, mediate riving injuryest	e. A  b. c.  d. contributing to d	Due to  Due to	eath. Do not en	quence of):  quence of):  quence of):	ven in Pert I.	23b. Dic	tobacco uee c Ves 22No s en eutopsy ormed?	Sometribute to	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth Deeth Onset and Deeth D
To Be Completed by Physician/Medical Examiner		Immediate Cause (disease or condition resulting in death)  Sequentially list confirm resulting in death of the cause. Enter Unde Cause (Disease or that initiated events resulting in death) Lenter III. Other significant	rinel nditions, mediate riying injuryest	e. A b c d s contributing to d	Due to  Due to	eath. Do not en	quence of):	ven in Pert I.  26. Plece of Deher: 4 Aursing is	23b. Dlo 1 24e. We perl	I tobacco uee col Yes 2270 s en eutopsy ormed? Yes 2270 one)	Sometribute to 3 Produce of 15	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth Dee
cation: To Be Completed by Physician/Medical Examiner		Immediete Ceuse (disease or condition resulting in death)  Sequentially list confirmers, leeding to improve the cause. Enter Under Cause (Disease or thet initiated events resulting in death) L  Pert II. Other significations of the confirmers of the cause of the cau	rinel nditions, mediate ryling injury lest	e. A  b  c  d  s contributing to d  2	Due to  Due to  Due to  Due to  Inpatient 2 of Injury Year)	eath. Do not en	quence of):	ven in Pert I.  26. Plece of Deher: 4 Mursing I ry et	23b. Dlo 1 24e. We peri	I tobacco uee c  I ves 22 No s en eutopsy ormed?  Yes 22 No one) Idence 6 00 how injury occu	Sometribute to 3 Proi	Approximate Intervel Between Onset and Deeth Deeth Onset and Deeth Dee
cation: To Be Completed by Physician/Medical Examiner		Immediete Ceuse (disease or condition resulting in death)  Sequentially list cording to immedie cause. Enter Unde Cause (Disease or that initiated events resulting in death) L  Pert II. Other signification of the condition of t	ed to medical  Solutions  Pending Investigat  Could not determine	e	Due to  Due to  Due to  Due to  Due to  Inpatiant 2  of Injury and	path. Do not en  A C i  O (or es e consec  O (or es e consec  O as e consec  ER/Outpetial  28b. Time o  Injury  Inhome, farm, str	quence of):	ven in Pert I.  26. Plece of Dener: 4 Nursing Irk? IYas 2 No	23b. Dio 1 24e. We- peri 1 4eth (Check only Home 5 Res 28d. Describe 28f. Location City or To	I tobacco uee c Ves 22No s en eutopsy ormed? Yes 22No one) idence 6 On how injury occu (Street end Num wn, State)	ontribute to  3 Proi  24b. We eve co of 1 [  ther (Specifiered)  ber or Rure	Approximate Intervel Between Onset and Deeth Onset and Deeth Pure Veav Veav Veav Veav Veav Veav Veav Vea
cation: To Be Completed by Physician/Medical Examiner		Immediete Ceuse (disease or condition resulting in death)  Sequentially list cor if eny, leeding to imcause. Enter Unde Cause (Disease or that initiated events resulting in death) L  Pert II. Other significations of the condition of the conditi	ed to medical  S Pending Investigat  Could not determine	e	Due to  Due to  Due to  Due to  Due to  Due to  Inpatiant 2  of Injury  and Injury - At  ing, etc. (Spe	path. Do not en  A C i  O (or es e consec  O (or es e consec  O as e consec  ER/Outpetial  28b. Time o  Injury  Inhome, farm, str	quence of):	ven in Pert I.  26. Plece of De her: 4  Nursing In ry et rk? I Yas 2  No	23b. Dio 1 24e. We- peri 1 4eth (Check only Home 5 Res 28d. Describe 28f. Location City or To	I tobacco uee c Ves 22No s en eutopsy ormed? Yes 22No one) idence 6 On how injury occu (Street end Num wn, State)	Solution to the control of the contr	Approximate Intervel Between Onset and Deeth Onset and
edical Certification: To Be Completed by Physician/Medical Examiner		Immediete Ceuse (disease or condition resulting in death)  Sequentially list confirmers, leeding to improve the cause. Enter Under Cause (Disease or Little of Cause o	ed to medical  S Pending Investigat  Could not determine	e	Due to  Due to  Due to  Due to  Due to  Due to  Inpatiant 2  of Injury  and Injury - At  ing, etc. (Spe	path. Do not en  A C i  O (or es e consec  O (or es e consec  O as e consec  ER/Outpetial  28b. Time o  Injury  Inhome, farm, str	quence of):  quenc	ven in Pert I.  26. Plece of De her: 4  Nursing In ry et rk? I Yas 2  No	23b. Dio 1 24e. We- peri 1 4eth (Check only Home 5 Res 28d. Describe 28f. Location City or To	I tobacco uee colorest,  Yes 22 No s en eutopsy ormed?  Yes 22 No one) idence 6 Or how injury occu (Street end Num wn, State)  Cause(s) and n date end piece	Something the state of the stat	Approximate Intervel Between Onset and Deeth Onset and
edical Certification: To Be Completed by Physician/Medical Examiner		Immediete Ceuse (disease or condition resulting in death)  Sequentially list confirmers, leeding to improve the cause. Enter Under Cause (Disease or Little of Cause o	ed to medical  Solutions, mediate riving injury lest  Cent conditions  For Pending investigat  Could not determine  Could not determine  Could not determine  Little of certifier	e. A b	Due to  Inpatiant 2  of Injury oth, Dey Year)  a of Injury - At ing, etc. (Special Section of Market Section	esath. Do not en	quence of):  quenc	ven in Pert I.  26. Plece of De her: 4 Mursing I ry et rk? I Yas 2 No  me, dete end plecopinion, death occise number	23b. Did 1 24e. We period 1 24e. We period 25e. A construction 25e. A construction 26e. A c	I tobacco uee college de la composición del composición de la composición del composición de la compos	ontribute to  3 Proi  24b. We eve co of  1 [  ther (Specifiered  ber or Rure  conner as s, end due to  ed (Month,  3 O /	Approximate Intervel Between Onset and Deeth D

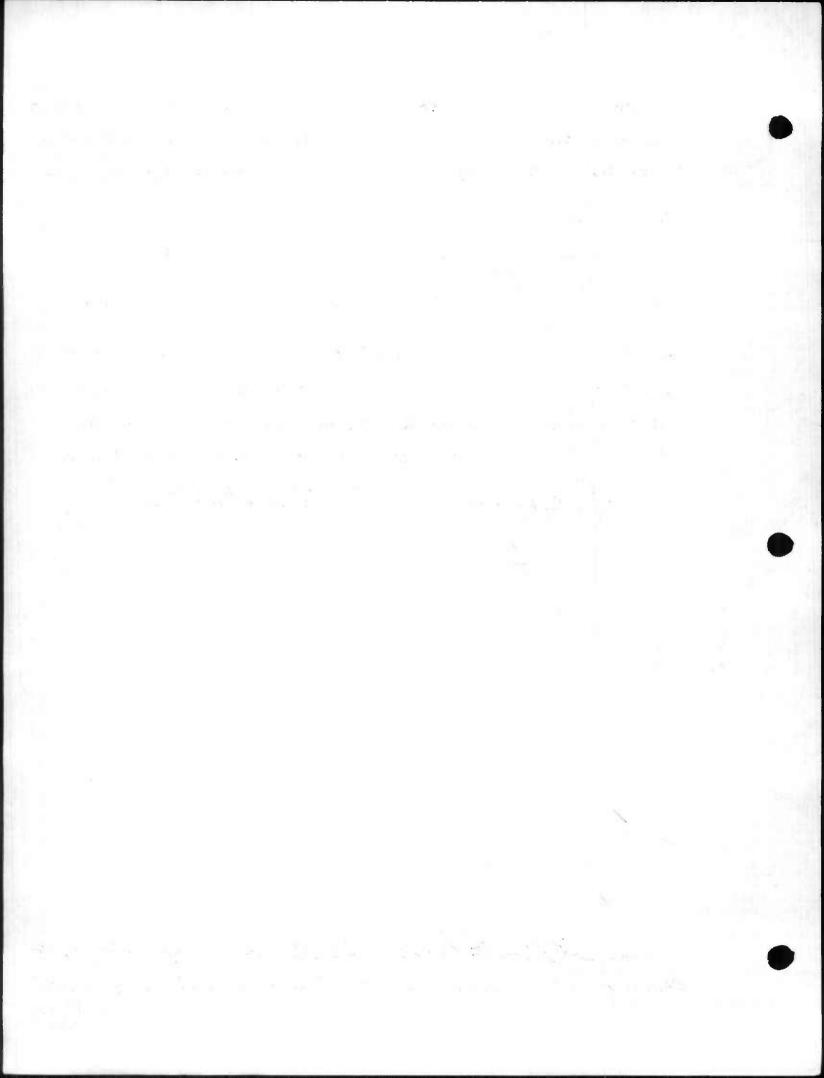
DHMH 16 Rev 6/95



## Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

			State of Ivi	aryland	Certific		Death		Reg. No. 8	13	610
Physi /Med		Decedent's Neme (First, Middle, Last)     Robert		Co	ronel			2. Dete of Dee April	29 <sup>Pey</sup> 199	gear	3. Time of Deeth 2:10 am
Exam		4a. Fecility Neme (If not institution, give s 8110 Ashford Blvd.	Erroll by the second of			4	Laurel	Location of Deeth 4c. County of Death Prince George			orge
Funera Directo			14 o 🗆 E	e (In yrs. last	birthdey) If Ur Yrs. Mont	ths Deys	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, De) Aug 12	1932	9. Birthpi Coun Cal	lece (Stete or Foreign try) Ifornia
with the Maryland or 28a-f show be notified at	tor	Usuel Residence of Decedent  10e. Stete 10b. County  Md. Prince G	eorge		own or Location					10	0d. inside City Limits 1X Yes 2 □ No
n with the 23s or 28 ast be not	al Director	10e. Street end Number 8110 Ashford Blvd.			10f.	Zip Code 20707			10g. Citizen of W USA	/het Coun	try?
5-0020 72 hours after dea natural", or items dical Examiner ms	by Funeral	11. Meritei Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	2. Wes Decedent Armed Forces? 1∑ Yes 2☐! If Yes, Give Yeer or Detes:	10/0		specify Cube	ispenic Origin? (Spenn, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		- America k, White, d Whi	etc.
within one. the Mex	Completed	15. Decedent's Educ (Specify only highest grede Elamentary/Secondery (0-12) Grade 12	ation completed) College (1-4or 5		16a. Decedant's Usual Occup (Give kind of work done life. DO NOT use ratired Paper Hanger		during most of working d)		16b. Kind of Business/Indu		· .
laryland 2 2 should be filed and Mental Hygies 8 merked other sumetic event, II	To Be C	17. Fether's Neme (First, Middle, Last) Frank Coronel		,			18. Mother's Neme		Meiden Sumame	e)	
Mary d 2 shor h and h 7 is mar		19e. informent's Neme/Reletionship (Type					end Number or Rura		-		
timore, M transit of Health tant: If Item 273 jury or other tr		Ruth Elena Coronel  20e. Method of Disposition  1478urlei 2 Cremation 3 Re 4 Donetion 5 Other (Specify)		came	of Disposition ( etery, cremetory Veterans	Neme of or other plea	ee)	Dete /1/98	Maryland 20c. Location - Crownsv	City or To	
Balti permit. Departm Importa any inju		21. Signeture of Funerel Service License	e 4	_	Dona	e end Addre	ss of Fecility Funeral	Home, P	.A. 1, Md.	2070	7
Physician /Medica Examine		23a. Pert1. Enter the disease, or compile shock, or heert failure. List only on timediete Ceuse (Final disease or condition resulting in death)	ations that caused ceuse on each lin				g, such es cardiec c	r respiretory en	rest,		Approximata Interval Between Onset and Deeth
Box 68760, eath certificate be executed attending physician and for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated avents resulting in daeth) Last			e consequence						
. 0 00	Physician/M	Pert ii. Other significant conditions cont	ributing to death b	ut not resultin	g in the underlying	ng cause giv	en in Pert I.	23b. Did to	obacco use con	tributa to	the cause of death?
P. de by de by detac	by Phy			N.A. 400				17	/es 2□No	3 Prob	ably 4 Unknown
aw requires been 2 should	Completed t					<u>,                                      </u>		24a. Wes a	an eutopsy med?	cor	re eutopsy findings iliable prior to npletion of cause death?
_ F # d		25. Was case referred to medical						1 D Y	es 2 No	1 🗆	Yas 2□ No
5 00	To Be	exeminer?	ospitel:	ont 2 ER	/Outpatient 3□	DOA	26. Placa of Deeth er: 4□ Nursing Ho	1	ne) lence 6 □Othe	er (Specify	)
After fune	Certification:	27. Menner of Deeth  Neturei 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28e. Dete of injur (Month, Det		b. Tima of Injury		Yes 2 □ No		ow injury occurre		(O- 1- 1)
Divisi To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the		4 Homicide datarmined	building, etc	c. (Specify)	, ferm, street, fed			City or Tow			
the Hospital hin 24 hours the Funeral npletely filled	edicai	29e. Certifier (Check only one) 1 Certifying Physical Medical Examin	cian: To the best of er: On the basis of end menner ste	examinetion	dge, deeth occur end/or investigat	red et the tin tion, in my o	ne, dete and piece, a pinion, deeth occurr	and due to the co ad et the time, c	ause(s) and mar data and placa, e	nnar as st and due to	ated. the cause(s)
To th Within	M	29b. Signeture end title of cartifier	1. K	de	40	29c. License			29d. Dete signed	1 -	
<b>.</b>		30. Name and address of person who cor	ZCHO, N	16 7	2 Sout	- 6 G	1632 veene 3	ST Roll	140	d	2/27/
Si Regis	ate trar	31. Date filed (Mornes Pay, Yaar) 190	32. Registra	ar's Signatura	lson-Rands	09.		,	)		

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene **EDWARD** Certificate of Death CORDOVA Reg. No. 3. Tima of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month Day Year **Physician** Edward Eric Cordova APRIL 26, 1998 4:27P.M. /Medical 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) June 24, 1 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Days 1X M 2□ F Months Hours Min Yrs. 1986 11 Maryland 218-11-7582 **Director** Usual Residence of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or heme 23a or 28a-f shov traumatic event, the Medical Examinar must be notified at 1 ☐ Yas 2 No Director Anne Arundel Gambrills 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2424 Flowering Tree Lane 21054 USA death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after nant of Health and Mental Hygiena.
nt: If Item 27 Is marked other than "natural", or ite 1 Nevar Married 2 Married Maryland 21215-0020 1 Tyas 2 No Specify Specify: White by 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highast grada complated) Elementery/Secondery (0-12) Coilega (1-4or 5+) 6 Student Education 18. Mothar's Nema (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middla, Last) Be 0 Edward Earl Cordova Kathy Whitehead 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rurel Routa Numbar, City or Town, Stata, Zip Coda) Edward E. Cordova - Father 2424 Flowering Tree Lane, Gambrills, MD 21054 other t Baltimore, 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 Cramation 3 ☐ Ramoval from Stata injury or Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Othar (Specify) Metro Crematory 4/28 Baltimore, MD 22. Nama and Addrass of Facility 21. Signature of Funeral Service Licensee Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapol and Enter the disease or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line. 12 Ridgely Avenue, Annapolis, MD 21401 Approximeta Intarvai Batween Onsat and Daath **Physician** /Medical Immadiata Causa (Final Injuries lead disaasa or condition rasulting in daath) Examiner Examiner physician and the burial-tran Sequantially list conditions, if any, laading to Immadiate causa. Enter Undarlying Cause (Disaasa or injury that Initiated avants rasulting In daath) Last Dua to (or as a consequence of): certificata be axec Box 68760 Physician/Medical Dua to (or es a consequence of) 82 usa ō 23b. Did tobacco use contributs to the cause of death? ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 1 Yes 2110 3 Probably 4 Unknown signed b Division of Vital Records, 2 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed peen complation of cause of deeth? page 2 1 Yas 1 Tes 2 No 2□ No certificate In Hopepia, or Attending Physician: The state of the stat 25. Was casa refarrad to medical axaminar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1. Yas 2 □ No Hospitel: 1 ☐ Inpatiant ②OXER/Outpatient 3☐ DOA To 28d. Dascriba how Injury occurred motor vehicle attitled 28b. Tima of 27. Mannar of Death 28a. Data of Injury (Month, Dev Year) 28c. injury at Work? Certification: Injury 1 Naturel 5 Pending 1 ☐ Yas 2 ☑ No Invastigation 28e. Place of Injury - At home, ferm, speet, fectory, office building, etc. (Specify) 4-26-98 2 Accidant 6 ☐ Could not be determined 3 ☐ Suicida 281. Location (Straat end Number or Rural Routa Number, City or Town, Stete) Chesterfield rowal 4 Homicide Crownsville Sheet 29a. Cartifian 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta end place, and dua to tha causa(s) and menner es stated. Medical Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) and menner steted. (Check only one) To the 29d. Data signad (Month, Day, Year) 29b. Signatura and titia of certifiar 29c. Licansa number

State Registrar Dennis J Chute v 31. Data filad (Month, Doy, Yaar) 32. F

30. Nama and addrass of person

32. Register's Signatura

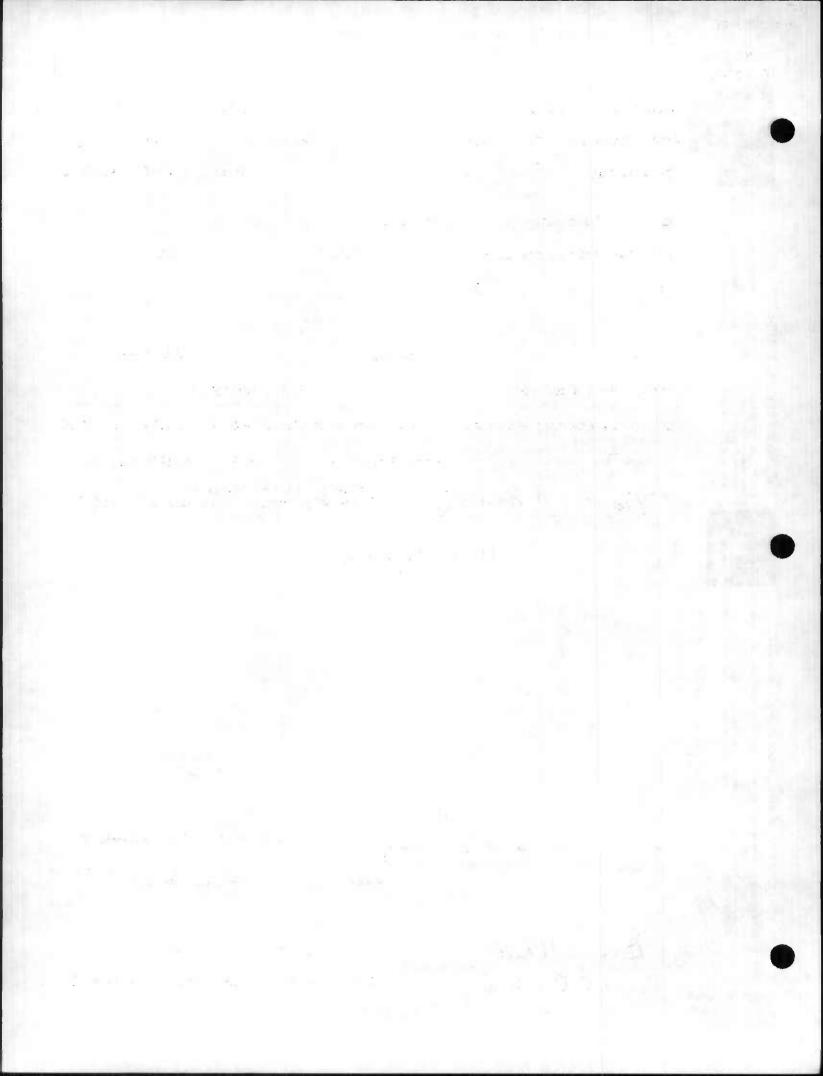
Julia Davidson-Andres

ho complated causa of daath (Itam 23a) (Type, Print)

O.C.M.E.

APRIL 27,1998

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dev **Physician** Steven K. Cotsoradis, Sr. 4c. County of Deeth APRIL 1:27 PM /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Saint Joseph Medical Center Towson Baltimore if Under 1 Year if Under 24 Hrs. 5. Sociel Security Number 6. Sex 1 X M 2 ☐ F 7. Age (In yrs. last birthday) Birthpleca (Stete or Foreign Country) 8. Dete of Birth (Month, Dey, Year) **Funeral** Min. Hours Months Deys 212-26-5598 Director May 15, 1929 Baltimore Maryland Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d, Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Modical Examiner must be notified at 1 ☐ Yes 2 No Directo Maryland Baltimore Kingsville 10e. Street end Number 10f. Zip Code 10a. Citizen of What Country? filed within 72 hours after deeth with 21087 7127 Sunshine Avenue U.S.A. Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, 12. Wes Decedent Ever in U.S. Armed Forces? Nat 'U.S. 1 M/Yes 2 No If Yes, Give Bleck, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🕅 No Specify: Specify: þ 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent'e Education (Specify only highest grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Restaurant Owner/Self-Employed Garden Bar 12th. n/a 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Pages 1 and 2 should be file ment of Health end Mental Hi Be Angela Yagaddis Constantine Cotsoradis 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Kingsville, Md. 21087 Mrs.Eleanor A. Cotsoradis 7127 Sunshine Avenue other t 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 □ Cremetion 3 □ Removel from State 9 4 ☐ Donetion 5 ☐ Other (Specify) Moreland Cemetery 5/1/98 Baltimore, Md. E. F. Lassahn Funeral Home 21. Signature of Funeral Service License 11750 Belair Road Kingsville, Md. 21087 and 23a. Perta Enter the discess, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel EXSANGUINATION 6 HOURS diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner RUPTURED ABDOMINAL **ANEURYSM** physician and the buriel-transit certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequenca of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 50 use a 0 signed by the a 23b. Did tobacco usa contribute to the cause of death? Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 Probably 4 Unknown 1 ☐ Yee 2 No Division of Vital Records, p 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed page 2 s 1 ☐ Yes 2 No 1 Yes 2 No certificate Attending Physician: director 25. Was case referred to medical Be 26. Piece of Deeth (Check only one) Hospitel: 1 Manpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 Yes 2 No 쭕 28c. Injury et Work? 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: After injury Neturei 5 Pending if death. 1 | Yes 2 | No investigation 2 Accident 6 ☐ Could not be determined 3 Suicide Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Or A 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) and manner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signatur and title of certi 29c. License number 29d. Detę signed (Month, Dey, Year) D13335

State Registrar 31. Dete filed (Month, Dey, Year)
MAY 0 1 1998

ROBERT S. BAXT,

32. Registrer's Signeture

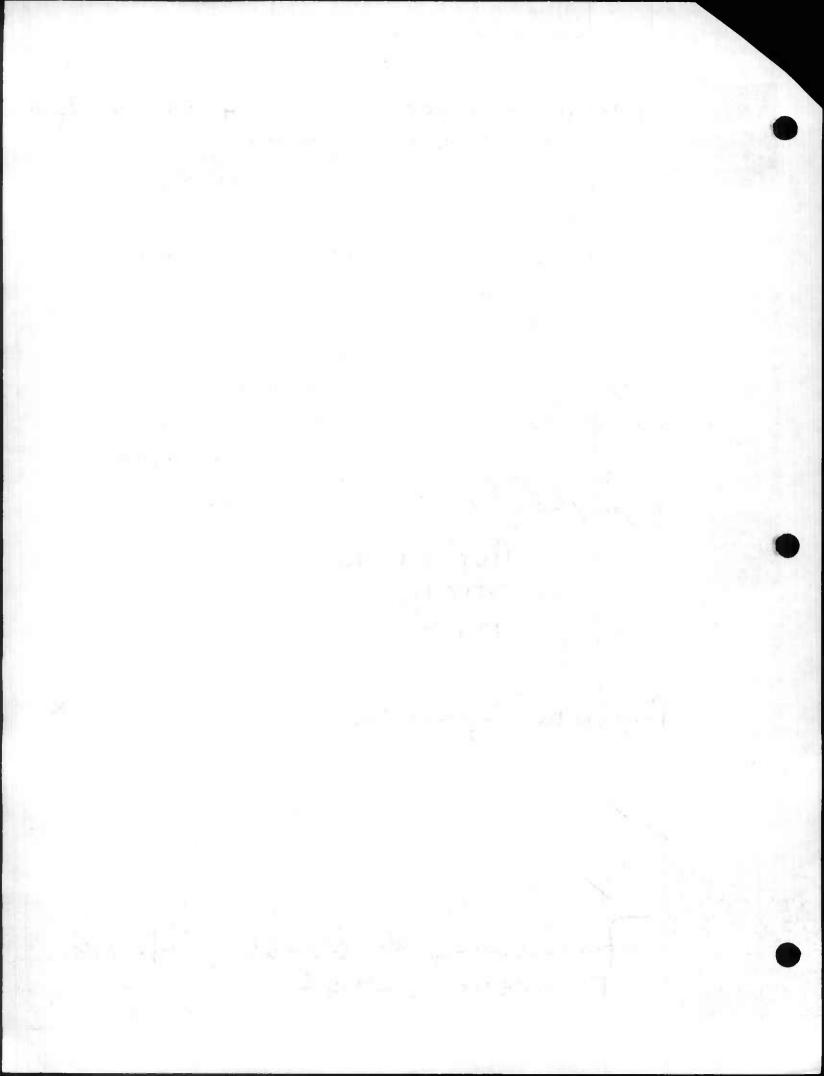
M. D., 54 SCOTT ADAM ROAD, COCKEYSVILLE, MARYLAND 21030

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month USSIE /Medical 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** JOHN HOPKINS BAYVIEW CENTER BALTIMORE N/A 8. Date of Birth (Month, Day, Year) If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 9. Birthplace (Stete or Foreign Country)
S.C. 7. Age (In yrs. last birthday) **Funeral** 1 M 2 □# Days 245 26 2729 Director Yrs 11/26/24 Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. inside City Limits 28a-f show Examiner must be notified at MD. N/A BALTIMORE Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? items 23a 1615 MULLIKIN CT. 21231 U.S.A. deeth Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter of Department of Health and Mentel Hygiene. Important: if item 27 la marked other than "natural", or her any Injury or other traumatic event, the Medical Examine page. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: AFR. AMERICAN by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 0 FACTORY WORKER **FACTORY** 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be FRED BERRY LILIAN HILSTOCK 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SANDRA CONNER (DAUGHTER) 1112 MIRGA CIRCLE BALTIMORE MD 21207 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) PARBUTUS MEM. PARK MAY 4,1998 ARBUTUS MD 21. Signature of Puneral Service Licensee ESTEP BROTHERS FUNERAL HOME P.A. EUGENE 1300 EUTAW PLACE BALTO. MD 21217 25a. Rart1. Enter the disease, or complications in shock, or near failure. List only one caus in Do not enter the mode of dying, such es cardiac or respiratory arrest Approximete Intervai Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) ira Examiner 110 Que to (or es a consequence of) Physician/Medical Examiner 0 end I-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): ettending physician e for use as the buriel-P.O. Box 68760 Due to (or as e consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Records, λq Be Completed 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was en autopsy performed? page 2 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: director. 25. Wes cese referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No 10 1 Yes 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this I brector: After this of In by the funeral d 27. Mannet of Deeth 28b. Time of 28d. Describe how Injury occurred Medical Certification: 28c. injury at Work? 5 Pending investigation 1 🗌 Yes 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 \ Homicide To the Funeral C Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a, Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 30. Name end eddress of person who completed ceuse of death (item 23e) (Type, Print) 31. Date filed (Month, Dey, Yeer) 32. Registrar's Signature State 0 1 1998 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth APRIL **Physician** ONY DEAN 1998 26 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Coldsonry Baltimore NA Lane 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) if Under 1 Year if Under 24 Hrs. 9. Birthplace (State or Foreign Country) **Funeral** 100M 20 F Days Min 214-88-8636 Yrs. Director Usual Residence of Decedent the Maryland 10a. State permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mertal Hygiene. Important: If term 27 is marked other than "natural", or fitams 23a or 28a-f show any injury or other traumate event, the Medical Examples I must be notified at 10b County 10c. City, Town or Location 10d. inside City Limits Baltimore 1 Nes 2 No Funeral Director NA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A Avenue 21215 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 No
If Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: Black Completed by 3 □ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Disabled NA NA chgrade 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) . Be Kansom W. 2 Dear Session Lran Cena 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3813 Balto, Med Z1215-20c. Location - City or Town, State Mother Avenue ean ten trancena 20a. Method of Disposition

1 Burial 2 Cremation 3 Removal from State 20b. Piece of Disposition (Neme of Date -2.98 4 □ Donetion 5 □ Other (Specify) 21. Signature of Furieral Service Licensee Mabasi 300 ter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, r heart failure. List only one cause on each line. Approximete Interval Between **Physician** /Medical Immediate Cause (Final 8 YEARS AIDS disease or condition resulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner The law requires that the death certificate be executed for usa as the bunal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of) Due to (or as a consequence of): signed by the ar Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Onknown 1 Yes 2 No CARDIOMYOPATHY à 24b. Were autopsy findings available prior to completion of ceuse of death? page 2 should Be Completed 24a. Was an eutopsy has 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No lcian: 25. Was case referred to medical exeminer? 26. Place of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Pother (Specify) HOSPICE 1 Yes 2 No Medical Certification: To 27. Manner of Death Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

within 24 hours To the Funeral the Hospita completely

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records.

Vital

O

State Registral

4 Homicide

(Check only one)

29b. Signature and title of certifier

31. Date filed (Month) Day (Year)

Sitten MD.

MACGIBBON M.D. 101 W. READ ST.

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

29a. Certifier

DHMH 16 Rev 6/95

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29c. License number

29d. Date signed (Month, Day, Year)

D06933

1998

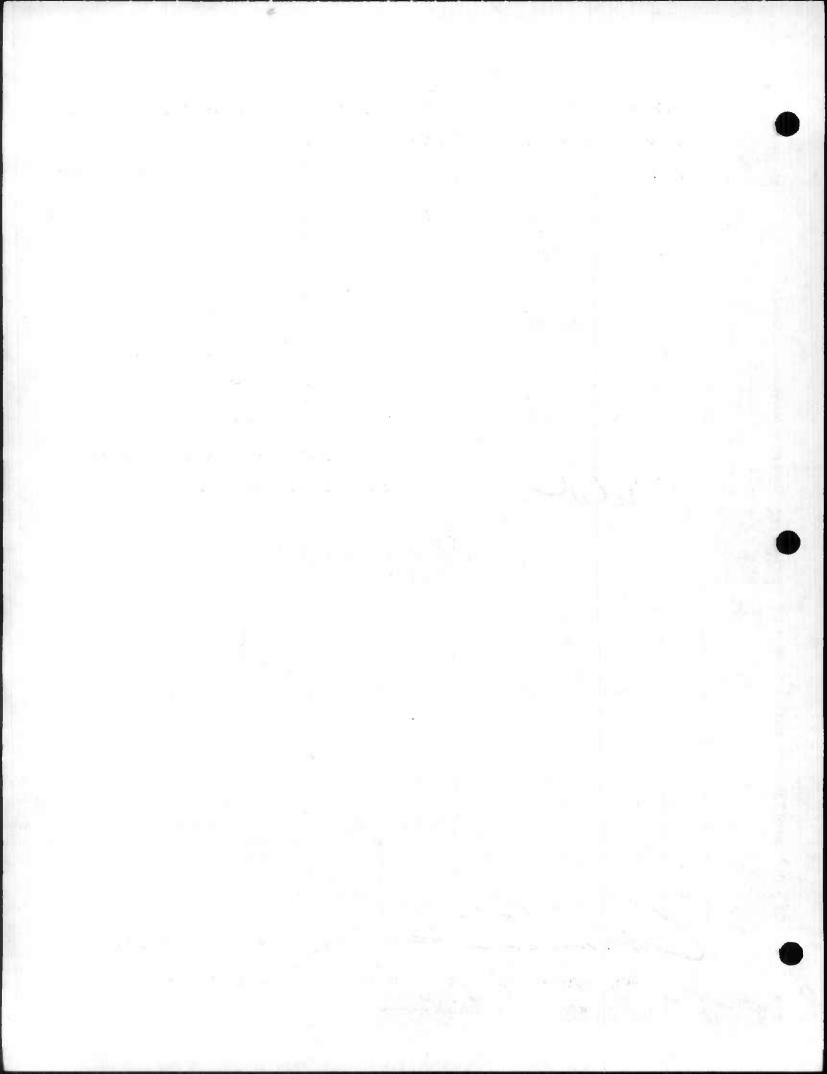
BALTIMORE

2/201

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death Day **Physician** Month Yaar DUMAIS 22, APRIL 1998 /Medicai 6:11 PM 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Berlin Nursing & Rehabilitation Center Worcester Berlin 5. Social Sacurity Numbar If Undar 1 Yaar if Undar 24 Hrs. 7. Aga (In yrs. last birthday) Funerai Birthpiaca (Stata or Foraign Country) 1XIM 2□ F Days Hours Yrs. Director 027-09-4200 94 Massachusetts Usuai Residanca of Dacedant 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at MD Worcester Berlin 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ŏ Post Office Box 799 21811 USA Items 23a Funeral 12. Was Dacedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Marital Status 14. Raca - Amarican Indian, Black White atc filed within 72 hours aftar 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 ☐ No Specify: Specify: White Aq 3 Widowed 4 □ Divorced Yaar or Datas: Completed 15. Dacadant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry nd Mental Hygiena. marked other than Elementery/Secondary (0-12) Collaga (1-4or 5+) Shipper Retail 17. Fathar's Nama (First, Middle Last) 18. Mother's Nema (First, Middla, Maidan Surnama) Be permit. Pages 1 and 2 should be i Department of Haath and Mental Important: If item 27 Is marked or any injury or other traumatic eve Alexander Dumais Deblia Jentis 19a. Informant's Neme/Raiationship (Typa, Print) 19b. Mailing Address (Streat and Number or Rural Routa Numbar, City or Town, State, Zip Coda) Richard Dumais, Jr/Grandson 710 Chapel Ridge Road, Lutherville, MD 21093 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, crematory or other placa) 20c. Location - City or Town, Stata W Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata Mary's Church Cem. 4/27/98 Laurel, Maryland 5 Othar (Spacify) 4 Donatio ansas 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 23a. Part1 Entar the disease, or shock, or haart ilure. Lis complications that causad tha daath. Do not anter the mode of dying, such es cardiac or respiretory arrest, only one cause on each line. Approximeta Interval Between Onset and Daath Physician AMERIOSCIENO NC CARDICAPSCULAR DISCHOE Immadiata Causa (Final disaasa or condition rasulting in daath) /Medicai Examiner Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that Initiated events rasulting in daath) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical the Dua to (or as a consequance of): usa as page 2 should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? certificate has 1 Yas Z No 2 No 1 Yas Division of Vital Atlanding Physician: Be 25. Was casa rafarred to medical axaminar? 28. Placa of Deeth (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1 ☐ Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this by the funeral 27. Mannar of Deeth 1 Natural 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding invastigation 1 Yas 2 No 2 Accidant tor 3 Suicida 6 Could not be 28a. Pleca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida within 24 hours a
To the Funeral D
completely illed 29a. Certifian Excertifying Physician: To the best of my knowledge, deeth occurred at the time, data and piece, end due to the cause(s) and mannar as stated. Medical Medical Examinar: On the best of my knowledge, deed occurred at the time, data and piece, and do to the causa(s) and manner stated. 29c. Licensa number Signature and title of certifier 29d. Data signed (Month, Day, Year) 30. Nama and eddress of person who complated cause of death (Itam 23a) (Type, Print) EDWIN CASTANEDA, MD 314 FRANKLIN AVE, STE 103, BERLIN, MD 21811 33 Register's Signature 31. Data fllad (Month, Day, Year) State MAY 0 1 1998 Registrar



### Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. -1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death April 27 Robert George Delauney, Sr. 3:15 AM 4e Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 8406 Charles Valley Court Baltimore Towson If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dev. Year October 5, 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1**X** M 2□ F Months 219-01-4287 81 Yrs. 1916 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Towson 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8406 Charles Valley Court 21204 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 □ No if Yes, Give Year or Dates: WW II 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: Specify 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Sales Executive Industrial Machines 4 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Clay Edward Delauney Louise Marie Lupus 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Robert G. Delauney, Jr./Son 4800 Keswick Road Baltimore, Maryland 21210 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 X Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) 4-30-98 Pikesville, Maryland Druid Ridge Cemetery 22. Name and Address of Fecility Mitchell-Wiedefeld Home, Inc. 21. Signature of Funeral Service Licenses Tettle Joven 6500 York Road Baltimore, Maryland 21212 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown allure 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

Examine end physician a s the burialsion of Vital Records, P.O. Box 68760 cartificate be Physician/Medical 992 4 4 signed by t d be detact þ Completed Be Certification: To gling

**Physician** 

/Medical Examiner

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, in Medical Examinet must be notified at once.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25.	Was case referre examiner?	d to medicel
27.	Manner of Deeth	
	1 Naturel	5 Pending investiga
	2 Accident	investiga

5 Pending investigation

6 ☐ Could not be

28a. Date of Injury (Month, Day Year)

28b. Time of

28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

28d. Describe how Injury occurred

28f. Location (Streef and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

3 Suicide

4 ☐ HomicIde

1 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and

29c. License number

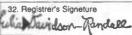
29d. Date signed (Month, Day, Year) April 27, 1998

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Robert J. Vissing, M.D. 4300 N. Charles Street Baltimore, MD 21210 31. Dete filed (Month, Day, Year)

State Registrar

Medical



man washing a man 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Month **Physician** Phyllis A. Davis April 29. 1998 8:50 p.m. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Genesis Eldercare- Cromwell Center Cronwell Baltimore 5. Social Sacurity Number If Under 1 Year | if Under 24 Hrs. 8. Data of Birth (Month, Day, 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) Days Hours Months Yrs 212-03-6555 90 February 25,1908 Baltimore City, Md Usual Rasidanca of Dacadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore 1 Yas 2 No Director Baltimore County 10f. Zip Coda 10e. Straat and Number 10g. Citizen of What Country? 4234 Chapel Road 21128 USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marltai Status 14. Race - American Indien, Bleck White etc. 1 ☐ Yas 2 🛣 No If Yes, Give 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: P Specify: 3 ☑ Widowad 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Dacedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Collega (1-4or 5+) N/A Elementary/Secondary (0-12) School Bus Driver Baltimore County Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumema) August Kollmer Minna Sieler 2 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Doris J. Alkire 4126 Slater Avenue Baltimore, Maryland 21236 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Metro Cremetory, Inc. April 30, 1998 Baltimore, Maryland 21. Sigoatura of Funaral Service Licansas 22. Nama and Addrass of Facility 23e. Pert1. Enter the disasse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feiture. List only one cause on each line. Approximeta Interval Between Onset end Daath fmmediata Causa (Final disaase or condition resulting in death) Sequantially list conditions, if eny, laading to immadiate cause. Entar Underlying Cause (Diseasa or Injury that initieded evants resulting In daath) Last Dua to (or as a consequence of) Dua to (or es e consequença of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown emic Heart Eisease 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 2 No 1 Yas 1 Yas 2 No 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) Hospitel: Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred

1 Yes 2 No

1241901

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the ceuse(s) and manner stated.

29c. License number

28f. Location (Straet end Number or Rural Routa Number, City or Town, Stata)

29d. Date signed (Month, Day, Year)

Physician /Medical Examiner

**Funeral** 

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner traut be notified at

permit. Pages 1 end 2 should be filed within 72 hours efter Department of Health end Mental Hyglene. Important: if fem 27 is marked other than "natural", or fee any injury or other traumatic event.

Baltimore, Maryland 21215-0020

with the Marylend

death

Examiner Physician/Medical by Completed Be 2

certificate be executed ettending physician and for use as the buriel-transit Box 68760 signed by t peed hes certificate this funeral after death. Certification:

Division of Vital Records, P.O. or Attending

State Registrar

Medical

31. Deta filad (Month, Day, Yaar) 01

29b. Signature and title of certifier

2 Accident

4 Homicide

(Check only one)

3 Suicida

29a. Certifier



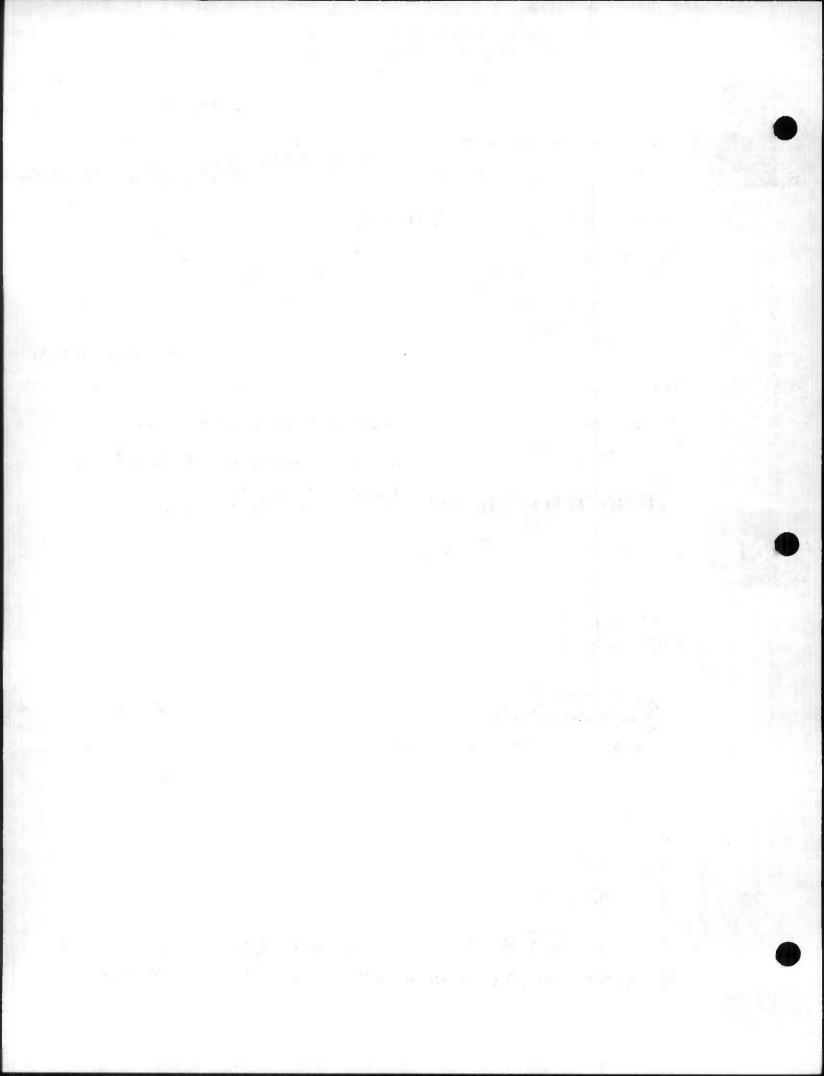
5 Panding invastigation

Could not be determined

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Parkway, Ballimore, MB 21286 32. Registrar's Signature what devidson-Randelle

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

**DHMH 16 Rev 6/95** 



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. Edith Fullwood State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item 20b,c per FH Film G759 5-1-98 ria 3. Time of Death 2. Date of Death 1. Decedent's Nama (First, Middle, Last) Month Day Vaar Physician 9:55pm Edith S.R. Fulwood 98 April 27, /Medical 4b. City, Town, or Location of Deeth 4a Facility Nama (If not institution, giva straat end number) 4c. County of Death Examiner 2343 Montebello Terrace Baltimore If Undar 1 Yeer If Under 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) 5. Social Security Number 6. Sex 8. Dete of Birth (Month, Day, Year) **Funeral** Months Devs Hours Min 10 M app 66 Yrs. SC 05-12-31 **Director** 219-74-1780 Usual Rasidance of Decedent the Maryland r 28a-f show 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Yas 2□No MA NA Baltimore rector 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with 1 늄 "natural", or items 23s or 21212 USA 2343 Montebello Terrace death . Funeral 12. Was Decadent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours efter 1 ☐ Yes 🎉 No If Yas, Giva Yeer or Detas: 1 Nevar Marriad & Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: Black þ 3 Widowed 4 Divorced r than "nature Completed 16a. Decedant's Usuel Occupetion (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grade complated) filed within Elementery/Secondery (0-12) College (1-4or 5+) 8th Grade Housewife in home other 18. Mothar's Nama (First, Middla, Maiden Sumame) 17. Fether's Nama (First, Middla, Last) Be 2 should be fill end Mental H 7 is marked of Cooper Burroughs Mollie Lennie 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 21212 19a. Informant's Name/Ralationship (Typa, Print) . Pages 1 and 2 sh Iment of Health enclant: if item 27 is r 2343 Montebello Terrace item 27 Allen Fulwood Baltimore, Maryland 20b. Place of Disposition (Nama of 20c. Location - City or Town, Stata 20a. Mathod of Disposition Place of Disposition (Marine or cematery, crematory or other place)
King Memorial Park Cemetery Depertment of Important: If its any injury or o Randallstown Baltimore, Md. 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State □Donation 5 □ Othar (Specify) 05-01-98 emetery ra of Funaral Saryica Lice 21. Sign 22. Nama and Address of Facility Baltimore, Maryland 21202 March F. H. East 1101 E. North Ave.

Approximation shock, or heart tailure. List only one cause on each line.

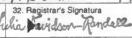
March F. H. East 1101 E. North Ave.

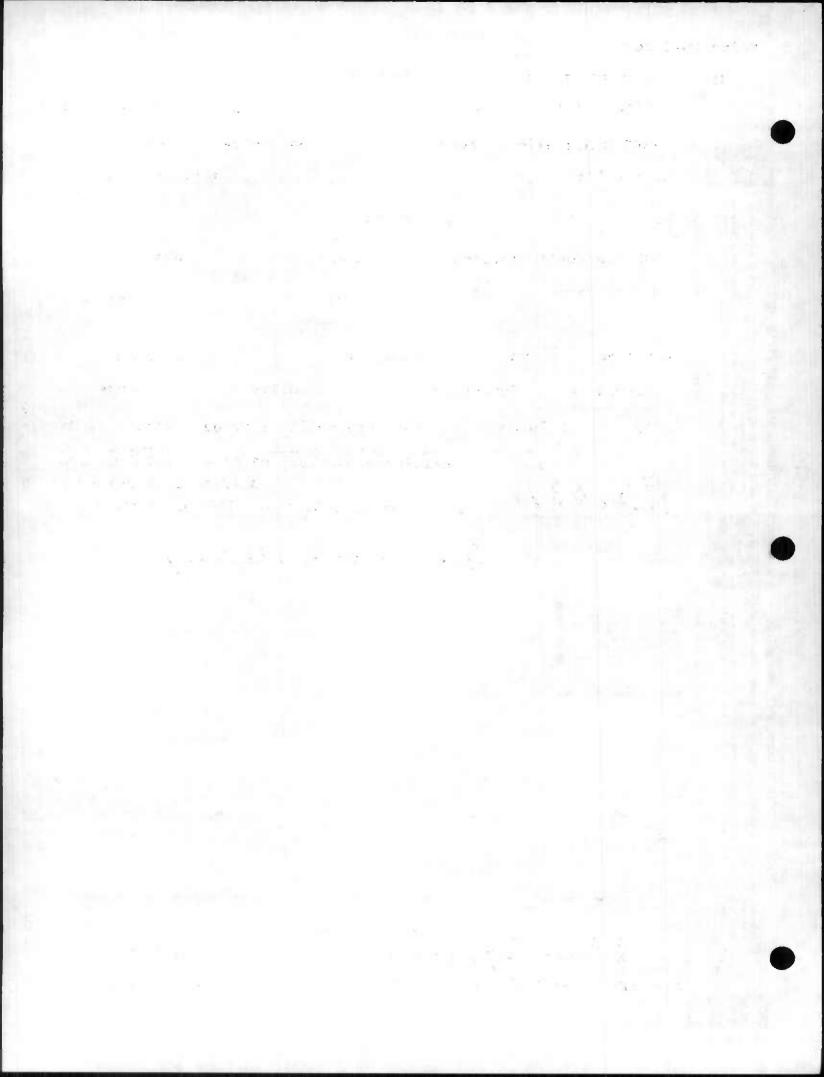
Approximation and tailure. List only one cause on each line. Approximete Intervel Batween Onsat and Death **Physician** /Medical Immediate Ceuse (Final 3 MONTH appl carenous disaesa or condition resulting in death) auditions. Examiner Due to (or as a consequence of): Examiner the death certificate be executed physician and the burial-transit Dua to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or Injury Division of Vital Records, P.O. Box 68760, Physician/Medical that initiated evants rasulting in daath) Lest Dua to (or as a consequance of): 98 use 0 signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown à The law requires 24b. Wara eutopsy findings available prior to complation of cause of deeth? 24a. Wes an autopsy performed? Completed ils certificate hes l director, page 2 s 1 Yas 2 No 1 ☐ Yas 2 No Attending Physician: Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 10 1 Yas Mo this 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? Certification: After Injury Natural 5 Panding deeth. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant Director: A 8 Could not be datarmined 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicida To the Hospital or A within 24 hours after To the Funerel Direcompletely filled in b Certifying Physician: To the best of my knowladga, daath occurred at tha tima, data and placa, and dua to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner stated. edicai 29a. Certifiar (Check only one) 29c. Licanse number 29d. Data signed (Month, Day, Year) 29b. Signeture and title of certifier Hysician 30. Name and addrass of person who complated capse of death (Item 23a) (Type, Print)

MILHARI PURTUIT JHRUML 1940 ENTERY AVE BALTIMORE pud 21224 4940 JHBUML

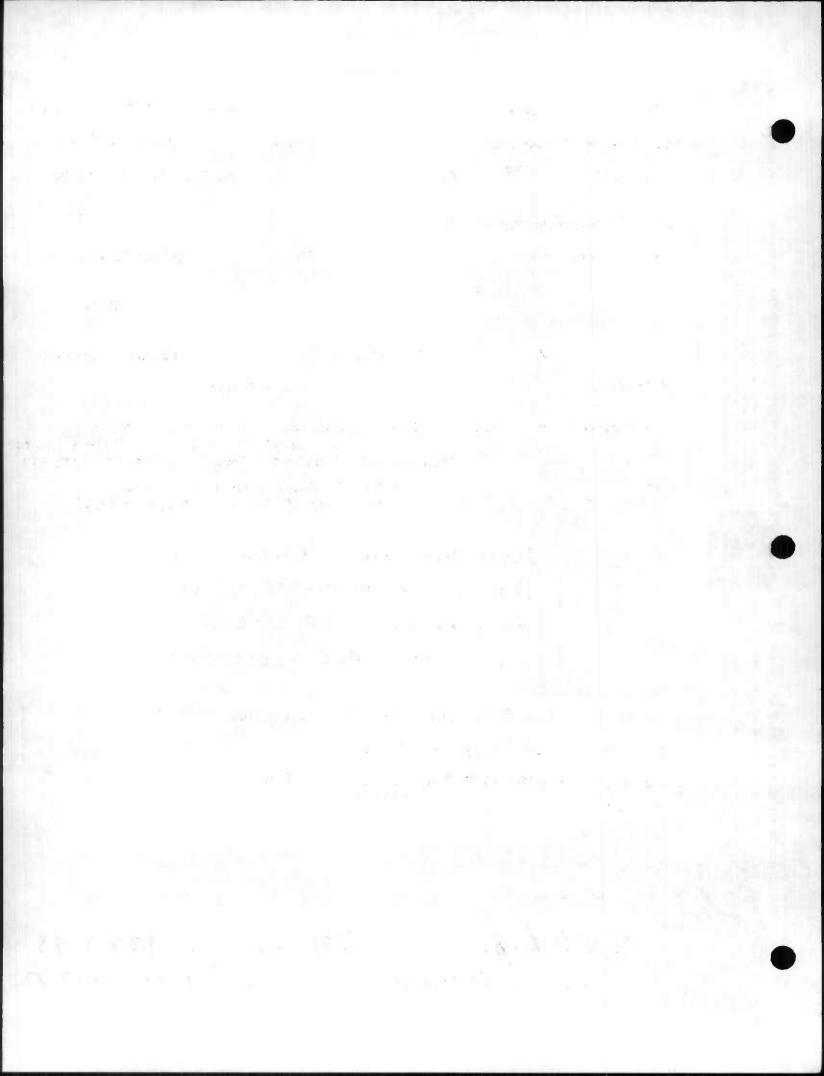
State Registrar 31. Data filad (Month, Day, Year)





						Ce	rtificate of	Death		Reg. No.		
	Physician	1. Decedent's Name	(First, Middle, L	ast)					2. Date of De Month	ath Day	Year	3. Time of Deeth
	/Medical	Mary		erguson				41 A11 T	April	18 19	-	6:35 A.M.
	Examiner	4a Facility Name (II			ber)			4b. City, Town, or	Location of Deatr			
		Laurel Re			. Age (In yrs.	last hirthday)	If Under 1 Year	Laurel If Under 24 Hrs	. A Date of Bird	Princ		
	Funeral Director	225 14 42		1□M 3€xF	81	Yrs.	Months Days	Hours Min.	(Month, Da			ca (State or Foreign
		Usuel Residence of			01				NOV. ZZ	2, 1916	WISC	onsin
	how	10e. Stete	10b. County		10c. Cit	y, Town or Lo	ocation				100	d. Inside City Limits
	e Ma	Maryland	Prince	George's	Boy	vie						X Yes 2□No
	with the Ma or 28a-f e be notified Director	10e. Street and Nun					10f. Zip Code			10g. Citizen of V	Vhat Countr	y?
	ath w	12407 Sk	ylark L					715		United	-	
Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Manyland th and Mantal Hygiana. 7 Is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Madical Extended must be notified at To Be Completed by Funeral Director	11, Maritel Status 1 □ Never Marrid 3 ☑ Widowed		12. Was Deced Armed Ford 1  Yes 2 If Yes, Give Year or Dat	es? No		Was Decedent of Hif Yes, specify Cub.	dispanic Origin? (S an, Mexican, Puerl Specify:	pecify Yes or No to Rican, etc.)	Specify	e - America k, White, et	c.
Q.	2 hot	40	15. Decedent's E	Education		16a. Dece	dent's Usual Occup	pation	44	16b. Kind of Bu		
215	led within 72 hours a tygiana. Per than "natural", on the Medical Exact. The Medical Exact. Completed by	Elementery/Secon	fy only highest ga	rade completed) College (1~	4or 5+)	life.	kind of work done DO NOT use retire	during most or wo	rking			
2	Hygiana. Other than ent, the			2		Stati	stician	1				ographic
pu	d oth	17. Fathera Neme (		(t)					me (First, Middle,	Maiden Sumam	(e)	
Z	should be nd Mantal marked c	Avis Le				1		Roxie '				
Mai	12 sh h and h and r is rr	19a. Informant's Na				19b. Maili	ng Address (Street	end Number or R	urel Route Numb	er, City or Town,	State, Zip C	Code)
Baltimore,	permit. Pagas 1 and Department of Haelth Important: If Item 27 any injury or other ti once.	20a. Melhod of Disp	Cremation 3	☐Removei from S	20b. F	Plece of Disposametery, cre-		ce) April	23, Date 199	3 20c. Location -		n, State nce Edward
臣	it. Partman	4 ☐ Donation  21. Signeture of Fur	5 Other (Spec		Pro	-	United M 2. Name end Addre		Church	Cemeter	y Co.	Virginia
Ba	permit. F Departme Importan any injur	A C	L- O	31300			obert E.		neral H	ome, Inc		
_		Jane	sk Wo	von	_	1	6000 Anna	apolis Ro	l. Bowie	Marylar		
п		23a. Pall 1. Enter the ahock, or hear	t feilure. List onl	y one cause on ee	ch line.	n. Do not en	ler the mode of dyin	ng, such as cardia	c or respiratory e	rrest,		Approximete nterval Between Onset and Death
	Physician /Medical	Immediate Cause (	Final	1 aug	. 00	0001	(Co.)	Pala	10001	. 0		
	Examiner	disease or condition resulting in death)	1	a.ACUTI			TION	THEU	MON	( )	<u>          i                          </u>	
	<u> </u>			DADO		or es e conse	AT TH	LAACE	2161	161		
	outed na nansit	Sequentially list con	ditions	b. Writer		or as a conse		INTICIT.	-5 -6-(	,	1	
ó	ficate be assecuted physician and assection to the bunal-transit edical Examiner	Sequentially list cor if any, leading to im cause. Enter Under Ceuse (Disease or	mediate lying	RES	PIRA	TOP	VF	-AILUI	RE		1	
68760,	ata be nysici ha bu	that initieted events resulting in death) L		c. 1123		r es e consec					1	
-				GEN	ERAL	ISE	ART	EROS	CLER	OSICS		
Вох	trand or us			0								
	tha a hed f	Part il. Other eignifi	cant conditions	contributing to dea	ih but not res	ulting In the u	nderlying cause gi	ven In Part I.	23b. Did	tobacco uae co	ntribute to I	the cause of death?
ls, P.O	v requires that the death certification is should be detached for use a should by Physician/Mileted	1, NON	INSU	LIN DE	PENDE	NT D	IABETES	MELLI	TUS 10	Yee 20/No		ably 4 ☐ Unknown
Records,	S S S	2, EXTEN	SIVE				LCERS		perfo	an autopsy ormed?	aval	e autopsy findings lable prior to pletion of cause eeth?
	Tha page	3, SUBDU	RAL HE	EMATON	na II	1 THO	RICS PI	NE EVAC	4 10	Yes 21 No	10	Yes 21 No
Vita	cartificata rector, pag	25. Was case referrexaminer?	/	Manaital: /	,	A	TION.		ath (Check only o	one)		
of	hys his	1 Yes 2 2		Hospital: 1 Nn		ER/Outpatie	II 3LI DUA		Home 5 □ Resi	denca 6 Oth		•
Division of	leath. lors After the funeration:	1 Naturel	5 Pending investigation	(Month	Day Year)	28b. Time of Injury	Wo	rk? IYes 2□No	200. Describe	now injury occur	160	
10	deat deat	2 ☐ Accident 3 ☐ Sulcide	6 Could not determine	be One Bless	of Injury - At h	ome, farm, st	reet, factory, office		28f. Location (	Street and Numb	er or Rural	Route Number,
금	SEE SEE	4  Homicide	determine		g, etc. (Specif				City or To	wn, State)		
1	A Spole	29e. Certifier (Check only one)	1 Certifying P 2  Medical Exa	hyalclan: To the baseliner: On the baseliner	ils of examina	wledge, deat tion and/or in	h occurred et the ti vestigation, in my o	me, dete end place opinion, death occu	e, end due to the urred at the time,	cause(s) and ma date end placa,	anner es sta and due to t	ted. the cause(s)
	within To the compa	295. Signature and	ule of certifies				29c. Licens	se number		29d. Date signe	d (Month, D	ay, Year)
	, , , ,	15	RU	dup	-		12	1200	7.	April 3	29	19981
		30. Name and addre	ss ot parson who	complete cause	of deeth (Item	n 23a) (Type.	Print)			7 1	1.	
			NIVAS	RUDAY	01.70	2455	HANDUE	R PKW	Y, GRE	ENBEL	TM	D 20Th
	State	31. Dete filed (Mont	Dev Year)	32. Re	gistrar's Signs				1			

Registrar



Piease Type or Print in Biack Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** 29, 1998 APRIL 8:30am Millard J. Fowler /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4e Facility Name (If not institution, give street and number) Examiner St. Martin's Home Catonsville Baltimore 8. Dete of Birth (Month, Day, Year) FEB 15, 1922 5. Social Security Number If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** ₩ 2 F Months Days Hours Min 214-18-5865 76 Yrs. Maryland Director Usual Residence of Decedent the Meryland 10d Inside City Limits 10a. Stete 10b County 10c City. Town or Location 28a-f show 7 is markad other than "natural", or items 23s or 28s-f abov traumetic event, the Modical Examinal must be notified at Baltimore MD Catonsville 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 601 Maiden Choice Lane 21228 Herns 23a USA Funeral filed within 72 hours efter death 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 22 Yes 2 □ No If Yes, Give Year or Dates: 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married "natural", or WWII Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced à 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other then any Injury or other traumatic event, the Mandones. Elementary/Secondary (0-12) College (1-4or 5+) Chef/Cook Restaurant Industry 18. Mother's Name (First, Middle, Malden Sumame) 17. Father's Neme (First, Middle, Last) Jerry Fowler Anna Mowkin 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 1934 Sulphur Spring Rd. Lansdowne, MD21227

Lac of Disposition (Name of Date 20c. Location - City or Town, State Tillisa Boggess/niece 20b. Placa of Disposition (Name of MD Cametery, crematory or other place)
Garrison Forest 20a. Method of Disposition 1 M Burial 2 □ Cremation 3 □ Removal from State 05/05/98 4 ☐ Donation 5 ☐ Other (Specify) Owings Mills, MD 21. Signature of Foneral Service Licensee

Dawn F. McDonald

23a. Pert1. Enter the disease, or complications thet caus shock, or heart failure. List only one cause on each 22 Name and Address of Facility
MacNabb Funeral Home, P.A. Donald Frederick Rd. Baltimore, MD 21228 ations thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury and Due to (or as a consequenca of) ettending physician for use es the burie Box 68760. The law requires that the death certificete be that initiated events resulting in death) Last Due to (or as a consequence of): 98 signed by the e Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the ceuee of death? Division of Vital Records, P.O. 1 XYee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an eutopsy should hes nemila 1 Yes 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attanding Physician: within 24 hours after deeth.

To the Funeral Diractor: After this certifics completely filled in by the funeral director, I 25. Was case referred to medical examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 2 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: 1 Natural
2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the ceuse(s) end manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and tale of certifier 29c. License number

Registrar

State

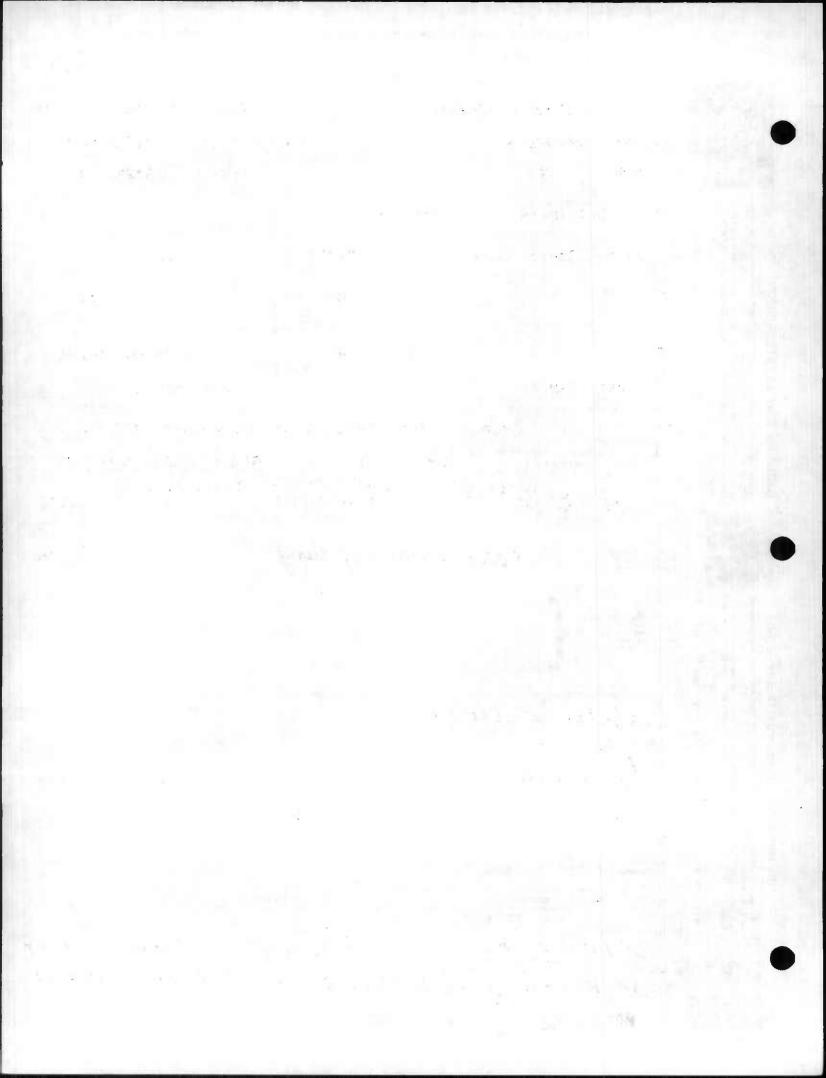
ASKARAN 31. Dete filed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

32. Registrar's Signature

Alia Davidson

Bultimor MO 21229

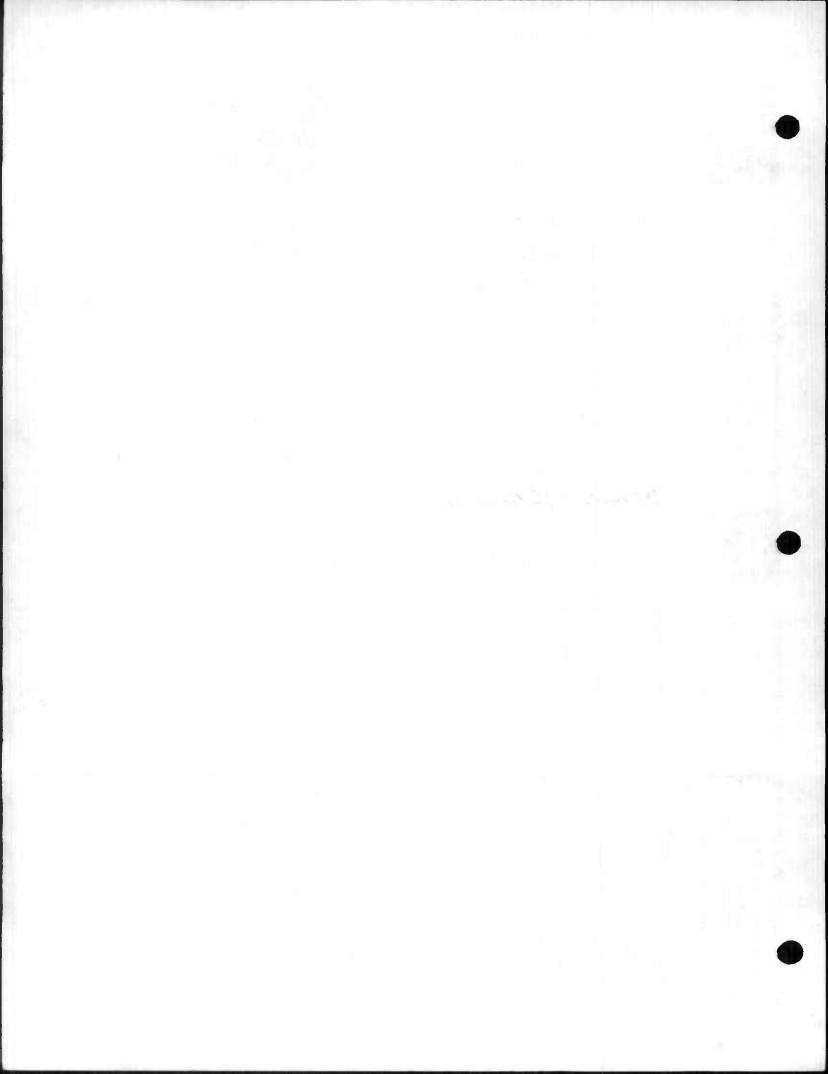


## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		Decedent's Nama (First, Middla,	l act)						2. Data of I	Reg.			Time -4 Day
Physician									Month		Day	Yaar	. Tima of Death
/Medical			IELDS					4b. City, Town, or	April	19			:15 A.1
Examiner	r	4a. Facility Name (If not institution,		B(r)						ettri	4c. County		
		Springhouse M. 5. Social Security Number		Ann /In um	. last birthday)	If Lind	ar 1 Yeer	Bethesd		N.C. India.		gomery	
Funeral Director		165-14-3888 Usual Rasidanca of Decedant	1□M 200 F	77	Yrs.	Months		Hours Min		Day, Ye	1920	Country) Pennsy	l (Stete or Ford
show		10a. Stata 10b. County			ity, Town or Lo							10d.	Insida City Lin
natural, or items 23a or 28a-f show deal Examiner must be notified at		Pennsylvania Ph	iladelphia	l Ph	iladel	•	. 0 1						
2 2	5						ip Coda	1		10g.		What Country?	
23	0	902 Friendship S		nt Ever in 1	10 10 1		19111		Canalla Van en l	la .	U.S.A		ndina
I', or items 23a or 23a-f show xaminet must be notified at by Funeral Director	Completed by Funeral Director	11. Marital Status  1 □ Navar Marriad 2 □ Marriad  3 □ Widowed 4 □ Divorced	12. Was Dacedal Armed Forca  1	is? ∐iNo				fispanlc Orlgin? (: an, Maxican, Pua Specify:	to Rican, atc.)	No- 14. Raca - American Indian, Black, Whita, atc.  Specify: White			
ed a		15. Decedant's Education 16a. Decedant's Usuai Occup			uai Occur	cupation			Kind of Bu	. Kind of Businass/Industry			
Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", c any injury or other traumatic event, the Medical Exa any injury or other Traumatic event, the Medical Exa any injury or other Traumatic event, the Medical Exa and Examples on To Be Compilered by		בולוווסי	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 2 Yea			(Giva kind of work dona during n		during most of we	ring most of working		Own Home		
Part C		17. Fethar's Nama (First, Middle, La			110 00	CWII		18. Mothar's Na	ma (First, Midd	la. Mai			
Is marked out reumatic ever	ă	Nathan Myerson							Lamnin	- any overally		/	
marke matic	-  -	19a. informant's Name/Relationship	(Tyme Print)		10h Mailir	na Addra	en (Stroot			har C	ihr or Tour	Chata Zia Ca	do l
Health an am 27 is o other trau		Dr. David Fields		Tank .	7144	ling Addrass (Street and Number or Rural Rou Swansong Way, Bethes			thesda,				317
nent of H ant: If ital ary or oth	1	20a. Mathod of Disposition 1		tat i	Placa of Dispo camatary, cran Sevelt			4/41	/1998			on - City or Town, Stata elphia, PA	
epartn nports ny inju		21. Signature of Funaral Sarvica Lic	cansee					ss of Facility EW MEMOR	TAT THIN				
ysiclan Medical taminer		23a. Part1. Entar tha disaasa, or conshock, or haart failura. List or Immadiata Causa (Final disaasa or condition resultino in death)		sed daa	th. Do not ent	32 CA ter the mo	RROL]	L STREET	N LJ	T.T.A	CHINC	CON, D.	C. 200 proximata arval Batwee
gphysician and ss the buriel-transit as the buriel-transit and second and sec	Tealcal Evaluation	23a. Part1. Enter the disease, or conshock, or heart failure. List or Immediate Cause (Final	a. <i>M.</i> to	Dua to (	th. Do not ent	32 CA ter the mo	RROLI de	L STREET	N LJ	T.T.A	CHINC	CON, D.	C. 200 proximata arval Batwee
gphysician and ss the buriel-transit as the buriel-transit and second and sec	Tealcal Evaluation	23a. Part1. Entar tha disaasa, or conshock, or haart failura. List or immediate Causa (Final disaasa or condition resulting in death)  Sequentially list conditions, if ery, leading to immediate causa. Entar Underlying Causa (Disaasa or injury thet initiated avants resulting in death) Last	a. <i>Muta</i> b c	Dua to (c	th. Do not ent or as a conseq or as a conseq	32_CA ter the mo	RROLIDIDA of dyir	L STREET ng, such as cardia	N.W.,	WA arrast,	SHING	TON, D.	C. 200 proximata arval Batweer set end Daati
by the ettending physician and inpiparate to use as the buriel-transit and inpiparate to the buriel-transit and inpiparate to the physician in		23a. Part1. Enter the disease, or conshock, or heart failure. List or immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	a. <i>Muta</i> b c	Dua to (c	th. Do not ent or as a conseq or as a conseq	32_CA ter the mo	RROLIDIDA of dyir	L STREET ng, such as cardia	N.W., cor respiratory	WA arrast,	SHING	CON, D.	C. 200 proximate arval Batween set end Daat
shown signed by the ettending physician and input the standard for use as the buriel-transit in property of the standard for use the buriel-transit in the standard for use the standard for the standard for use the stand		23a. Part1. Entar tha disaasa, or conshock, or haart failura. List or immediate Causa (Final disaasa or condition resulting in death)  Sequentially list conditions, if ery, leading to immediate causa. Entar Underlying Causa (Disaasa or injury thet initiated avants resulting in death) Last	a. <i>Muta</i> b c	Dua to (c	th. Do not ent or as a conseq or as a conseq	32_CA ter the mo	RROLIDIDA of dyir	L STREET ng, such as cardia	23b. DI	WA arrast,	SHING	ntribute to the	C. 200 proximate arval Batweer set end Daati  cause of de ly 4\sum_Unk  autopsy findir ole prior to auton or cause
shown signed by the ettending physician and input the standard for use as the buriel-transit in property of the standard for use the buriel-transit in the standard for use the standard for the standard for use the stand		23a. Part1. Entar tha disaasa, or conshock, or haart failura. List or immediate Causa (Final disaasa or condition resulting in death)  Sequentially list conditions, if ery, leading to immediate causa. Entar Underlying Causa (Disaasa or injury thet initiated avants resulting in death) Last	a. <i>Muta</i> b c	Dua to (c	th. Do not ent or as a conseq or as a conseq	32_CA ter the mo	RROLIDIDA of dyir	L STREET ng, such as cardia	29b. DI	WA arrast,	SHING	ntribute to the 3 Probable evaluation of dear	C. 200 proximate arval Batweer set end Daati
rete has been signed by the ettending physician and in proper 2 should be detached for use as the buriet-transit in property of the physician/Medical Examiner		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or immediata Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if ery, leading to immediata causa. Entar Undarlying Causa (Disaasa or injury thet initiated avants resulting in death) Last  Pert II. Other algnificent conditions	a. <i>Muta</i> b c	Dua to (c	th. Do not ent or as a conseq or as a conseq	32_CA ter the mo	RROLIDIDA of dyir	L STREET ng, such as cardia	29b. DI	WA arrast, dd tobae	SHINGT	ntribute to the 3 Probable evaluation of dear	C. 200 proximate arval Batween set end Daati
his certificate has been signed by the ettending physician and indirector, page 2 should be detached for use as the buriel-transit in page 2.		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or immediate Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if ery, leading to immediate causa. Entar Underlying Causa (Disaasa or injury thet initiated avants resulting in death) Last  Pert II, Other algnificent conditions  25. Was casa rafarrad to medical axaminar?  1	a. Mata	Dua to (c	th. Do not ent or as a conseq or as a conseq	quance of quanca of quanta of	RROLI  class  cl	zan in Part I.  26. Placa of Delar: 4 & Nursing yat	23b. Di 1[ 24a. Wpe	WA arrast, dd tobae yes as an a afformac	CCO USE COU 2 No utopsy 17 2 TrNo	ntribute to the 3 Probable 24b. Wara evailate comploid dea 1 Year ar (Specify)	C. 200 proximate arval Batween set end Daat  e cause of de ly 45 Unk autopsy finding prior to atlon of cause th?
his certificate has been signed by the ettending physician and indirector, page 2 should be detached for use as the buriel-transit in page 2.		23a. Part1. Enter the disease, or conshock, or heart failure. List or immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other algnificent conditions are sufficiently in the initiated avents resulting in death) Last	a. MATA  b  c  d  Hospital: 1 □ Inpa  28a. Data of Ir (Month, Licion)  be 28a. Piaca of Ir (Month, Licion)	Dua to (compared to the compared to the compar	th. Do not ent or as a consequence or as a con	aguance of quance of quanca of quanta of M	RROLI  DOA Oth  28c. Injur  Wor  1	Z STREET  ng, such as cardia  van in Part I.  26. Placa of December: 4 X Nursing	23b. Dl  24a. Wr  24a. Wr  25b. Dl  15b. Dl  24a. Wr  25b. Dl  25b. Dl  25b. Dl  25b. Dl  25b. Dl  25b. Dl	WA arrast, dd tobal yes as en a aformaco you ona)	SHINGT  CCO USE COL  2 No  Lutopsy  2 No  3 No  4 And Numb	ntribute to the 3 Probable 24b. Wara evailate comploid dea 1 Year ar (Specify)	C. 200 proximate arval Batween set end Death beath beath beath beath beath beath beath be prior to atton of cause th?
is certificate has been signed by the ettending physician and in production, page 2 should be detached for use as the buriel-transit in production.		23a. Part1. Enter the disease, or conshock, or heart failure. List or shock, or heart failure. List or immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if ery, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other algnificent conditions axaminar?  1 Yes 2X No  27. Mannar of Death 1X Natural 5 Panding invastigat 3 Suicide 6 Could not datarmine 29a. Certifiar X Cartifying I	a. MATA  b. C	Dua to (c)  Dua to (c)  Due to	or as a consequence of a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence	quance of quanca of quanca of M	RROLIDIDA of dyir	Z. STREET  ag, such as cardia  can in Part I.  26. Placa of De  ar: 4 Nursing  y at  k?  Yas 2 \sum No	23b. DI  24a. Wype  15ath (Chack onl)  Homa 5   Re  28d. Dascrib	WA arrast,  d toba- Yes  Yes  Yona)  Sidence e how  (Streee how)	SHINGT  CCO USE CON  2 No  Lutopsy  2 No  e 6 Oth  injury occurr  of and Numb  fieta)	ntribute to the 3 Probability of dea 1 Year (Specify) red	C. 200 proximate arval Batween set end Daath set end Daath set end Daath proximate prior to atlon of cause th?
The process of the conficuence has been signed by the estending physician and be described for use as the buriel-transit of process of the physician and physician		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or immediate Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if ery, leading to immediate causa. Entar Undarlying Causa (Disaasa or injury thet initiated avants resulting in death) Last  Pert II. Other algnificent conditions  25. Was casa rafarrad to medical axaminar?  1	a. Mata  b  c  d  Hospital: 1 Inpa  28a. Data of Ir (Month, L)  28a. Piaca of Ibuilding,	Dua to (c)  Due to (c)	or as a consequence of a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence	quance of quance of quanca of M	RROLI  pda of dyir  Clun  f):  causa giv  causa giv  causa giv  ory, offica  d at the tir  ory, In my o	zan in Part I.  26. Placa of Dear: 4 X Nursing yat k? Yas 2 \( \text{No} \) No	23b. DI  24a. Wype  15ath (Chack onl)  Homa 5   Re  28d. Dascrib	WA arrast, do toba	SHINGT  CCC USE COL  2 No  utopsy  2 No  e 6 Oth injury occur  et and Numb itera)  a(s) and ma	ntribute to the	C. 200 proximate arval Batweer set end Daati
The process of the conficuence has been signed by the estending physician and be described for use as the buriel-transit of process of the physician and physician		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or immediate Cause (Final disaasa or condition rasulting in death)  Sequentially list conditions, if ery, leading to immediate cause. Entar Underlying Cause (Disaasa or injury thet initiated avants resulting in death) Last  Pert II. Other algnificent conditions  25. Was casa rafarrad to medical axaminar?  1 Yas 2 No  27. Mannar of Death  1 Natural invastigat  3 Suicide discussions of Could not datarminar  4 Homicida  29a. Certifiar (Check only)  2 Medical Ex	a. Mata  b  c  d  Hospital: 1 Inpe  28a. Data of Ir (Month, L)  28a. Piaca of I building,  Phyelclan: To tha bes  aminer: On tha basis	Dua to (c)  Due to (c)	or as a consequence of a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence	quance of quance of quanca of M	RROLIDIDA of dyir	Z. STREET  Tog, such as cardia  Van in Part I.  26. Place of Delar: 4 X Nursing  yeat  k?  Yas 2 \sum No  ma, data and place pinion, daath occue e number	23b. DI  24a. Wype  1[  24a. Wype  28d. Dascrib  28f. Location City or 7	WA arrast, do toba	SHINGT  CCC USE COL  2 No  utopsy  2 No  e 6 Oth injury occur  et and Numb itera)  a(s) and ma	ntribute to the 3 Probability of dea 1 Year (Specify) red	C. 200 proximate arval Batween set end Daath
The process of the conficuence has been signed by the estending physician and be described for use as the buriel-transit of process of the physician and physician		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or immediate Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if ery, leading to immediate causa. Entar Undarlying Causa (Disaasa or injury thet initiated avants resulting in death) Last  Pert II. Other algnificent conditions  25. Was casa rafarrad to medical axaminar?  1	a. Mata  b  c  d  Hospital: 1 Inpe  28a. Data of Ir (Month, L)  28a. Piaca of I building,  Phyelclan: To tha bes  aminer: On tha basis	Dua to (c)  Due to (c)	or as a consequence of a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence	quance of quance of quanca of M	RROLI  pda of dyir  Clun  f):  causa giv  causa giv  causa giv  ory, offica  d at the tir  ory, In my o	zan in Part I.  26. Placa of Dear: 4 X Nursing yat k? Yas 2 \( \text{No} \) No	23b. DI  24a. Wype  1[  24a. Wype  28d. Dascrib  28f. Location City or 7	WA arrast, do toba	SHINGT  CCC USE COL  2 No  utopsy  2 No  e 6 Oth injury occur  et and Numb itera)  a(s) and ma	ntribute to the	C. 200 proximate arval Batween set end Daat  cause of de by 45 Unk autopsy findir los prior to auton of cause the?  as 2 No  nuta Number, d. cause(s)
The process of the conficuence has been signed by the estending physician and be described for use as the buriel-transit of process of the physician and physician		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or immediate Causa (Final disaasa or condition rasulting in death)  Sequentially list conditions, if ery, leading to immediate causa. Entar Undarlying Causa (Disaasa or injury thet initiated avants resulting in death) Last  Pert II. Other algnificent conditions  25. Was casa rafarrad to medical axaminar?  1	a. Mata  b	Dua to (compared to the compared to the compar	th. Do not ent or as a consequence or as a con	and and any long any long and any long any long and any long any long and any long any long and any long any long any long and any long any long and any long a	RROLIDIDA Of dyir	Z. STREET  ag, such as cardia  van in Part I.  26. Placa of De  ar: 4 Nursing  yat  Yas 2 \( \text{No}\)  na, data and place pinion, daath occur  e number  35958	23b. DI  23b. DI  24a. Wipe  10  24a. Wipe  28d. Dascrib  28f. Location  City or 7  a, and dua to the turned at the time	WA arrast, do do toba-	SHINGT  CCC USE COL  2 No  utopsy  2 No  e 6 Oth injury occur  et and Numb itera)  a(s) and ma	ntribute to the	C. 200 proximate arval Batwee set end Daat  cause of de y 4\subseteq Units to

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink.	Assure All Coples Are Legible

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death APRIL **Physician** 25, 1998 7:28 PM ANNA M. FOEHRKOLB /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner ROSEDALE A If Undar 24 Hrs. 8. Dete of Birth Month, Day, Year) Dec. 16, 1939 FRANKLIN SOUARE HOSPITAL CEMTER BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Yaar Months Deys Social Security Number 9. Birthplace (Stata or Foraign **Funeral** MAry land 1 M 280F 218-36-9103 58 Director Usuel Residence of Decedent with the Merylend 10c. City, Town or Location 10d Inside City Limits 10a Steta 10h County Md. Baltimore 1 Yas 2 XNo Essex Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7 is marked other than "natural", or items 23a or traumatic event, the Medical Exercises must be 312 Tda Ave. 21221 USA Funeral 12. Wes Dacadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐\No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indien, 11. Merital Stetus Bleck, White, etc. 1 Nevar Marriad 2 Married 1 ☐ Yas 2 ☐ No Specify: White g 3 N Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Peges 1 end 2 should be filed within sent of Heelth end Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Assembly Line AAI 10th 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fathar's Nama (First, Middle, Last) unknown Mae Schneider 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Item 27 is other tra Rebecca Foehrkolb/daughter 312 IDA AVE. Baltimore Md. 21221 Baltimore. 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - Cify or Town, Steta 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) = 5 Holly Hill Cemetery 4/29/98 Baltimore Md. 22. Nama and Address of Facility 21. Signature of Funerel Servica Licansee Connelly Funeral Home of Essex 300 Mace Ave. Baltimore MD. 21221 Approximate Intervel Between Onsat and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) PERFORATION BOWEL Examiner Examiner EPS15 WEEK Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated avants resulting in deeth) Lest c. DISSBMINATED INTRAVASCULAR COAGULATION/ Division of Vital Records, P.O. Box 68760 Physician/Medical ACUTE RENAL FAILURE Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown MESENTERIC ISCHEMIA 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy OCCLUSION OF SUPERIOR 25. Wes case referred to medical exeminer?

Hospitel: 1 Impatient 2 ER/Outpet 217 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifice. Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Certification: To funeral 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) end menner stated. 29a. Certifier Medical To the Hosp within 24 hos To the Fune completely fi (Check only one) 29d. Date signed (Month, Day, Year) 29c. Licensa number 29b. Signatura and titla of certifiag

9000

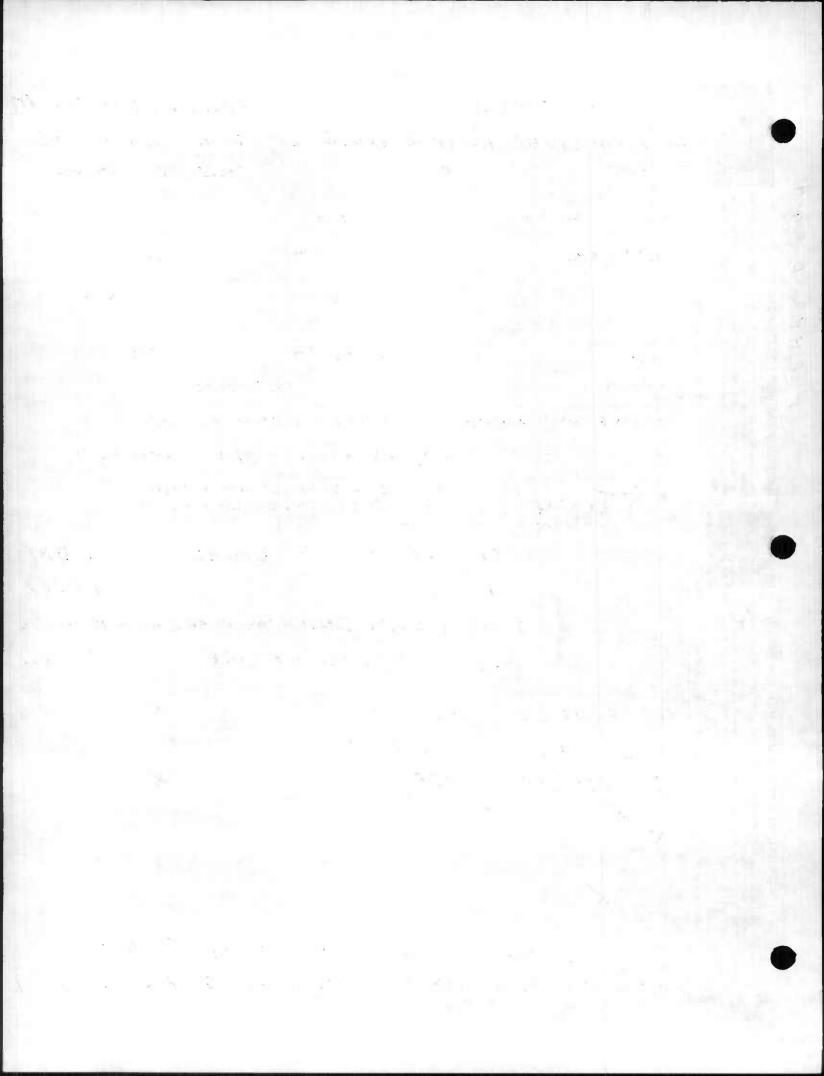
31. Register's Signeture Fundally

FRANKLIN SQ DR. BALTO, NO 21237

Registrar

31. Date filed (Month, Dey, Year) MAY 0 1 1998

30. Name and eddress of person who completed cause of deeth (Item 22a) (Type, Print) AUY BUNG



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3623 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** : DSA.M 1998 ERNESTINE B GOODEN 28 PRIL /Medical 4e Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner RUNDEL GLEN BURNIE NNE RUNDEL NORTH HOSTITAL 8. Date of Birth (Month, Day, If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Months Days Hours 1□M 2\ F Country) MISSISSIPPI Yrs 426-64-5229 63 Director 06-30-1934 Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a. Stete 10b. County r than "natural", or items 23s or 28s-f show the Medical Exampler must be notified at MISS FORREST HATTIESBURG 1 ☐ Yes 2 XNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 606 ELIZABETH AVENUE 39401 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Gooden ERNESTINE should be filed within 72 hours after and Mental Hygiene. marked other than "natural", or ite 1 Never Married 2 Married 1 Yes 2 No BLACK Specify. If Yes, Give Yeer or Detes: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) NONE Elementary/Secondery (0-12) HOME MAKER OWN HOME permit. Pages 1 and 2 should be file. Department of Health and Mental Hyg. Important: If Item 27 is marked any Injury or other. 18. Mother's Name (First, Middle, Malden Sumame) 17. Fether's Neme (First, Middle, Last) Be ALBERT FRENCH KATIE LENZIE 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 606 ELIZABETH AVE. HATTIESBURG, MISSISSIPPI 39401 ODIS GOODEN (HUSBAND) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 XBurial 2 Cremation 3 Removal from State 5/2/98 SCOTT STREET CEMETERY HATTIESBURG, MISSISSIPPI 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility SINGLETON FUNERAL HOME, PA. SECOND AVE. S.W. GLEN BURNIE, MD 21061 1 es or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, List only one cause on each line. Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) Aviedical Examiner Physician/Medical Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury) and Lina physician ar Box 68760, certificate be that initiated events resulting in death) Last Due to pr as a consequence of): # 817 23b. Did tobacco use contribute to the cause of death? P.O. 9 6 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by to 5 be detach 3 Probably 4 Dinknown 1 Yes 2 No þ Division of Vital Records. 24b. Were autopsy findings 24a. Was an autopsy Completed 0000 completion of cause of death? 3 page 2 1□ Yes 212No 1 ☐ Yes 2 ☐ No certificate 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: (p) Inpatient Other: 4□ Nursing Home 5□ Residence 6 □Other (Specify) 10 210 No 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes this. 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 27. Marger of Death 28c. Injury at Work? 28b. Time of Certification: Affac 5 Pending investigation Attending Natural 1 Yes 2 No 2 C Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 C Homicide atte b A 24 ho. \*\* Funeral Dir Pi-Certifying Physician: 10 the basis of examiner: On the basis of examiner and manner stated. Medical 29s. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) mination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) To the Villan 2 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie To

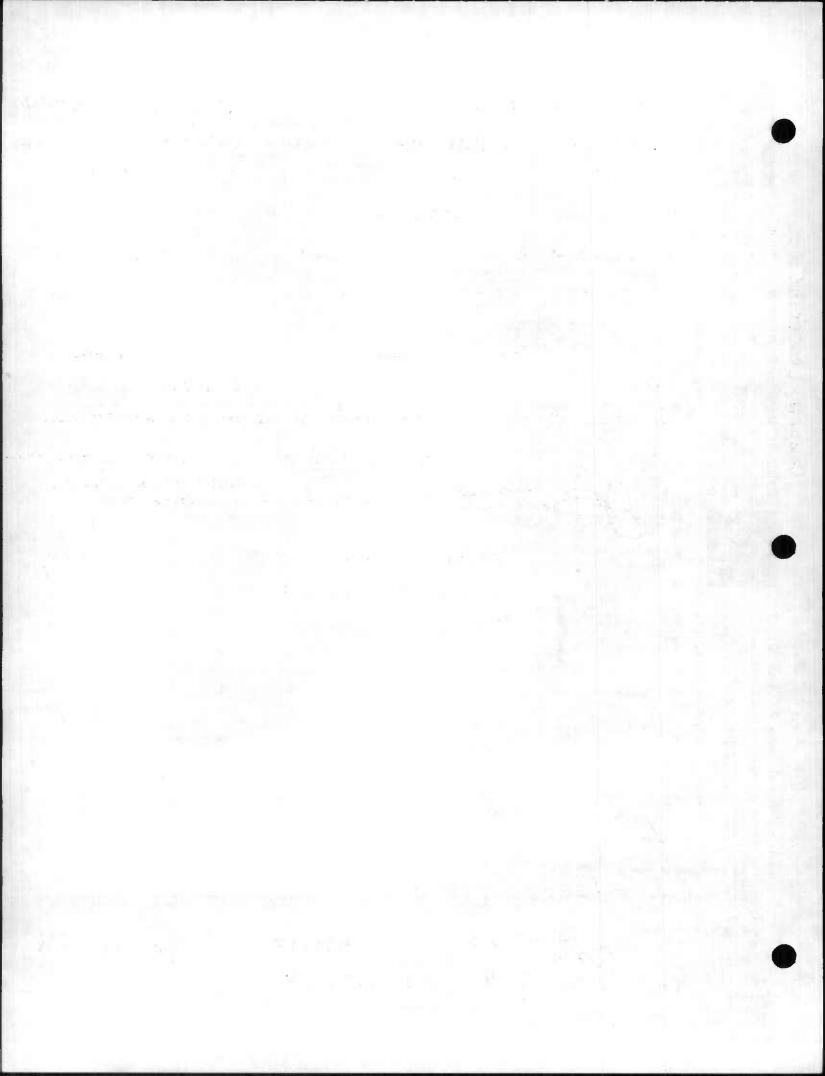
mp

6 32 Bhoistrails Signature holia Assertacon Handage

of death (Item 23a) (Type, Print) ...

State Registrar

led (Month, Day, Year)



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		4 December 1 Name (First 4 Middle )			Certific	ate o	f Death	I a minute	Reg. No	98	136	)24
Physici	ian	Decedent's Name (First, Middle, L.	ist)	011	1.			2. Data of D		Ye	er	me of Death
/Medic		Irene		GII	ckmai	<u>n</u>		Apri	-		The state of the s	:30 AN
Examir	ner	4a. Facility Name (If not institution, gi		11 -	. 4. 1		1	or Location of Dea		County of E		,
			gional		pital			aurel		Princ	ie Ge	eorge's
Funeral			·	e (In yrs. last	Month	der 1 Yaa			irth	9.	Birthplace (S	tate or Foraign
Director			1□ M 2√X	79	Yrs.			Nov 23	3, 19	18		ylavani
pul .		Usual Residence of Decedent  10a. State 10b. County		10a City T	own or Location						40.1.1	
ire, Maryland ZIZIS-0020 s I and 2 should be filed within 72 hours after death with the Maryland f Health and Mental hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exeminer must be notified at	_											Ida City Limits
Ba-f	Funeral Director	Md. Anne Ar	unaeı	Laur	ет						11	Yas 2 XX
or 2	Dire	10e. Street and Number			10f.	Zip Code				zen of Wha	t Country?	
23a	La	238 Federalsburg	S.			207	24		US.	A		
tar dea items	Ine	11. Marital Status	12. Was Decedant Armed Forces?	Ever In U,S.	13. Was De	cedent of	Hispanic Orlgin? ban, Mexicen, Pu	(Specify Yes or Nerto Bican, etc.)	10-		Amaricen Indi White, etc.	an,
dd 2 should be filed within 72 hours afta tith and Mental Hygiens . 77 is marked other than "natural", or it traumatic event, the Medical Exprision	F	1 Nevar Married 2 Married	1 ☐ Yas 2	No		2/J/N		orto i nouri, oto.j			vinite, etc.	
n 72 hours aft "natural", or	by	3 Widowed 4 □ Divorced	Year or Dates:		1 1 108	XXV	э эрөсну:			Specify:	White	
72 h	Completed	15. Decedent's E	ducetion	1	6a. Decedent's U	sual Occi	upation	undring.	16b. Ki	nd of Busine	ess/Industry	
Din .	ple	(Specify only highast gr Elementery/Secondary (0-12)	(4)	life. DO NO	Decedent's Usual Occupation (Give kind of work done during most of worlife. DO NOT use retired)		ronking					
d wil	no:	Grade 10	College (1-4or 5		<b>Homemal</b>	cer			0	wn Hor	me	
othe other	Bec	17. Fathar's Name (First, Middla, Las	)				18. Mother's N	ame (First, Middl	e, Maiden	Sumama)		
ked by	To E	Gabor Kish					Julia	Szucs				
2 should be filed within and Mental Hygiene. Is marked other than raumatic event, the Mental than the Mental than		19a. Informant's Name/Relationship	Type, Print)	1	19b. Mailing Addr	ess (Stree	et and Number or	Rural Route Num	ber. City o	r Town. Sta	te. Zin Code)	
the state of the s		Adele Haas /	daughter		238 Feder			Laurel,			20724	
Haa Haa		20e. Method of Disposition	aaagneez		e of Disposition (f			_	_		or Town, Sta	ato
Demit. Pagas 1 and 2 Department of Haaith s mportant: If item 27 is nny injury or other tra		1 Burial 2 Cramation 3	Removal from State					Apr 30,	1			
tant tant		4 □ Donation 5 □ Other (Speci	• •	Metr	o Cremat			1998	Cat	onsvi	lle, M	d.
permit. Pagas 1 and 2 Department of Heath a Important: If Itam 27 is any Injury or other tra once.		21. Signature of Funeral Service Lice	nsee		22. Name	and Add	ress of Fecility  Funeral	Home I	ο Λ			
00 = 0		Gren S. L	71				tt Avenu			arvla	nd 20	707
		23e. Part1. Enter the disease, or com shock, or heart latium. List only	lications that caused	the death. D	Do not enter the m	ode of dy	ing, such as cerd	iac or respiretory	errest,	ary ran	Appro	ximete
Physician		and an industry	The sease on each in	10.								and Deeth
/Medical		Immediate Cause (Final disease or condition	F. HANN	11/ 01	SCAPILLE	4.115	LUKE	) som			Va	100
Examiner		resulting in death)			a consequence		LUNO	1)15(1)	2		10	719
	Je.			Due to (or as	a consequence (	лγ.					1	
tificete be executed ig physician and as the burial-transit	edical Examiner		b	Due to (or or	, , , , ,						1	
an an	Exa	if any, laeding to immadiata		a consequence o	consequence of):							
be	<u>e</u>	Sequentially list conditions, if any, laeding to Immadiata cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c									
phys the	B	resulting in death) Last		Due to (or as	ue to (or as a consequence of):							
ding ding	Me		d								1	
ath c	Physician/M										İ	
a da the s	/slc	Pert fl. Other significant conditions of	ontributing to death bu	ut not resultin	g in the underlyin	g ceuse g	iven in Part f.	23b. Die	d tobacco	uaa contrit	oute to the ca	usa of death?
atec	Phy	CONGOSTIL	IE HOME	IT FA	HILLAS			10	Yss 2	□ No 3[	Probably	4 Denknown
as th	by	-01.004/10	110011	4 . / .	"			-				
en s euld	Completed	CONGESTIV AORTIC	ANUVA.	vcus				24a. We	s an autop	osy 2	4b. Were auto	opsy findings
s be	ple	11016/16	1100 1101	3/-/				-			completio of death?	n of ceusa
ha ha aga aga	EO							10	Yes 2	DNo	1 🗆 Yas	2 No
n: T fficat or, p	O	25. Was cese referred to medical					00 51 (5				1 1 1 1 1 1 3	2 mg 140
cart	o Be	examiner?	Hospitai:	/		0	thor	eeth (Check only				
Phys this ral d	. To	27. Menner of Death	1 L Inpatia		Outpatient 3 b. Time of	DOA	4 C I (diality	Home 5 Res			Specify)	
ling Aftar fune	lon	1 ☑Natural 5 ☐ Pending	28a. Dete of Injur (Month, Da)	Year)	Injury	28c. Inji		28d. Describe	now injur	y occurred		
leath for:	Certification:	2 Accident investigation 3 Suicide 6 Could not be			М		Yes 2□No					
trect freed in by	E	4 Homicide determined	28e. Place of fnju building, etc	ury - At home. c. (Specify)	, farm, street, fact	ory, office	9	28f. Location City or To	(Street an own, State	d Number o )	r Rurai Routa	Number,
tal a se led	S											
ospi hou uner uner	cal	29e. Certifier 1 Certifying Pt	ysician: To the best of	of my knowled	ige, deeth occurre	ed et the i	time, dete and ple	ce, end due to the	cause(s)	and manne	r as steted.	(1)
To the Hospital or Attending Physician: The law requires thet the death carl within 24 hours after death.  To the Funeral Director: Atter this cartificate has been signed by the attendin completely filled in by the funeral director, page 2 should be deteched for use	Medical	one)	ninar: On the besis of and menner sta	ited.	androi investigati	on, in my	opinion, death oc	curred at the time	, uete end	piace, and	due to the ce	1196(S)
To t To t	Σ	29b. Signature end title of certifier	. #	^	1	9c. Licer	nse number		29d. Dat	e signed (M	fonth, Pay, Yo	ear)
	-	Mels- G	la	M)			2499	7		4/20	1/98	
	-	30. Neme and address of person who	completed cause of de	agth (Itam 02	a) (Time Print)				_	11-1		
		LUIS A. CASAS	wi).	8317	( HOW	211	LANE	LAUN	77	wis	707	07
		31. Dete filed (Month, Day, Year)			C 11 C 100	7	//-			/		- /
Sta	te		1.4	To all de la	Mandales							

DHMH 16 Rav 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3625 Certificate of Death Reg. No. 3. Tima of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death Month **Physician** Iva Jane Gysegem 8:30 Am April 1898 /Medical 4a Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HRUNdeL Hospital Glen Burnie Arundel NorTh Anne If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year)
Aug 2, 19 If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpieca (Stata or Foraign Country) **Funeral** Months 10 M 20X Days 194-30-0290 59 Yrs. 1938 Director Penn. Usual Rasidance of Decedant the Manylend 10a State 10h County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examinar must be notified at Md. Anne Arundel Glen Burnie 1 Yes 2 No Director 10e. Street and Number 10f, Zip Code 10g. Citizan of What Country? permit. Peges 1 and 2 should be filed within 72 hours after death with t Department of Heelihe and Mental Hyglene. 102 North Crain Highway 21061 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas?
1 ☐ Yas 2 X X If Yas, Giva Year or Dates: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. Black, Whita, etc. 1 Never Married 2 Married 1□ Yes 2X No Specify. White by 3 Widowed X Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highast grada complated) 16h Kind of Business/Industry Eiementery/Secondary (0-12)
Grade 12 Coilege (1-4or 5+) Sales Retail 17. Fethar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Alexander S. Carson Viola G. Parkins 19e. Informent's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Ruth Dury sister 80 Narrow Gauge Road Monongahela, Pa. 15022 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Removal from State 5/1/98 Maple Creek Cem. 4 ☐ Donation 5 ☐ Othar (Specify) Charleroi, Pa. 22. Name and Addrass of Facility
Donaldson Funeral Home, P.A. 21. Signatura of Funarai Se in Licenses 313 Talbott Avenue Laurel, Md. 20707 hase, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, the List only one cause on each line. 23a. Part1. Entar the disease shock, or heart fallers Approximete Intarvai Batween Onsat and Death **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as e consequence of) Examiner ettending physicien end for use es the buriel-tran Sequentially list conditions, if any, laading to immediata ceuse. Enter Underlying Causa (Disaasa or Injury that initiated avants resulting in deeth) Last Dua to (or as a consaquance of): certificate be exec Physician/Medical Dua to (or as a consequence of): for ed by the el Part II. Other significant conditions contributing to death but not resulting in the undertying causa given in Part I. 23b. Did tobacco use contribute to the ceuse of death? signed by t 1 Yes 2 No 3 Probably 42 Unknown by 24b. Wara eutopsy findings available prior to completion of cause of daeth? 24a. Was an autopsy performed? Completed peen : certificate hes 1 ☐ Yes 2 No i or Attending Physician: efter death. Director: After this certific funeral director, 25. Was cese reterred to medical examinar? Be 26. Plece of Deeth (Check only one) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 2 1 Yas 2 No 1 ☑npatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mennar of Daath 28d. Describe how injury occurred 28b. Time of Certification: 28e. Data of Injury (Month, Day Yaar) 28c. Injury et Work? 5 Panding Invastigation 1 Natural 2 Accidant 1 Yas 2 No To the Hospital or Atterwithin 24 hours effer der To the Funeral Directo completely filled in by the 3 Suicida 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 ☐ Homicida Certifying Physician: To the bast of my knowladga, daeth occurred at tha tima, data and piace, end dua to tha ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, data and piace, and due to the ceuse(s) and mannar stated. 29a, Cartifiar Medical 29b. Signature and titia of certifiar 29c. License number 29d. Date signad (Month, Day, Year)

State Registrar

MAY

31. Data filad (Month, Day,

30. Nama and addrass of person who completed cause of death (itam 23a) (Type, Print)



**DHMH 16 Rev 6/95** 

Division of Vital Records, P.O. Box 68760.

The Zan Character of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey Yee **Physician** Greorge H. Getz 2:40 pm 28 1998 April /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Baltimore PARKYI 1/2 2711 Proctor LAMP If Under 24 Hrs. 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** Months Deys Hours Min 12 M 2□ F 84 Yrs. 10 11.39 **Director** January 31 Usuel Residence of Decedent Pages 1 and 2 should be filled within 72 hours efter death with the Menylend nent of Health and Mental Hygiene. 10d. Inside City Limits 10e Stete 10b County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Modical Examiner must be notified at Parkville 1 ☐ Yes 2 Z No Maryland BAltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21234 Proctor 2711 USA Funeral 14. Race - American Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Meritei Stetus 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Service Station MAMAGER 18. Mother's Name (First, Middle, Maiden Sumeme) 17, Fether's Neme (First, Middle, Last) Be Lyllian Rose Forney 1. Getz Henry 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Parkyille Maryland Health a G. 2711 Proctor Lane Getz permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr Konald 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetlon 3 ☐ Removel from State YAM Parkville, Maryland PARK Memorial 4 ☐ Donetion 5 ☐ Other (Specify) Moreland 1998 21. Signeture of Funerei Service Licensee 22. Name end Address of Fecility EVANS FUNERAL CHAPEL 6800 HArtord TC 21234 Baltimore MD. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth Physician /Medical immediete Ceuse (Final disease or condition resulting in deeth) Examiner Examiner physician end s the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): for use es 80 signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ≥ Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveilable prior to completion of cause of deeth? been si 24e. Wes en eutopsy Completed certificate has b lirector, page 2 s 1 Yes 1 ☐ Yes 2 ☐ No 2 M No Hospital or Attending Physician:
 24 hours effer deeth.
 Funeral Diractor: After this certificalets filled in by the funeral director, 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) To Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of Certification: 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 281. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Certitie Cartifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated.

State Registrar

Francis 31. Dete filed (Month Pay (Year) 1998

30. Neme end eddress of person who completed cause of d

29b. Signature end title of certifier

Wiegmann 32. Registrar's Signature

mith (Item 23e) (Type, Print)

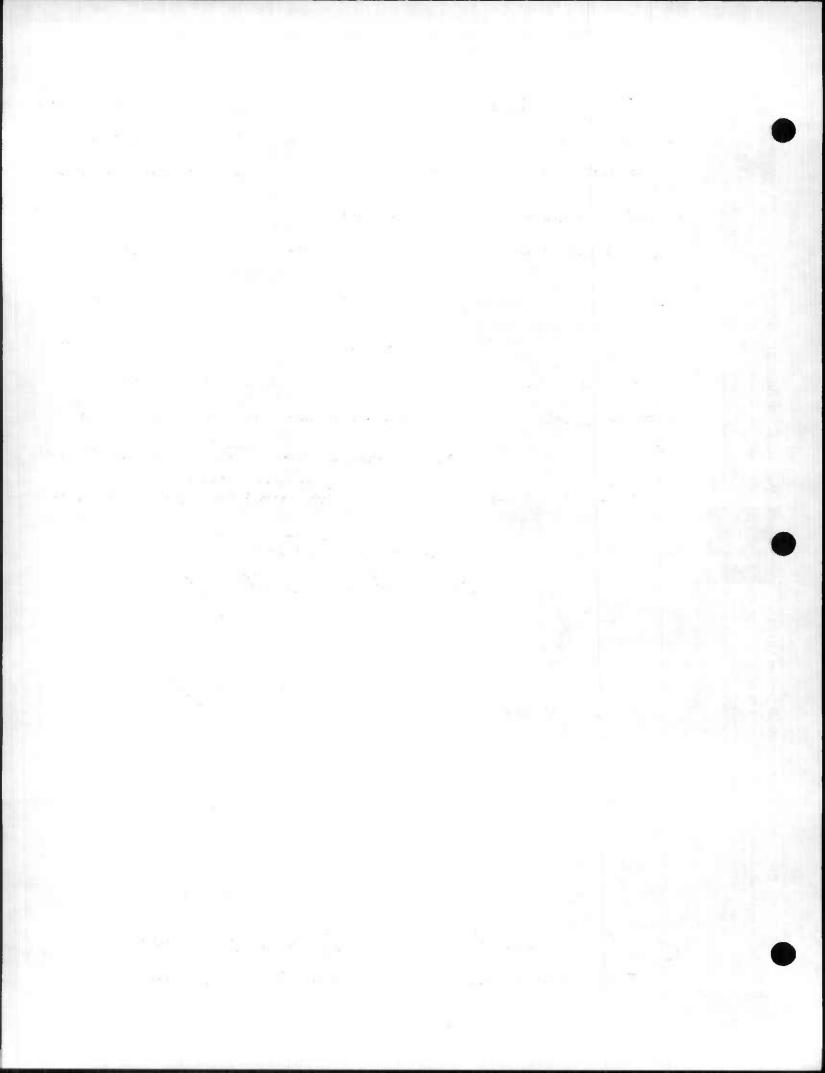
840L

29c. License number

Hartord

29d Date signed (Morgth, Day, Year)

Baltimore



98-2332-510 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. CMK State of Maryland / Department of Health and Mental Hygiene WILLIAM GALLAS, JR. Items: 23 part I,27,28a-f per MEO G-759 5/6/ Gertificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Daeth 3 Time of Deeth Month Day **Physician** Alber Illiam APRIL 26, 1998 1146AM /Medical 4a Fecility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE CITY
If Under 24 Hrs. 8. Date of 6600 MILTON LANE-IN VEHICLE 8. Date of Birth (Month, Day, Year) AUG. 19 19 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F Months Days Hours Min. 217-92-550 Yrs. Director Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits itsm 27 is marked other than "natural", or items 23s or 28s-f sho other traumatic event, the Medical Examiner must be notified at Harford 1 Yes 2 No Directo Maryland 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code Lacewood (011 Funeral Was Dacedent Ever in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) Race - American Indien, Bleck, White, etc. 11. Marital Status 2 should be filed within 72 hours after and Mental Hygiena. Is marked other than "natural", or ite 1 Yas 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married 1□ Yes 2XNo Specify: White Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry condary (0-12) Flamantary/9 Coltega (1-4or 5+) 12 YRS 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be DONARRIG 2 19a. Informent's Name/Reletionshtp (Type, Print) 19b. Malting Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1 and 2 Department of Haalth mportant: if item 27 Maryland 21040 611 altimore, 20b. Place of Disposition (Name of cemetery, cremetory or other place) April 30 20c. Location - City of Town, Stete 20a. Method of Disposition Pages 1 Buriel 2 Cremetion 3 Removel from State 0 any injury 4 Donetion 5 Othar (Specify) Chapel Vall Funeral 21234 23a. Peri1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or haart failura. List only ona causa on each line. Approximete Intervel Between Onset end Deeth **Physician** immediate Cause (Final disease or condition rasulting in death) /Medical ATHEROSCLEROTIC CARDIOVASCULAR DISEASE ASSOCIATED WITH COCAINE INTOXICATION Examiner Dua to (or as e consequance of): Examiner physician and the burial-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Undarlying Ceuse (Disease or injury that initieted events rasulting in deeth) Lest Due to (or es e consequence of): certificata be exec Physician/Medical Due to (or es e consequence of) use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 2 Aq Division of Vital Records. 200 24b. Wara autopsy findings avaitabla prior to completion of ceusa of death? Completed 24e. Was en eutopsy parformed? paga 2 s certificata has 1 Yas or Attanding Physician: 25. Wes cese raferred to medical exeminer? Be 26. Pleca of Daeth (Check only one) Hospital: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA Othar: 4 Nursing Home 5 Residence 8 Mother (Specify) AT SCENE 2 1XYes 2 No this uneral 28d. Describe how injury occurred 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Tima of <sup>28c.</sup> tnjury et unknown Work? Aftar t Certification: found t Natural 5 Pending s after death. 1 Yes 2 No investigation found 4/26/98 2 Accident UNKNOWN 11:20 Could not be datermined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6600 Blk. Milton Lane 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 THomtcide To the Hospital o within 24 hours af To the Funeral Di completely filled is Found in truck Baltimore, Md. 29a. Certifier 1 Certifying Physician: To the bast of my knowledga, daeth occurred at the time, date and place, and dua to tha cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and menner stated. (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) but w

State Registrar

Dennis

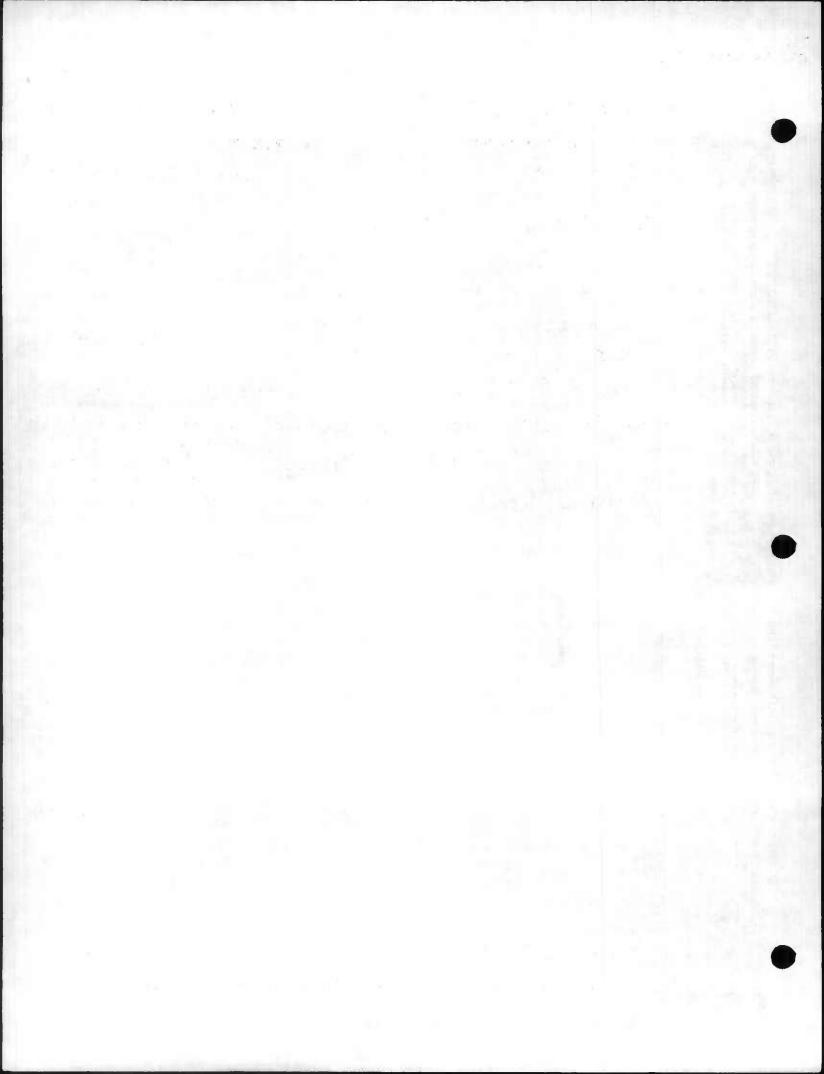
31. Data filed (Month, Day, Yeer)

30. Nema and eddrass of person spo completed causa of death (Itam 23a) (Type, Print) hute, no

32. Ragistrer's Signature dila Davidson O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

APRIL 27, 1998

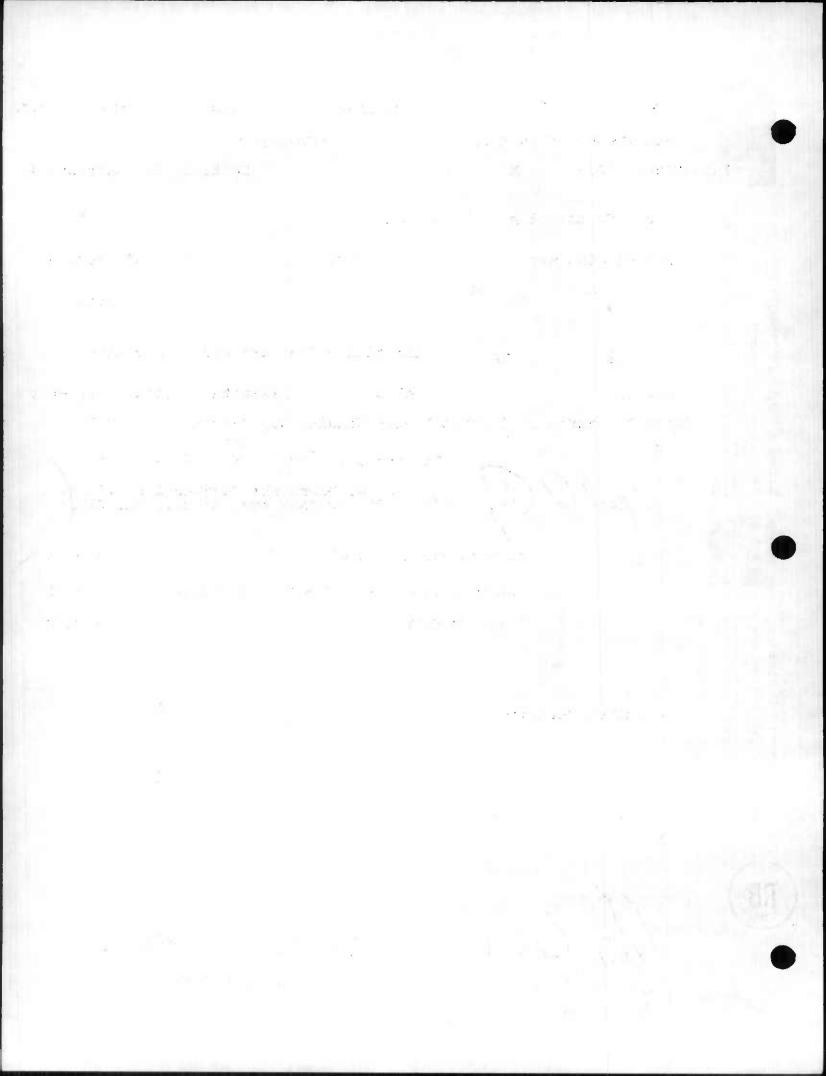


3628 State of Maryland / Department of Health and Mental Hygiene) Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** APRIL 28 1998 19:39 P.M. GABRIELLI /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Security Number If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Year) Sept. 3 55 Pennsylvania 7. Age (In yrs. last birthday) **Funeral** Months 1□M 2√2F Devs 163-48-9045 42 Yrs Director Usual Residence of Decedent the Maryland 10c. City, Town or Location 10d. Inside City Limits 10e State 10h County 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examples must be notified at Yes 2 No Pa. Director Northampton Easton 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? with 3226 Winding Way U.S. of America Funeral deeth 18045 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Status Black, White, etc. Pages 1 and 2 should be filed within 72 hours effar cent of Health and Mental Hygiena.

Int: If Item 27 le merked other than "natural", or item
Iny or other traumatic event, I'm Medical Earn any 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Librarian & Teachers Aid Education 12 NA 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be 20 William Cochios Elizabeth Heller Streeter 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harry A. Gabrielli (Husband) 3226 Winding Way Easton, Pa. 18045 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition May 1 Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or St' Anthonys Cem. 2 Easton, Pa. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility W. Dabrowski-Chojnacki F.H.'s P.A. 10.05 Dundalk Ave. Balto., Md.
mused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, 21224 23a. Part1. Enter the disease, or complications the shock, or heart failure. List only one cause of Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel EXSANGUINATING HEMORRHAGE 4 HOURS disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner CARDIAC ARRYTHMIA WITH VENTRICULAR DYSFUNCTION 4 HOURS physician and the bunal-transit that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Last Due to (or es e consequence of): sion of Vital Records, P.O. Box 68760, T cell LYMPHOMA 2 YEARS Physician/Medical Due to (or as a consequence of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the causs of death? 2 No 3 Probably 4 Unknown 1 Yss BONE MARROW TRANSPLANT by 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was an autopsy Completed The law cartificate hes t lirector, pega 2 s 2 No 1 Tyes 2 No 1 Yes Physician: Be 25. Was cese referred to medicel examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 28a. Date of Injury (Month, Day Yeer) Certification: ndlng 5 Pending Investigation 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edicai 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Sign title of certifie 30. Ne address of person who completed cause of death (Item 23a) (Type, Print) Scheel Wolfe 600 N Scott 31. Date filed (Month, Day, Year) MAY 0 1 1998 32. Registrar's Signeture State Fully Davidson Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3629 Amend: 20abc Per FH Film G759 5-14-98RC Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death Month 5:45 AM **Physician** Harris eronda April 23 /Medical 4b. City, Town, or Location of Death 4c. County of Deat 4a Facility Name (If not institution, give street and number) Examiner Med ent mor 5. Social Security Number 2 16-78-3084
Usual Residence of Decedent 7. Age (In yrs. last birthday) Yrs. If Under 1 Year **Funeral** Months Days Hours Min Feb. 10, 1967 North 1 M 2 XF **Director** Carolina with the Maryland 10a. State 10d. inside City Limits 10b. County 10c. City. Town or Location 7 is marked other than "natural", or frams 23s or 28s-f show treumstic event, the Medical Examiner must be nothfield at 1 Yes 2 □ No imore Funeral Directo Maryland 10e. Street and Number Apt. 10f. Zip Code 10g. Citizen of What Country? 2121 VIEW 350d filed within 72 hours after death Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: þ Black 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 16b. Kind of Business/Industry Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) 18. Mother's Name (First, Middle, Meiden Sumeme) and Mental Hygie permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked other any injury or other treumatic event page. 17. Father's Name (First, Middle, Last) unknown 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) (mother) Md. 21216 3502 Balto, airview 7ar 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State chivis. 20a Method of Disposition Date 1 Burial 2 Cremation 3 Removal from State VOSHELL MEMORIAL 5/16/98 DUNDALK. MD! 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
JOSEPH L. NUSS
2222 W. North 21. Signatureof Funeral Service Mcensee tuneral Home Balto, Md. 21216 Ave. ter the displace, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, heart failure. List only one cause on eech line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Pneumonia 1 month Examiner Due to (or es e consequence of) 3 weeks Physician/Medical Examiner neumothoraces attending physician and for use as the bunai-transit The law requires that the death certificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events Due to (or es a consequence of Bullous Disense of Vital Records, P.O. Box 68760, Due to (or as a consequence of) resulting In death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the th mmunodeticiency 1 Yes 2 No 3 Probably 4 Unknown yd bengis P 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes en autopsy performed? Completed isense 2 No 2 NO 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Inpatient 1 Yes 2 ER/Outpatient 3 DOA this 27. Manyer of Death 1 Natural 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? LOI 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident DIVIS 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide edical 29a. Certifier Certifying Phyaician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. (Check only one) within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Will I M.D. 041365 April 23, 1998 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Color M.D. 2600 2600

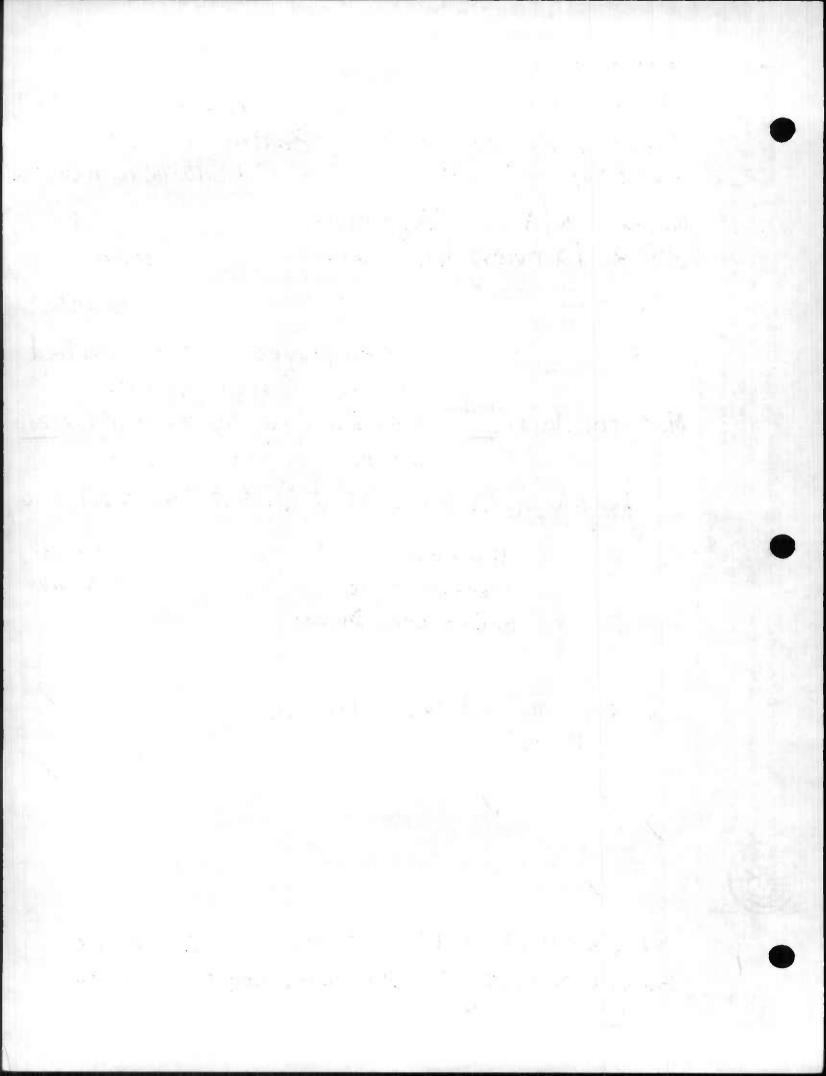
Registrar

**DHMH 16 Rev 6/95** 

31. Date filed (Month, Day, Yeer)

32. Registrar's Signature heha Davidson Liberty

Keights Ave. 21215



State of Maryland / Department of Health and Mental Hygiene Item 19b per FH Film G759 5-1-98 rja Certificate of Death Reg. No: 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** HAYDEN 8:25 AM 1998 CARRIE 28 April /Medical 4e Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE HOPKINS HOSPITAL JOHNS 5. Social Security Number 8/3-09-5/7
Usual Rasidence of Dacedent If Under 1 Yeer It Under 24 Hrs. 9. Birthplace (Stata or Foreign South Carolina 7. Age (In yrs. lest birthdey) 6. Sex **Funeral** 10 M 200 Months Deys Hours Min Yrs. Director the Merylend 10a. Stete 10b. County 10c City/ Town or Focation 10d. Inside City Limita 28a-f show 7 is marked other than "natural", or Items 23a or 28a-f shot traumatic event, the Monical Examiner I sust be notified at 1 Yes 2 No Director timore 10a. Street and Number 10f. Zip Code 10g. Citizen of Whel Country? with 104 Funeral 72 hours efter daath 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Race - American Indian 11. Maritel Stetus ack, Whita, etc. i ☐ Yes 2 12 No
If Yes, Give
Yeer or Detes: 1 Never Married 2 Merried CICAN 1 Yes 200 No Specify: p 3 Widowed 4 Divorced Merican Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b Kind of Business/Industry filed within Elementery/Secondary (0-12) Hygiena. College (1-4or 5+) 10 -000 Merchan 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether'a Neme (First, Middle, Last) Be 2 should be fi end Mental F Jacobs 0 Wille Vacab 19b. Mailing Address (Street and Number or Ryal Route Number City or Town, State, Zip Code) 1704 North

20b. Place of Disposition (Name of Cemplery, Crematory or Other place)

20b. Place of Disposition (Name of Cemplery, Crematory or Other place) 19a. Informant/s Name/Relationship (Type, Print) permit. Pages 1 and 2 sh. Department of Health end Important: If Item 27 is m. any injury or other traum Mrs Thelma Turner Baltimore, 20e. Method of Disposition 1 D Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 22 Name and Address of Facility 21. Signeture of Funerel Service Licensee Joseph 2222 W Home Funeral Balto, Md W. North Ave .21216 s that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Interval Between Onset end Deeth nter the dispase, or complications that caused the heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceusa (Final diseasa or condition resulting in deeth) Examiner Dua to (or as e consequence ot): Examiner nolecystitiz that the death certificate be executed Sequentially list conditions, if any, laading to immediate causa. Entar Undarfying Ceuse (Disease or Injury that initiated evanta rasulting in daath) Lest Due to (of es e consequença ot) and physician s the bunal Box 68760. Physician/Medical Due to (or es e consequenca of) attending P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the a 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown Cancer Division of Vital Records, by The law requires 2 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed been s certificate has 2 No 1 ☐ Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yaa 2 No Certification: To 27. Menner of Daeth 28d. Dascribe how injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be datermined 28e. Place of Injury - At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide 29a Certifier 💢 Certifying Phyelcian: To the bast of my knowledge, death occurred et the time, dete and plece, end due to the ceuse(s) end manner as stetad. Medical Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end menner steted. 296, Signature and titl 29c. License number 29d. Dete signed (Month, Dey, Year) 745-000 LMD 2 30. Name and ss of person who completed cause of daeth (Item 23e) (Type, Print) Sohns Hapkins, 600 Wolfest, Baltimore MD SACOB -,MD 32. Ragistarie Signatura
Julia Daydoon-Rondale 31. Data tiled (Month, Dey, Year) MAY 01 Registrar

31. Date filed (Month, Day, Year)

MAY 0 1 1998

Warit

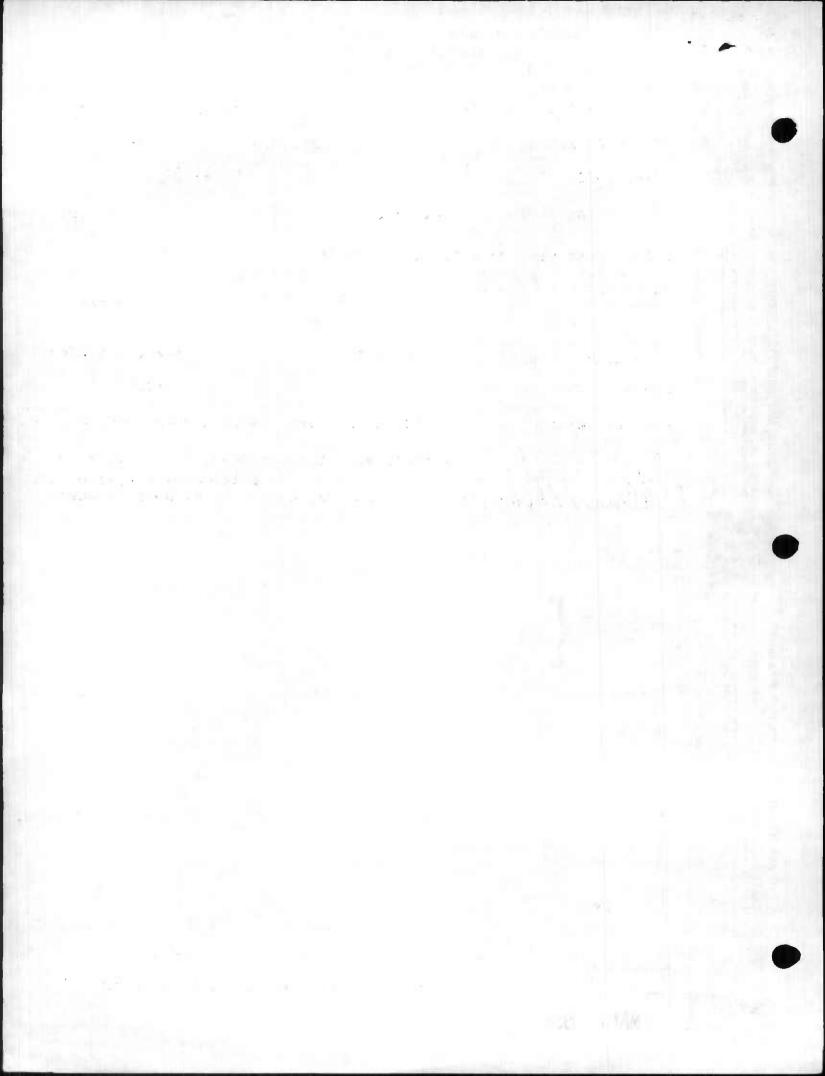
30. Name and address of parson who completed cause of death (Item 23a) (Typa, Print)

111 Penn Street, Baltimore, Maryland 21201
32. Registrar's Signature
AN Annual Company Annual Company

OCME

APRIL 30, 1998

Registrar



	Decedent's Neme (First, Middle,	( ast)		Cer	tificate of	Death	2. Date of Dee	Reg. No.	1	3. Time of Deeth			
sician	EDWARD J. HER						Month	24, 199	Yeer 8	1940 PM			
ledical miner	4a Facility Name (If not institution,	4b. City, Town, or											
	4125 ARDLEY AVEN	<b>VUE</b>				BALTIMOR	E	N	I/A				
eral		3. Sex 7 1 M 2 □ F	. Age (In yrs. le	est birthday). Yrs.	If Under 1 Year Months Days		(Month, De)			ace (Stete or Fore			
tor	216-20-9021 Usual Residence of Decedent		71	115.			AUG. 1,	1926	MARY	LAND			
-	10a. State 10b. County		10c. City,	Town or Loc	cation			-	10	d. Inside City Lim			
to	MARYLAND N/A					1 <b>X</b> Yes 2□							
To Be Completed by Funeral Director	10e. Street end Number				IMORE 10f. Zip Code			10g. Citizen of V	Whet Count	ry?			
la la	4125 ARDLEY AVEN	NUE			212	213		U.	S. A	•			
Funeral	11. Meritel Status	Armed Ford		5. 13. V	Vas Decedent of Yes, specify Cut	Hispenic Orlgin? (S ben, Mexican, Puer	Specify Yes or No- to Rican, etc.)		e - America k, White, e				
by F	1 Mover Married 2 Married 3 Widowed 4 Divorced	IF Voc Give	2 □ No les: 1944—	10/5	☐ Yes 2 No	Specify:		Specify	WH:	TTF			
8	15. Decedent's		1944-	16a. Deced	ent's Usuel Occu	petion		16b. Kind of Bu					
Be Completed	(Specify only highest) Elementery/Secondery (0-12)	grede completed) College (1-	4or 5+)	(Give I	kind of work done OO NOT use retin	during most of wo	rking						
Com	10TH GRADE	Comoge (1	401 047	G	UARD			SECURITY COMPANY					
Be	17. Fether's Neme (First, Middle, La	ast)					me (First, Middle,	Maiden Sumem	10)				
2	WILLIAM HEROLD			RINE FRA									
	19a. Informent's Neme/Relationship					at end Number or R			- 1				
-	CARROLL W. HEROI  20e. Method of Disposition	D SR. (BI	ROTHER)		ARDLEY	AVENUE,	BALTIMOR	E, MARY 20c. Location -					
-1	1X Buriat 2 ☐ Cremetion 3		tate ce	metery, crem	etory or other ple								
_	4 Donation 5 Other (Specify)  GARRISON FOREST MD. VETS. 4/30/98 OWINGS MILLS, MARYLA  21. Signeture of Funeral Service Licansee												
ouce	121.41A	DAAD A		S	CHIMUNE	K FUNERAL							
	23a Pert1. Enter the discase or c	omolications that ca	used the death.	Do not ente	331 BREI	MS LANE,	BALTIMO	RE, MAR	YLAND	21213 Approximete			
n	23a. Pert1. Enter the discase, or conshock, or heart feilure. List or	nly one cause on ea	ch line.		, ,,,,					Interval Between Onset and Deet			
	Immediate Cause (Finel disease or condition	Arte	riosele	notes	condi	ovascu	las dise	ase					
	resulting in deeth)	θ		es e conseq									
iner	Mary Control	- h											
Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	0.	Due to (or	as a conseq	uence ol):								
四田	Ceuse (Disease or Injury	c											
	thet initiated events resulting in death) Last		Due to (or	as a consequ	uence of):								
		d											
Physician/M	Pert II. Other significant conditions	a contributing to do	ath hut not rooul	ting In the cur	dorhios couso s	iven in Part I	23h D(d+	obecco use co	ntribute to	the cause of de			
hys	Fert ii. Oner signincarit conditions	s contributing to dea	itin bat not resul	ang in the ui	idenying cause g	iven in Fanti.				ably 4 Unkr			
by P													
P							24e. Wes	en eutopsy rmed?	ava	re eutopsy lindin ilable prior to			
Completed									of d	npletion of cause leath?			
E C							1 D Y	es 2No	1□	Yes 2 No			
	25. Was case referred to medical examiner?					26. Plece of De	ath (Check only o	ne)	1				
2	1 Yes 2 No		patient 2 E	R/Outpetien	3LI DOA		Home 5 Resid			)			
	27. Manner of Death 1 Neturel 5 ☐ Pending		Injury , Dey Year)	28b. Time of Injury	28c. fnju We		28d. Describe h	now injury occur	red				
	2 Accident Investigation M 1 Yes 2 No									Route Number			
	3 ☐ Suicide 6 ☐ Could no	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, larm, street, lactory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel City or Town, State)											
	3 ☐ Suicide 6 ☐ Could no	determined 286. Place of Injury - At nome, farm, street, factory, office											
Certification:	3 Suicide 6 Could no determin	Physician: To the b	est of my know	fedge, deeth	occurred at the t	time, date and alec-	a, and due to the	cause(s) and me	anner es et	ated.			
Certification:	3 Suicide 6 Could no determin	Physician: To the basend manner	sis of examination	fledge, deeth on and/or inv	occurred et the t estigation, in my	time, date end plece opinion, death occ	a, and due to the ourred et the time,	cause(s) and madate end placa,	anner es sto and due to	ated. the ceuse(s)			
Redical Certification:	3 Suicide 4 Homicide  6 Could no determine  29a. Certifier (Check only one)  1 Cartifying 2 Medical Ex	Physician: To the basend manne	sis of examination stated.	fledge, deeth on and/or inv	estigation, In my	time, date end plece opinion, death occurs ase number	urred et the time,	cause(s) and madate end placa,	and due to	the ceuse(s)			
Tedical Certification:	3 Suicide 4 Homicide  6 Could no determine  29a. Certifier (Check only one)  1 Cartifying 2 Medical Ex	Physician: To the basend manne	sis of examination stated.	rledge, deeth on and/or inv	estigation, In my 29c. Licen	opinion, death occ	urred et the time, o	date end placa,	and due to	the ceuse(s) Dey, Year)			

· Registrar

MAY 0 1 1998 Acta Mariles Pandone

Marine S. Williams All

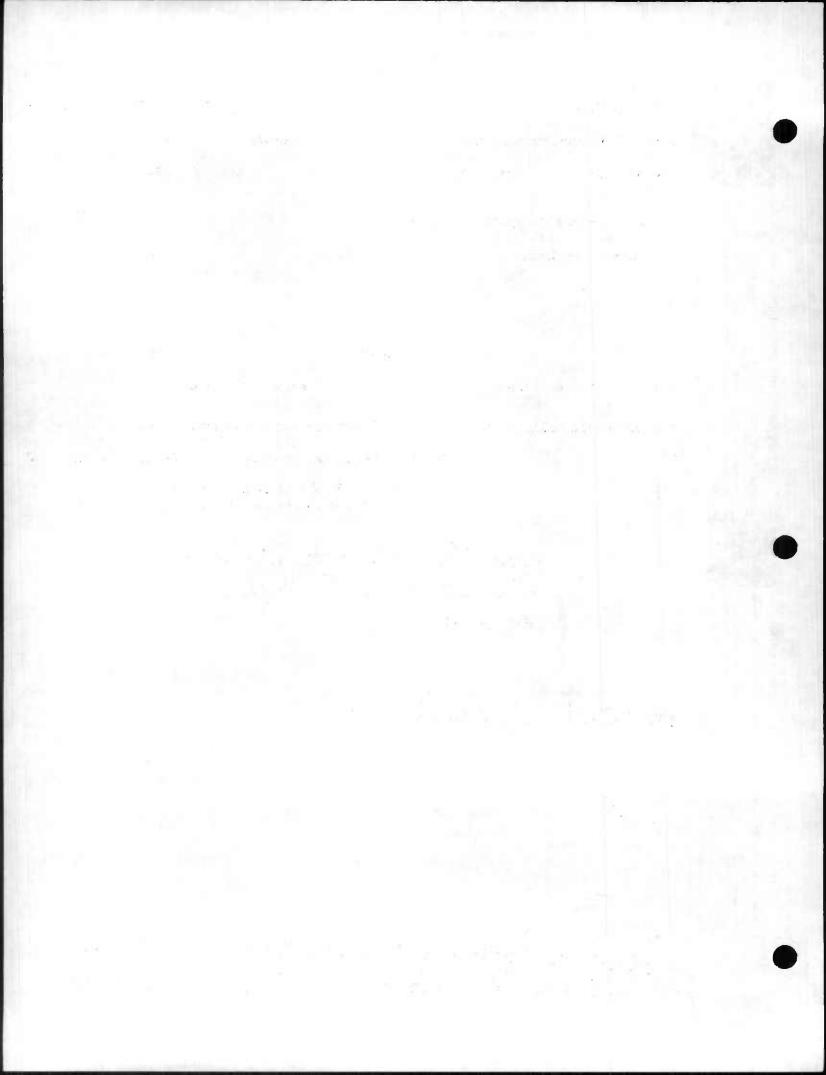
Addison the Townson

State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 1998 **Physician** 25 Day April 3:38 P.M. Geneva E. Hall /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Doctors' Community Hospital Lanham Prince George's 8. Date of Birth (Month, Day, Year) Aug. 13, 1 If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□M 2□F Months Days Hours Min Yrs 1942 004 38 6172 Maine Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumetic event, the Medical Examinet must be notified at 9000s. XX Yes 2 No Directo Maryland | Prince George's Lanham 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 20706 United States 9216 Greenwood Lane Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14 Race - American Indian Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2₺ No Specify: Specify. þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) 12 Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Rula Evelyn Shaw Milford Leroy Cochran 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elwood Donald Hall Husband 9216 Greenwood Lane Lanham Maryland 20706 20b. Place of Disposition (Name of cemetery, crematory or other place) April 30, Date 1998 20c. Location - City or Town, State 20a. Method of Disposition XXX Burial 2 Cremation 3 Removal from State Maryland Veterans Cemetery Cheltenham Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part1. Enter the disease, or complication, that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last to (or as a consequence of) Division of Vital Records, P.O. Box 68760, themo Physician/Medical to (or as a consequence of) as 950 ŏ ed by the a 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yas 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveileble prior to 24a. Was an autopsy performed? Completed completion of ceuse of death? certificate has birector, page 2 s 1 Yes 2 No 2 No or Attending Physician: 25. Wes case referred to medical examiner? director Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 22 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Affer 1. Neturel 5 Pending atterdeath. 1 Yes 2 No investigation 2 Accident 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours a 29a. Certifier to Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. within 24 he To the Fue completaly (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 32. Registrar's Signature

Fulla Daydson State 1998

Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 3. Tima of Death 1. Decedent's Neme (First, Middla, Last) 1015 Hant 29 98 4c. County of Death John Hory 4b. City, Town, or Location of Deeth 4a Facility Nama (If not institution, giva street and number) uKe and timor Aga (In yrs. last birthday) 78 Yrs. 5. Social Security Number 07-725 Days 180 M 20 F 217-07-725 | Usual Rasidance of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland 1 Yas 2 □ No timore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? elang 21 216 14. Race - American Indian, 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status Bleck, Whita, atc. 1 XYas 2 No If Yas, Giva Yaar or Datas: 1 Navar Merried 2 Married Afro-American 1 Yas 2 No Specify: 3 Widowad 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Sor 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Father's Name (First, Middla, Last) nompson 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Son Balto, Md. 21216 Mr. Konalo 2207 errace 20b. Placa of Disposition (Nama camatary, cramatory or other 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Son 22, Nama and Addrass of Fapility Joseph L. Ku ZZZZ W. Nort SS unera 2222 W. North Ave. B age that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Ave. Balto, Md 21216 ase, or complice e. List only one Approximate Interval Batween Onsat and Deeth Immediate Cause (Finel disease or condition resulting in death) arrythmia cardiac 17theroscleratic Dua to (or as a consaquance of): Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in death) Last rena Chronic Dua to (or as a consequanca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown osteoarthritis 24b. Were autopsy findings available prior to 24a. Wes en autopsy performad? complation of cause of death? 20 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical 26. Placa of Daath (Check only ona) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Basidenca 6 ☐ Othar (Specify) 1 Xyas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined

attanding physician and for use as the burial-transit The law requires that the death certificate be executed Box 68760, ed by the a Records, To the Hospital or Attanding Physician: Tha law within 24 burus after death.

To the Funeral Director: After this cardificale has I completely filled in by the funeral director, page 2: Division of Vital

**Physician** 

/Medical

Examiner

Directo

Funeral

à

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinet must be notified at

with the Maryland

death

filed within 72 hours after

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene.

Physician

/Medical

**Examiner** 

Baltimore, Maryland 21215-0020

Physician/Medical Examiner þ Completed Be 10 Certification:

27. Mannar of Death 3 Suicida 4 Homlcida

29a. Cartifier

(Check only one)

29b. Signatura and titia of cartifiar

XI

State Registrar

edicai

 Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 12-Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

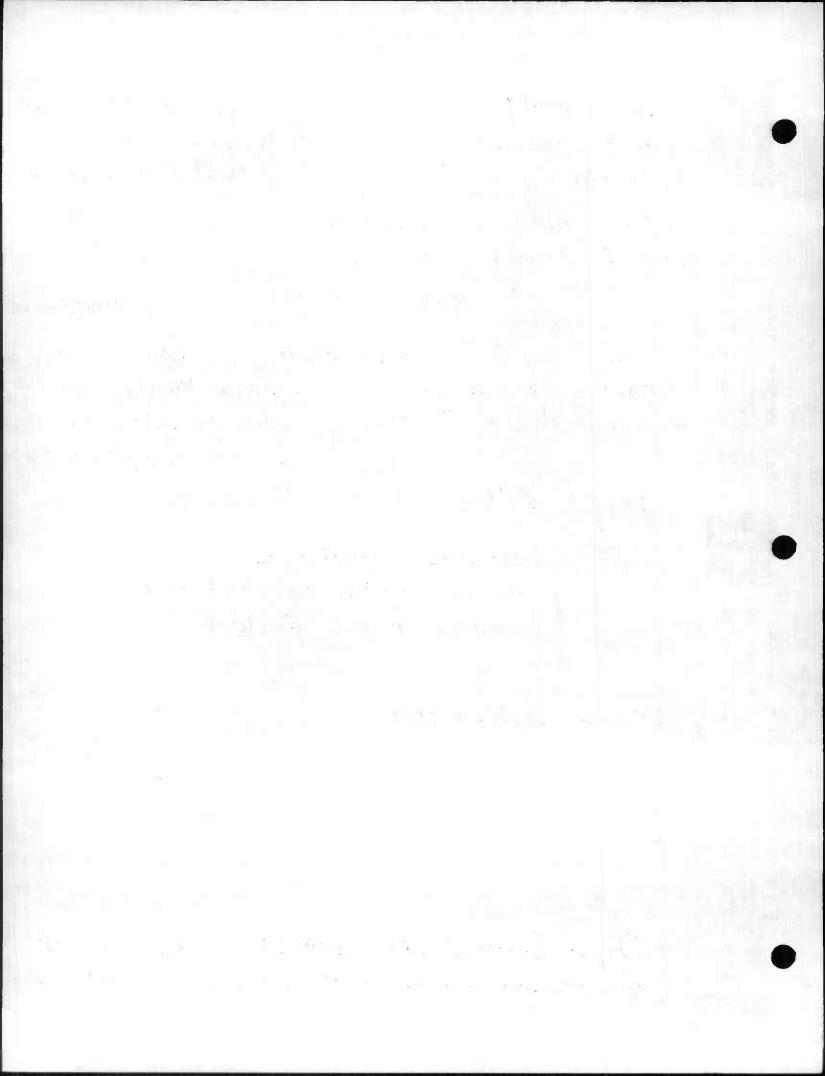
29c. License number

29d. Dete signed (Month, Day, Year)

18327 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Balto Nd 21219 4660 Wilkens Ave 203. MOGTS GE
31. Data filed (Month, Day, Year) es remartam

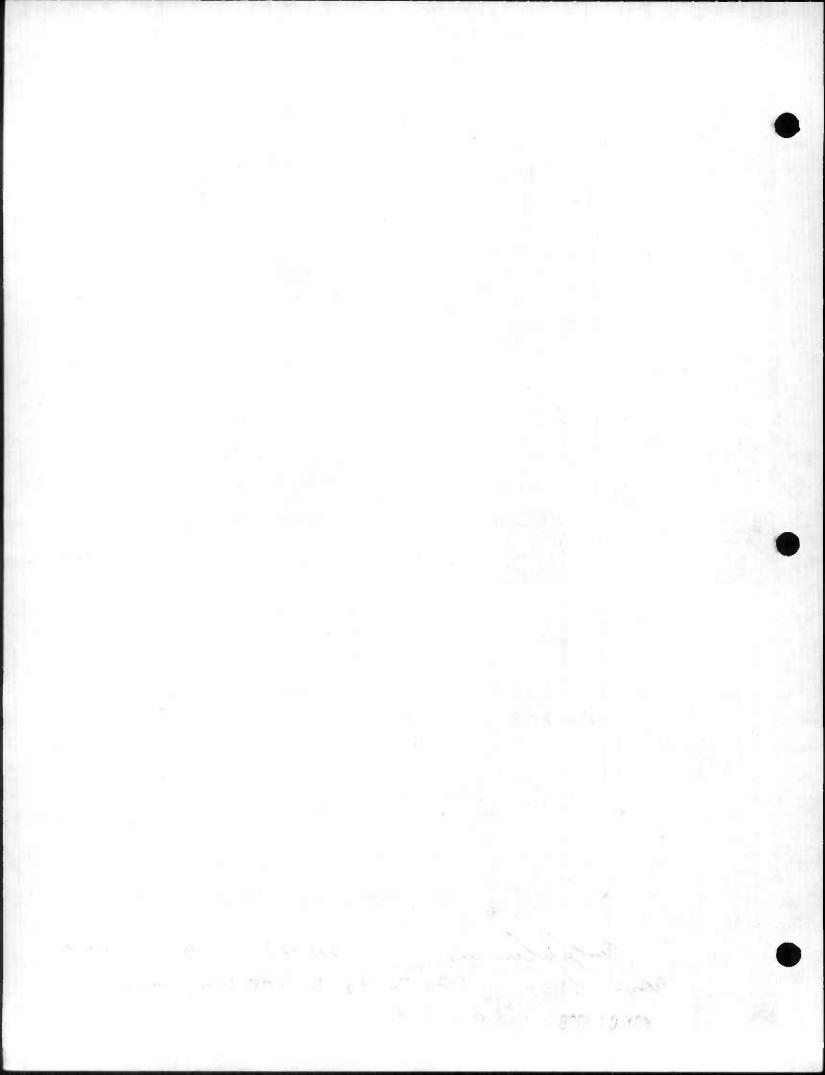
32. Registraria Signatura
Suna Davidson-Randala 0



State of Maryland / Department of Health and Mental Hygiene 8 | 3635

				,	Certificate of			Reg. No.	100		
Physician		1. Dacedant's Nama (First, Middle, Las					2. Data of De Month		Yaar 3	3. Tima of Death	
Physiciar /Medica	_	Edythe Ma					Arpil	28, 1	998	3:53 PM	
Examine	er	4a. Facility Nama (If not institution, give				4b. City, Town, or Lo	ocation of Death	4c. County	of Death		
	4	Montgomery Gen 5. Social Security Number 6. Se		pital a (In yrs. last bi	nthday) If Under 1 Yea	01ney	8. Data of Bir	Mon	tgome	ry	
Funerai Director			M 2 □ X F	81	Yrs. Months Day		(Month, Da	y, Year) , 1917	Virg:	e (Stata or Foraig inia	
MG 18		10a. Stata 10b. County		10c. City, Tow	n or Location				10d.	Insida City Limits	
F 5	j	MD Freder	ick	Fı	cederick					1 Yas No	
r 28g	9	10e. Street and Number			10f. Zip Coda			10g. Citizan of \	Whet Country?	?	
23a c	9	1423 11th Stre	et		2170	0.5		U.S.	Α		
aumatic event, the Medical Examiner must be notified at To Be Completed by Engage	Funeral Director	11. Marital Status  1 □ Navar Marriad 2 □ Marriad	12. Was Decedant I Armed Forces? 1  Yas 27		13. Wes Decedant of If Yas, specify Cu	Hispenic Origin? (Sp ban, Maxican, Puarto	ecify Yas or No Rican, atc.)	- 14. Rad Blad	ck, Whita, atc.		
P	2	3√2 Widowed 4 □ Divorced	1 ☐ Yas 27 N If Yas, Giva Year or Datas:		1 ☐ Yes 2 ☐ No	Specify:		Specify	Whit	te	
lest i	Completed	15. Decedent's Ed	ucetion	16a	. Decedant's Usual Occi	upation	de a	16b. Kind of B	usinass/Indusi	try	
Med and		(Specify only highast grad	College (1-4or 5	+)	(Giva kind of work done lifa. DO NOT usa ratir	ed)	ing				
t in the	5	12		I	Real Estat	e Agent		Rea	l Esta	ate	
d othe event,	a a	17. Fathar's Nama (First, Middle, Last)				18. Mother's Nem	a (First, Middla,	Maldan Suman	na)		
7 is marke traumatic	9	John Blac					ccas	UN			
em 27 Is m		19a. Informant's Name/Raiationship (T			. Meiling Addrass (Strae					ide)	
Item 27 other t	-	Wanda Jo Kostelny	/daughter		801 Humbleh			, MD 210			
Important: if Ite any Injury or ot once.		20e. Mathod of Disposition  1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 3 ☐ Othar (Specify,	Ramoval from Stata		f Disposition (Name of ry, cramatory or other pi Crematory,		Date )/98	Baltimo			
any Injuries		21. Signature of Funaral Service License	110 1100001	al	22. Name end Add	ress of Fecility	raland 1	Īmo.			
		Dawn F. McDon.  23a. Pert1. Enter the disease, or comp shock, or heart failure. List only of	ald	the death. Do	299 Frede	rick Rd.	Baltimo	re, MD	21228	proximete	
sician edical miner	luer	Immedieta Causa (Final disaasa or condition rasulting in deeth)	a	UK	205/45IS consaquance of):					14 Hours	
unel-transit		Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or injury	U.	Due to (or as a	consequance of):						
of by the ettending physician and letached for use as the bunel-transit.  Physician/Medical Examin.	ledica	causa (Disasse or injury that initiated events rasulting in death) Last	c	Dua to (or as e	consequence of):				1		
for use	STAN		d						i		
ed for	5	Part II. Other significant conditions co	ntributing to death bu	it not rasulting i	n tha undarlying causa g	jivan in Part I.	23b. Dld	tobacco use co	ntributa to the	e cause of death	
by the etached	Y I	06 6	VIIA (1	c 116	har )		1 🗆	Yes 2,52 No	3 Probab	ly 4 Unknow	
be d	2	Almi	V114 (1	2 44	75/						
should should	piered						24a. Wes perto	an autopsy rmed?	svailal	autopsy findings bla prior to ation of causa th?	
page 2	5						10	Yas 2 No	1 🗆 Ya	as 280 No	
rector, par Be Co	3)	25. Was casa rafarred to medical				26. Piaca of Deet	h (Check only o	one)			
2 P	0	axaminar? 1 ☐ Yes 2 2 No	Hospital:	nt 2 FER/O	utpatient 3□ DOA O	ther: 4 Nursing Ho	ma 5□Rasio	dance 6 Oth	ar (Specify)		
funeral		27. Mennar of Death  1. Natural 5 Pending 2 Accidant invastigation	28a. Data of injur (Month, Day		Tima of 28c. Injury			how injury occur			
ed in by the funeral		3 Suicida 6 Could not be determined	28a. Place of Injubuilding, ato	ry - At homa, fa . (Specify)	rm, straat, factory, office	straat, factory, offica 28f, Locatio			ation (Street and Number or Rural Routa Number, or Town, State)		
completely filled in by the funeral		29a. Cartifiar (Check only one)  1 Cartifying Phy 2 Medical Exami	ner: On the basis of	axamination an	e, daeth occurred at the dor invastigation, in my	tima, data and pleca, opinion, daath occur	end due to tha rad at tha tima,	ceuse(s) end ma deta and placa,	anner as stete and dua to the	d. a causa(s)	
omple		29b. Signatura and title of certifier	and manner ste	ww.	29c. Licar	nsa number		29d. Date signe	d (Month, Day	r, Year)	
		> Genela la	lu -	m	V	The second second				1112	
0		30. Nama and eddrass of person who o	ompleted ceusa of da	1 4 (Itam 23a)	(Type, Print)	25947 Ro como	usans	= m-	2/01	5	
State		31. Data filed (Month, Day, Year)	32. Ragistre	r's Signatura		7 -11/10	1000	- con			
Registrar		MAY 0 1 1998	gulla Da	vidson R	navor						

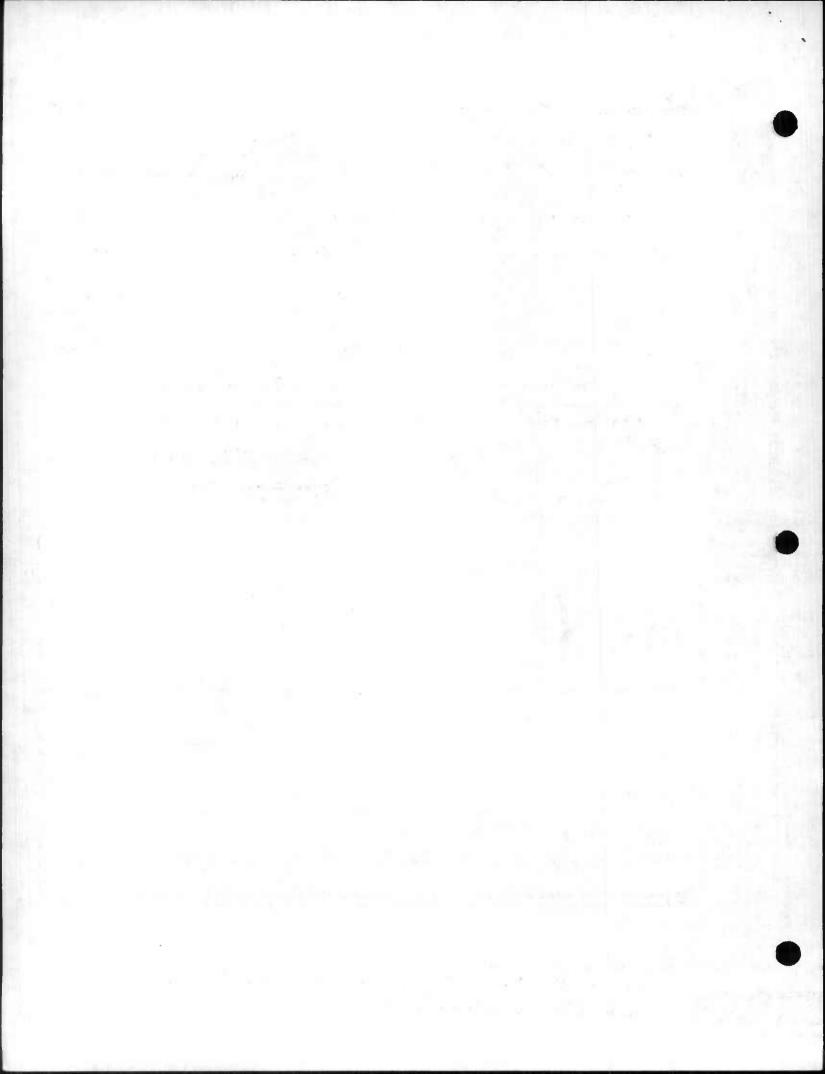
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

13636

	_				Cei	uncate of	Death		Reg. No.			
Physicia /Medica	al	1. Decedent's Neme (First, Middle, Last	n	Hyde				2. Data of D Month	Dey 23	Year 98	3. Time of Deeth	
Examine	er.	4e. Feclity Neme (If not institution, give Longview Nur		lomp			Mar	or Location of Dee	th 4c. County			
Funeral Director		5. Social Security Number  220 18 4935  Usuet Residence of Decedent	ex ØM 2□F	7. Age (In yrs.	14 Yrs.	If Under 1 Year Months Day		Ain. (Month, L	irth Pey, Year) 22 1924		ece (Stete or Foreighty)	
25a-f show notified at	tor	10a. State 10b. County Maryland Carro	1	10c. Ci	ty, Town or Lo	cation nchester				10	od. Inside City Limit	
5 8	d by Funeral Director	10e. Street end Number 330 6 Kensing	on Sq.			10f. Zip Code	21102		10g. Citlzan of	Whet Count	*	
ar, or items Examiner m		11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Dece Armed For 1  Yas If Yes, Give	med Forces? tf Yes, specify Cuben, Maxican, Puerto Rican, etc.) Btack,						ce - America ck, White, e		
pene. r than "natural the Medical Ex	Completed	15. Decedent's Ed (Specify only highast gre- Elementery/Secondery (0-12)	ucation de completad) College (1-	4or 5+)	(Give	lent's Usuel Occi kind of work don DO NOT use retii	upation e duning most of ed)	working	16b. Kind of B		Decker Decker	
ever d	To Be C	17. Fether's Nema (First, Middle, Lest) ROSCOP M. H	yde				B		Virginia	Lynn		
2 10 10 10 10 10 10 10 10 10 10 10 10 10			ype, Print)		3306	Kensin	0	Manche	ber, City or Town, ster MD.	Stete, Zip		
ortant: if item 27 injury or other to		20a. Method of Disposition  1	)	Stata	cemetery, cren	sition (Nema of netory or other po		April 27 1998	7 mons		m, State	
impor any in		21. Signature of Eunerel Sarvice Lican-	500 \~~		22			neval Ch	napel mum MD.	ZIV	13	
	n/Medical Examiner	disaese or condition resulting In deeth)  Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated avents resulting in deeth) Lest	eb	Due to (d	or es e consequer es e consequer as a consequer	uence of):	S. Sers				- Land	
the attend	<u>8</u>	Part II. Other significant conditions co	ntributing to dea	ath but not res	ulting In tha un	derlying cause g	iven In Pert t.	23b. Dic	I tobacco use co	ntribute to	the cause of deat	
b ed	2	Dosper	J. 9	s stem				24e. We	Yes 2 No	24b. Wei	ably 4 Unkno	
S N E	Completed								Yes 20No	com of d	ppletion of cause eeth?	
this certificate	0 00	1 165 2 1 NO	_		ER/Outpatient	3LI DOA	ther: 4 Nursin	Deeth (Check only g Home 5 ☐ Res	one)			
fer in	TITICATION	27. Menner of Deeth  1 Neturel 5 Pending Investigation  2 Accident Investigation  3 Sulcide 6 Could not be determined	28e. Dete of (Month) 28e. Place of building		28b. Time of Injury	M 1 [	Yes 2□No	28f. Location	28d. Describe how Injury occurred  28f. Location (Street and Number or Rural Route Number, City or Town, State)			
To the Funeral Director: A completely filled in by the fu		29a. Certifier (Check only one)  Check only one)  Certifying Phy Certifying Phy Condition In the condition of the condition o	ner: On the bes	ils of examine	wledge, deeth tion end/or Inv	occurred at the testigetion, in my	ime, dete end pla opinton, deeth o	aca, end due to the	ceuse(s) end me	enner es ste	eted. tha ceuse(s)	
To the		29b. Signature and title of certifier	end manna	n stated.	15-1	29c. Licer	ise number		29d. Dete signe		ay, Yaar)	
State		30. Name and edgress of person who construction Schaffer 31. Determine the person of the schaffer Scha	M.J.		III HA	nover	Pike H	lampster	MD.			



#### Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 63 Certificate of Death 3. Time of Death 2. Data of Death 1. Decedant's Nama (First, Middla, Last) Month **Physician** LEDRAH April DOROTHY /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not Institution, giva street and number) 4c. County of Death Examiner Home Ust Hill (Month, Day, Year) HARFORD BURIR nursing PARINER Birthplaca (Stata or Foreign Country) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Months Days 1 M 2 F Yrs. 275 38 9954 Usuai Rasidanca of Dacadant 88 Director MARCHAS 1910 KENTUC the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. tnsida City Limits ? Is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Exempter must be nothed at 1 Yas 2 No Directo PARVLAND HARFORC 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? U-S.A. 21014 1213 BASIL JET Funeral 72 hours efter death 14. Race - American Indian, 12. Was Dacadant Evar in U.S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11 Marital Status Black, White, atc. 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: 1 □ Nevar Married 2 □ Married 1 Yas 28 No Specify: by Titen 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decadant's Education (Specify only highast grade complated) filed within 7 Hygiene. Collega (1-4or 5+) Elamantery/Secondary (0-12) YR. Horamaker 12 YRS. AT HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumame) Be 2 should be tend Mental MRILLIGHT PARTHA BURBA 2 SIEVENSON 19a. tnformant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 sh Department of Health and Important: If frem 27 le m any injury or other treum page. 21014 MARYLAND 1213 BASIL BILAIR SHANK JUSAO H. 20b. Place of Disposition (Name of cemetery, crematory or othar place) 20c. Location - City or Town, State Data 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata POUNT [REMATOR 4 ☐ Donation 5 ☐ Other (Specify) 1993 BALLIMORI 22. Nama and Addrass of Facility -BURIR, P.A. 21. Signature of Funeral Service Licenses 21050 23a. Part. Enter the disease, or complications that eaused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one causi on each line. FORUTT JARYLAND Approximete Interval Between Onsat and Daath **Physician** LONIAC /Medical Immadiate Cause (Final disaasa or conditi rasulting in daath) Examiner Dua to (or as a consequence of) Examiner sician end buriel-trensit Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or Injury that initiated evants rasulting in daath) Last Due to (or es a consequence of): ettending physician for use es the burie that the deeth certificete be Physician/Medical Dua to (or as a consequence of) and by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 Yee 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings availabla prior to completion of causa of death? 24a. Was an autopsy nerformed? Completed hes 2 Min 1 Yes 20 No 24 hours efter death. Funeral Director: After this certificete 1 Yes director, 25. Was casa refarred to medical examinar? Be 6. Place of Death (Check only one) To. Other: AUNursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Mannar of Death 28d. Describe how injury occurred 28b. Time of Certification: 1 Maturel 5 Pending Invastigation 1 ☐ Yes 2 No 2 ☐ Accident 6 ☐ Could not be 3 ☐ Suicide 28a. Placa of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 | Homicide

TANdel Dorothy S.

Baltimore,

or Attending To the Hosp within 24 hor To the Fune completely fi

> State Registrar

Medical

29a. Certifie

(Check only

29d. Data signed (Month, Day, Year) 29b. Signatura and fitta of certifier 29c. Licansa number

1 Certifying Physician: To the bast of my knowledge, death occurred at tha tima, dete and piece, end due to the causa(s) end mannar es statad.

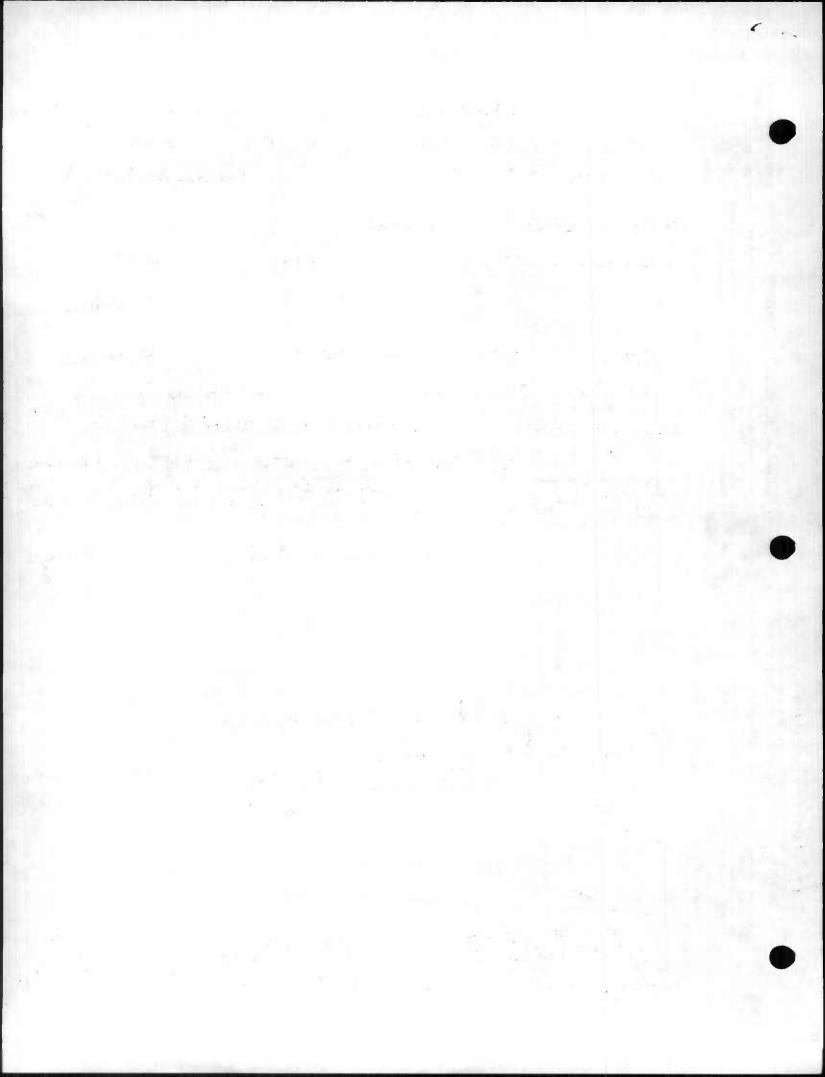
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, dete end plece, and due to the cause(s) and menner stated.

nd address of person who complated cause of deeth (Itam 23a) (Typa, Print)

615

31. Date filad (Month, Day, Yaar) MAY 01

32. Abgistrar's Signatura

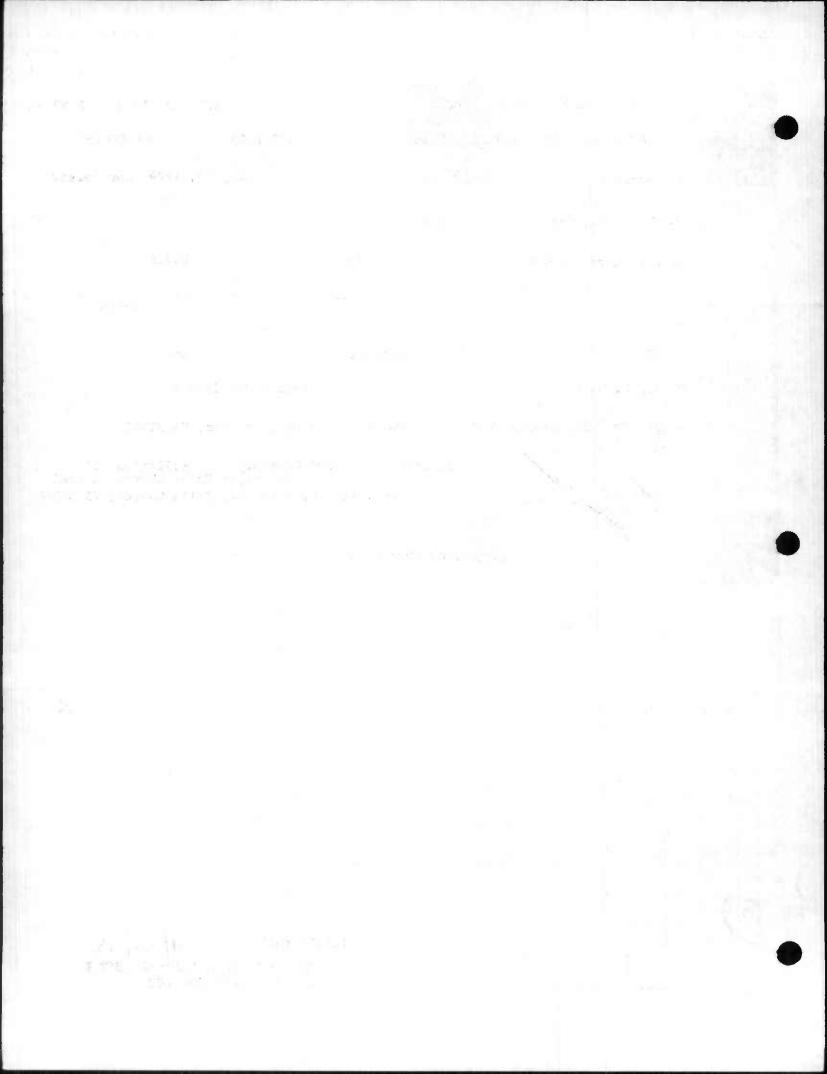


State of Maryland / Department of Health and Mental Hygiene ()

- 1	0	pa	0	0
- 1	3	17	3	>
	$\sim$	U	U	

					Centi	ticate c	of Death		Reg. No.		
Physician		na (First, Middle, Les		HATIOI				2. Data of De Month			3. Tima of Death
/Medical		RY ELLEN	WALSH	HAUGH	1		,	APR	. 22 1	998	2:23 AM
Examiner	4a. Fecility Nama	(If not institution, give		0.771				Location of Death			
		IONAL NAVA				K I I a day 4 W		ESDA		NTGOME	
uneral irector	5. Social Sacurity I  148-12-2  Usual Rasidanca of	951	ox 7. Ag □M 2DLF	a (In yrs. la 73		If Under 1 Ye				9. Birthplac Country New J	e (Stete or Forais ersey
No m	10a. Slale	10b. County		10c. City,	Town or Locat	tion				10d.	Insida City Limit
tor for	Virginia	Fairfax		Fair	fax						1 Yas 2 N
or 28	10a. Street and Nu	umber				10f. Zip Cod	a.		10g. Citizen of	What Country	7
23a c	9106 San	tayana Dr	ive			2203	R1		U.S.A.		
Item 27 is marked other than "natural", or items 23s or 28s-f show other treumstic event, the Medical Examiner must be notified at To Be Completed by Funeral Director	11. Marital Status 1 Navar Man	ried 2 Married	12. Was Decedant Armad Forces? 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas:	Evar in U,S No		s Decedant as, specify C	of Hispanic Origin? ( uben, Maxican, Pua lo <i>Specify:</i>	Specify Yas or No rto Rican, atc.)	- 14. Rad Bla Specif		
tural pa	32111001160	15. Decedant's Edu		1	16a. Decedan	nt's Usual Oc	cupation		16b. Kind of B	White	try
s merked other than "nature sumatic event, the Medical Is To Be Completed	(Spe Etamentary/Sec 12	cify only highast grad		i+)	(Giva kin lifa. DO Homem	nd of work do NOT usa ra	na during most of wo tired)	orking	Home	3311433111033	uy
ent, o		(First, Middla, Last)	-		1101110111		18. Molhar's Na	ama (First, Middla,		ne)	
atic ever To Be	Philip C	. Walsh					Frances	Prendre	gast		
is mar		lame/Relationship (T	ype, Pnnt)		19b. Malling	Addrass (Str	aat and Numbar or F			, State, Zip Co	ode)
27 is	Edward M	cKinley Ha	augh/ Husl	and	9106	Santay	ana Dr.,	Fairfax	VA 220	31	
E atto	20a. Mathod of Dis	sposition		20b. Pla	ca of Dispositi matary, cremat	ion (Nama o	placa)	Data	20c. Location	- City or Town	, Slete
ITY OF	4 ☐ Donation	☐ Cramation 3 ☐I 5 ☐ Other (Specify,	Removel from State					OTV	Arlino	ton W	A
Important: If Item 27 is any injury or other tre once.		uneral Service Licent	100	A1_3	22. N	lama and Ad	onal Cemet drass of Facility M	lurphy Fa	11s Chu	rch Fu	neral
ESS	1/5/	11					2 W. Broa				
sician	23a. Part1. Enter shock, or he	the List only of	lications thet causad na causa on aach ti	I lha daath. na.	Do not antar t	tha moda of	dylng, such as cardie	ac or raspiratory a	rrast,	At tri	oproximata tarval Between nsat and Death
edical	Immediale Ceuse disaasa or condition		ASPTI	RATTON	PNEUM	ONTA				1	
miner	rasulting in daath)		a		as a consaqua						
in e			h							l	
viriel-trensit		onditions, mmediela artying		Dua to (or a	as a consequa	nce of):					
ng physician end s es the buriel-trensit Medical Examir	rasulting in daath)	Last		Dua to (or a	as a consaquer	nce of):					
of by the ettendii			d							1	
hed fe	Part It. Other signi	ficant conditions co	ntributing to death b	ut not rasult	ing in the unde	arlying causa	givan In Part I.	23b. Dld	tobacco uae co	ntribute to th	e cause of deati
deteched to detech								1 🗆	Yes 2□ No	3 Probab	Unknow
P 7								24e Wee	an autopsy	24h Wara	autopsy findings
page 2 should I								perfo	mad?	availa	bla prior to lation of causa
hes 3e 2									Y-	of das	
certificate he rector, page								10		1 U Y	as 2□ No
director,			Hospital: Inpalia		D/O	a□ D04	Other:	eath (Check only o		(0if )	
5 7			28a. Data of Inju (Month, Da		R/Outpatient 28b. Tima of	3 DOA 28c. I	njury at Nork?	Home 5 Rasi	how injury occu		
the funeral the funeral cation:	1 K Natural 2 ☐ Accident	5 Panding invastigation	(Month, Da	Year)	Injury		Nonk? I∐ Yas 2∐ No				
an Director: After the north of	3 Suicida 4 Homicida	6 Could not be dataminad	28a. Placa of Inj building, at		na, farm, straal	I, factory, off	се	28f. Location ( City or To	Straat and Num wn, Stata)	ber or Rurel R	oute Number,
pietely de edical C				axaminatio			a tima, data and plac ny opinion, daath occ				
M M		d titla of certifiar			Α.	29c. Lic	ensa number		29d. Date signe	ed (Month, Da	y, Year)
9.0	N la	20:00	MAr	och		1.	54231 (MA)		4/22	2/98	/
									11016	· · · · · / \	
	30 Name and	rass of person who c	ompleted course of a	aath (Itam 1	(3a) (Type D-1	int)	NATIONA	AL NAVAL	MEDICAT	CENTE	P

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene A Certificate of Death ITEM#20b per FH G759 5/7/98 EW 2. Date of Death 3. Time of Death 1. Decedent's Nama (First, Middle, Last) Month **Physician** Bernard Eugene Jeffers 4: Q5AH April 5 /Medical 4b, City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Kosedal Saltimore Frankling Square H 7. Aga (In yrs. last birthday) ospital enter If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Dey, Y NOV . 13, 5. Social Security Number Birthpiace (State or Foreign Country) Year) 1916 **Funeral** 1⊠M 2□ F Months 264-18-2548 81 Georgia Director Usual Residence of Decedent with the Maryland 10c City Town or Location 10a State 10h Counts 10d. Inside City Limits N/A Maryland Baltimore City 1 Xyes 2 No 7 is marked other than "natural", or items 23s or 28s-f i traumatic event, the Medical Examination must be muitte 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21213 3552 Lyndale Avenue U.S.A. death Funeral 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yas 2 ②No tf Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. Black, White, etc. 1 □ Naver Married 2 □ Married 1 Yas 2 No Specify: etters, Bernand by 3 Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12)
9th Grade College (1-4or 5+) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Clerk Grocery Store 18. Mother's Name (First, Middle, Maiden Surname) 17. Fathar's Name (First, Middle, Last) Jeffers Claude Eugene Mattie Luvenia Snipes 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: If item 27 is any injury or other trat Donald Murphy 6404 Bricktown Court, Glen Burnie, Maryland 21061 20b. Place of Disposition (Name of cemetery, crematory or other place) 4/29/98 Date 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 A Cremation 3 ☐ Removal from State Baltimore/Washington Crematory Laurel, Maryland 4 □ Donation 5 □ Other (Specify) 22. Name end Address of Facility 21. Signiture of Funaral Service License John C. Miller, Inc. 23a. Parti. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, Approximete ship or heart failure. List only one cause on each line. Approximete Intervat Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical 15 days toni Examiner Examiner of revision Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated avents resulting in death) Last Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) 88 signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 200 No 3 Probably 4 Unknown Kespiratory tailure by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? Carcinoma completion of cause of death? page 2 has A 2 No rtery Coronary 1 ☐ Yas , 2 ☐ No certificata 25. Was cese referred to medical examiner?

1 \( \sum \text{ Yes} \) 2 \( \sum \text{ No} \) Hospital or Attending Physician: 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 this funeral 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: After 1 Naturat 2 Accident 5 Pending investigation after death. To the Hospital or Atterwithin 24 hours after der To the Funeral Director completaly filled in by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29e. Certifier Medical mans 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. Licansa number 410 address of parson who completed cause of death (Item 23a) (Type, Print)

That I have a hivananda 9000 Franklin Square Drive Baltimore, MI) 21237

32. Registrar's Signature

Fina Davidson-Rendelle

Registrar **DHMH 16 Rev 6/95** 

State

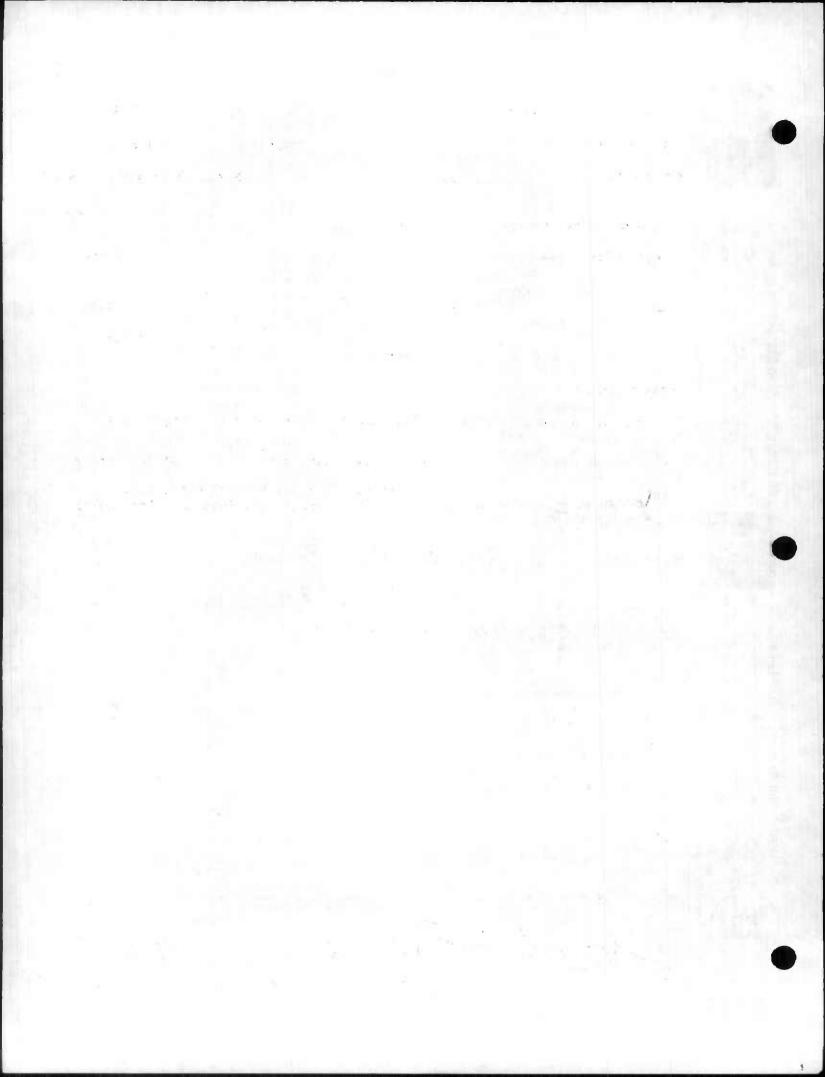
31. Date filed (Month, Day, Year) MAY 0 1 1998

at y therefore the The same of the sa 

State of Maryland / Department of Health and Mental Hygiene 8

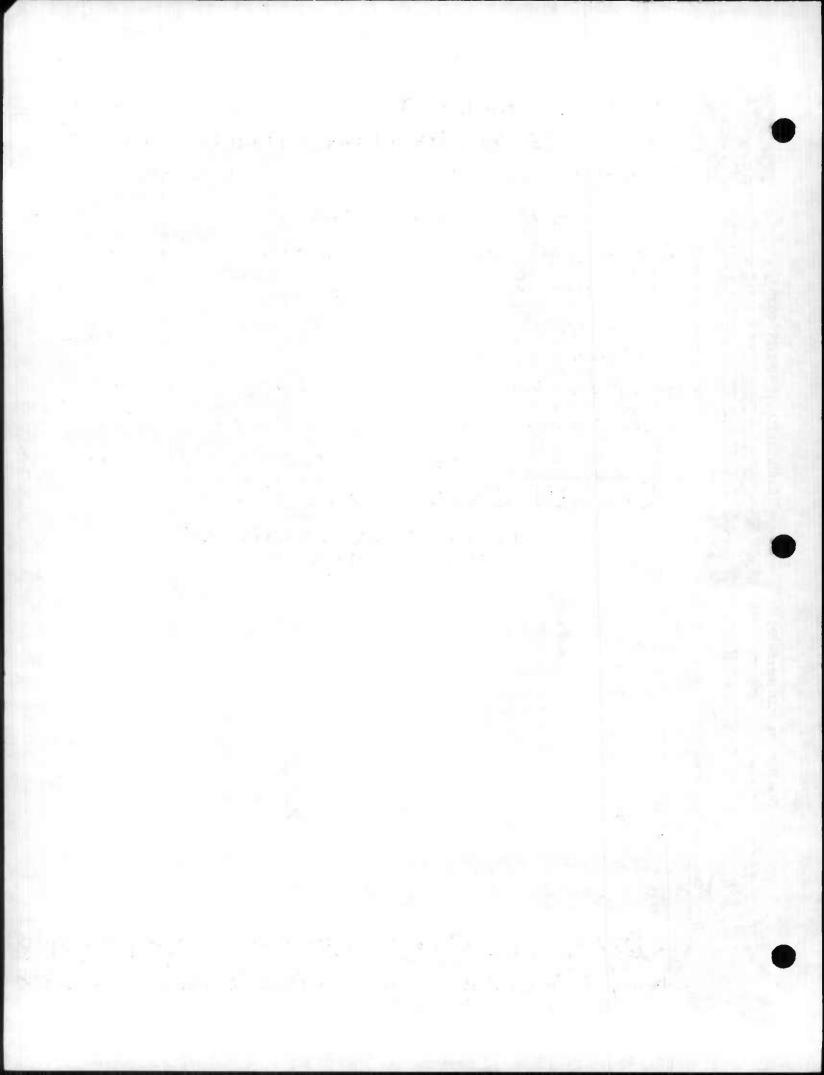
Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) **Physician** Paul Kelleher 1998 April 7:00 P.M. /Medical 4b. City, Town, or Location of Daath 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner 12011 Tulip Grove Drive Bowie Prince George's If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplaca (Stete or Foreign Country) **Funeral** 1⊠M 2□F Months Days Hours Min. Yrs **Director** 031 05 3887 84 March 25,1914 Massachusetts Usual Residence of Deceden permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural; or items 23s or 28s-f show any injury or other traumetic event, in Medical Examine must be nutrited at 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits 1 Yas 2 □ No Directo Prince George's Maryland Bowie 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zlp Code 12011 Tulip Grove Drive 20715 United States Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian 12. Was Decedanf Evar in U,S. Armed Forcas? Black, Whila, atc. XXXes 2 No if Yes, Giva Yaar or Dates: 43-46 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: à 3₩idowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) United States Elementary/Secondery (0-12) College (1-4or 5+) Government Accountant 18. Mother's Neme (First, Middle, Maiden Sumama) 17. Father's Name (First, Middle, Last) Robert Kelleher Harriet Parsons 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 530 Junction Point Roswell Georgia 30075 Patricia M. Sparks Daughter 20b. Place of Disposition (Neme of cametery, crametory or other plece) May 1, 1998 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Gate of Heaven Cemetery Silver Spring MD 21. Signature of Funeral Service Licensee 22 Nama and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 iplications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. Par**V.** Enter the disea shock, or heart failure. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be assecuted physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence Division of Vital Records, P.O. Box 68760, pei es me Physician/Medical Due to (or es a consequence of) attending for use as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 □ Unknown 1 ☐ Yes 2 ☐ No à 24b. Were autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy Completed After this certificate has funeral director, page 2 1 ☐ Yas 2 ☐ No Ca Prostate or Attending Physician: after death. Director: After this certifica 25. Was case referred to medicel examiner? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 X Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) 28b. Time of Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Ď 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier 29c. License number 29d. Data signed (Month, Dey, Year) 29b. Signatura and title of cartifier 30. Name and address of person who completed cause of deeth (Item 230 Nype, Print) 14300 allant Fax lone \$118 Schwartz Steven m 31. Date filed (Month, Dey, Year) 32. Registrar's Signatura State Fulia Davidson Registrar MAY 01

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 2 1261

					ary raine / .	Certificate of I	Death	Reg. No	) () o.	10041	
	Physicia	n	1. Decedent's Nama (First, Middle, La	ist)	1	1	2	. Data of Death	av.	3. Tima of D	-
	/Medica		VELVEIL	CAM	bei	7	A City Town as I see	10H1 2		998 11:30	OPI
	Examine	er	4a Facility Nama (If not Institution, give	a street and number	- Ray	dallating	B O I - A	tion of Death	R O	HAAACI	-
-	5		5. Social Security Number 6. 5	Sax. 7. A	ga (In yrs. last bi	rthday) If Undar 1 Yaar	If Undar 24 Hrs. 8	Data of Birth	בוע	9. Birtholaca (Stata or	Foreign
	Funeral Director		216-34-8897 Usual Rasidance of Decedent	Sax 7. A	58	Yrs. Months Days	Hours Min.	Data of Birth (Month, Day, Year 1/-23-/	939	Birthplaca (Stata or Country)	
	yland		10a. Stata 10b. County		10c. City, Tow	4				10d. Insida City	
	e Ma	ctor	Ma Bo	2/40	Kar	adallstow,	7			1 ☐ Yas	2 DANO
	death with the Maryland	al Dire	10a. Street and Number 1906 Brookh	aven Roa	rd	10f. Zip Coda	1244	10g. Ci	d )	hat Country?	
215-0020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Marylar Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 23a-f ehow any injury or other traumatic event, it a Medical Examere must be not the angos.	Completed by Funeral Director	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Amed Forcas' 1 A Yas 2 I If Yes, Giva Yaar or Datas:	?	13. Was Dacedant of H If Yas, specify Cube 1 ☐ Yas 2 ☐ No	ispanic Origin? (Speci n, Maxican, Puarto Ri Specify:	ly Yas or No- can, atc.)		- Amarican Indian, K, Whita, atc. Black	
5-0	72 hc	eted	15. Decedant's E (Specify only highast gr		16a	Decedent's Usual Occup (Giva kind of work dona o lifa. DO NOT usa retired	ation during most of working	16b. F	Kind of But	sinass/Industry	
121	within iene. than	du	Elementery/Secondary (0-12)	College (1-4or		lifa. DO NOT usa retired	)	10.	st	Office	
d 21	filled v Hygie ther t		17. Fathar's Nama (First, Middla, Last	, cyn		agi	18. Mgthar's Nama (i	First, Middle, Maide	n <i>Sum</i> ama	a)	
lan	ental red o	To Be	Mellin ham	hout			Gladin	Tuck	12		
Maryland	2 should be and Mental is marked o	-	19a. Informant's Name/Ralationship	Type, Pnint)	191	b. Malling Address (Straat	and Number or Rural I	Routa Number, City	or Town,	Stata, Zip Coda) 2/	240
-	1 and 2 Health a em 27 is		Nellie ham	bert - W	ife !	7906 Brow	Khaven.	Road K	and	allstown, m	0
ore	of He r othy		20a. Method of Disposition  1	Removed from Ctate	- comete	of Disposition (Nama of ary, crematory or other place	ea)	Data 20c. L	ocation - (	City or Town, Stata	
im	Pages ment of ant: If its ury or o		4 □ Donation 5 □ Othar (Special		_ / /	nson Forest	Vet 5-	4-98 00	Ving	is Mills.	MI
Baltimore	permit. Peg Department Important: i any injury o once.		21. Signatura of Funeral Service Lice	nsee	(ste	Hama and Addrag	ss of Facility Lest	of Amn	00	Bolto Hd	215
	-		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	plications that cause	d tha daath. Do	not antar tha moda of dyin	g, such es cerdiac or	respiretory errest,	4.5	Approximate there Between	reen
	Physician /Medical Examiner		Immediata Cause (Final disaasa or condition resulting in death)	Ad	ENO	CACIN CUNC consequence of):	(OMA)	ot,		Onsat and De	aeth
	bed his	Examiner	Della della	b							
,	axecu n and el-tra	Exar	Saquantially list conditions, if any, laeding to immadiata causa. Enter Underlying Causa (Disaase or Injury		Dua to (or as a	consequanca of):				t	
68760,	tificete be executed g physician and as the bunel-transit	edical	that initiated avants	C	Dua to (or as a	consaguance of):					
	E 0 6		rasulting In daath) Last		200 10 (01 00 0	oorioaquarioo orj.				1	
Вох	deeth cer e ettendir ed for use	Physician/M		d							
	the et	/slc	Part II. Other significant conditions of	contributing to death t	out not rasulting	In tha undarlying causa giv	an in Part I.	23b. Did tobacc	o use con	tributs to the cause of	death
P.0	hat the	F						1 Yss	2□ No	3 Probably 4 U	Inknow
Records,	v requires that the deeth cer been signed by the ettendin should be deteched for use	Completed by						24a. Was an auto performed?	opsy	24b. Wara autopsy fin evailable prior to complation of ca	
Rec		dE.						400	No.	of death?	
Vital	ysician: The law s certificate has director, page 2		25. Was casa rafarred to medical				26. Placa of Deeth (		No	1 Yes 2	10
>		To Be	axaminar? 1 ☐ Yas 2 █ No	Hospital:	ent 2 ER/O	utpatient 3 DOA Oth	ar	5 Rasidanca	6 □Othe	ar (Specify)	
101	E E =		27. Mannar of Death	28a. Data of Inj (Month, Da	ury 28b.	Tima of 28c. Injury Wor		d. Describe how Inj			
Division	ttending I death. oor: After the funer	Certification:	1 Natural 5 Pending invastigation	n	,, , , ,		Yas 2 □ No				
N N	after of	1	3 Suicida 6 Could not be datarmined	288. Placa of In	jury - At homa, f ic. (Specify)	arm, straat, factory, office	28	f. Location (Straat a City or Town, Sta	and Number ta)	er or Rural Routa Numb	<i>er</i> ,
0	omples or	edical Cer				e, death occurred at tha tin nd/or Investigetion, in my o					
1	E S	De l	one)	and mannar s	ated.						
	C M F O	To the same of	29b. Signature and titla of certifiar	200	11/1	29c. Licans				(Month, Day, Year)	00
	.1		Jestice	July	, Ne	0 43	0/00	H	111	20,19	48
DX			30. Name and addrass of person who	completed cause of	dayath (Item 23a)	(Type, Print)	Pron	Raffa	CAT	110 21	208
	Stat		31. Data filad (Morth, Day, Year)	32. Ragis	al 3 Signature	- 32.2.m	NOHD,	DIJU KIN	(U&	28,19 MD 212	سر
	Registra	ir	MAT U1	998	ANTHA GO	en-nanaus					



State of Maryland / Department of Health and Mental Hygiene) Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middla, Last) **Physician** 7:59 A.M. Barbara Elizabeth Leadbeter April 25 1998 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner North Arundel Hospital Glen Burnie Anne Arundel if Under 24 Hrs. Hours Min. if Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** Months Days Hours 1□ M 2⊠ F Yrs. Director 579 24 3306 April 19, 1928 Washington D.C Usual Residence of Decedent with the Merylend 10a State 10b. Counts 10c. City. Town or Location 10d. inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryle Depertment of Health and Menlet Hygiens. Important: If them 27 is marked other than "natural; or items 23a or 28a-f showen y injury or other traumatic event, the Modesa Example must be notified. 1 ☐ Yes 2 ☐ No Directo Maryland Anne Arundel Millersville 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 21108 8251 Woods Road United States Funeral 14. Race - American Indian, 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Yes 2 No If Yes, Give XX Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes XX No Specify: Specify: White þ 3⊠Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Cashier/Waitress Food Service 18. Mother's Name (First, Middla, Maldan Sumama) 17. Father's Name (First, Middla, Last) Be Susan Tapseott Karel DeRooy 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 8251 Woods Road Millersville Maryland 21108 Kenneth Leadbeter Son 20b. Plece of Disposition (Name of cematary, cramatory or other place) April 28, 1998 20c. Location - City or Town, State 20a. Method of Disposition KXBuriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery Brentwood Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. 23a. Part1. Enter the disease, or complication that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest.

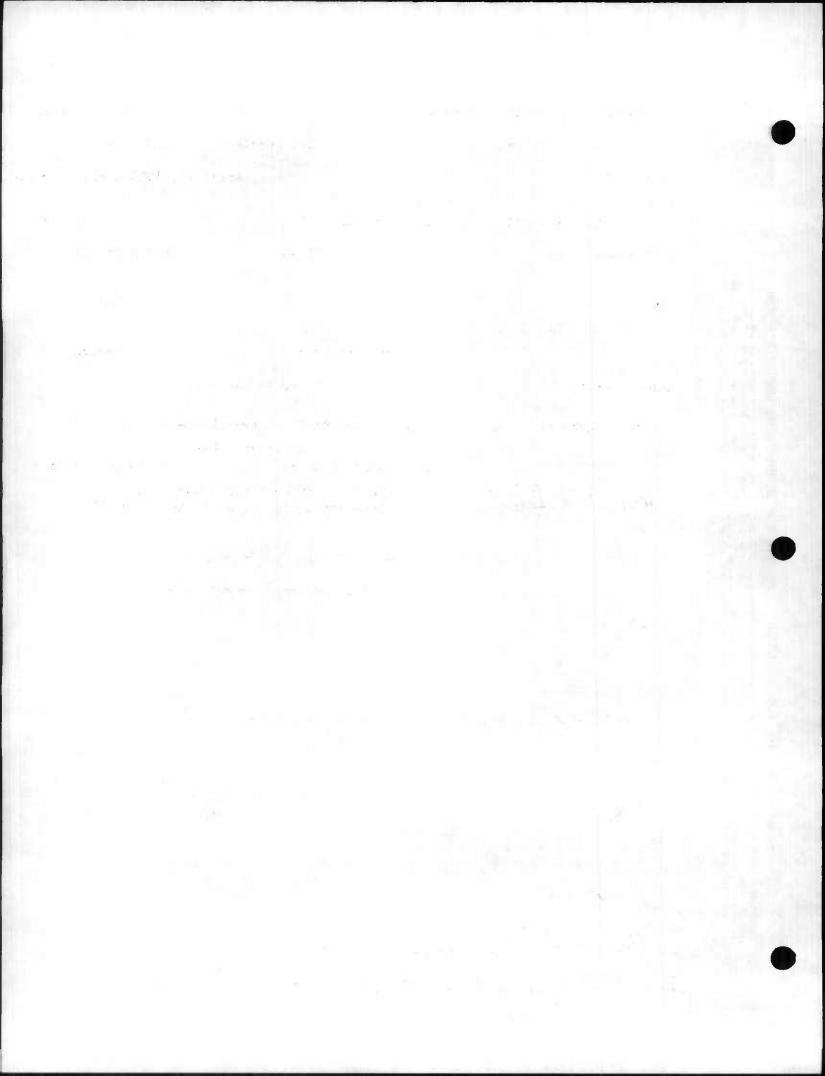
Appropriate Processing Control of the Control of Control Approximete Interval Between Onset and Death **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner ne physician end the buriel-transit thet the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consecuence of) Physician/Medical Due to (or as a consequence of) ettending pl ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown signed t Records, þ law requires 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy is certificate hes director, page 2: Division of Vital I Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Spacify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After 5 Pending investigation in 24 hours after deeth. 1 Netural 2 Accident 1 Yes 2 🗌 No 6 Could not be determined 3 Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

Redical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. Medical 29a. Certifier Within 2 To the 29b. Signa g and little of certifier 29c. Ligense number 29d. Date signed (Month, Day, Year) and address of person who completed ceuse of death (Item 23a) (Type, Print) 5 enamin 31. Date filed (Month, Day, Yaa)). 32. Registrar's Signature State

Registrar

MAY 0 1 1998

Julia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** Robert Jennings Logan, Sr. April 29, 8:10 p.m. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3057 Parktowne Road Baltimore County Baltimore if Under 24 Hrs. Hours Min. If Undar 1 Year 8. Date of Birth (Month, Day, Year April 5,1912 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1 ☑ M 2 □ F 212-03-0283 86 Yrs Director Marianna, Florida Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryls 1 ☐ Yes 2 ☐ No r 28a-f Directo Maryland Baltimore Baltimore County 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 8 traumetic event, the Medical Examiner must be "natural", or items 23a 3057 Parktowne Road 21234 Funerai USA 12. Was Decedent Ever in U,S. Armad Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status 1 ☐ Yas 2 🔀 No If Yes, Give Yaar or Dates: 1 Never Married 2 Married altimore, Maryland 21215-0020 Specify: White 1 Yes 2 No Specify: þ 3√ Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Draftsman Glen L. Martin Co. Robert J. Logan, Sr. 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 should be fi and Mental F is marked 10 George Augustus Logan Sr. Mattie Lou Gammon 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health a Important: if Itam 27 is any injury or other tras Robert J. Logan Jr. (Son) 3057 Parktowne Road Baltimore, Maryland 21234 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State XX Buriel 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery May 4, 1998 Baltimore, Maryland 21. Signature of Funeral Service Licensae 22. Neme and Address of Facility Lassahn Funeral Home, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiretory errest, shock, or heart failure. List only one cause on each line. 7401 Belair Road Baltimore, Maryland 21236-4625 Approximete Interval Betw **Physician** /Medical Immediate Cause (Final ENDSTAGE DILATED CARDLOMYOPATHY disaese or condition resulting in death) Examiner Examine ALZ HEIMERS PEMENTA sician and burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) physician s the burial-P.O. Box 68760 Physician/Medical Dua to (or as e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown been signed the should be det vision of Vital Records, by 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 No certificata 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 2 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) TIS I 28e. Date of Injury (Month, Day Year) 27. Manner of Death Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Affect Attending 1 Natural 5 Pending ar death. 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) 29e. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D38950(MD) mez MD

State Registrar

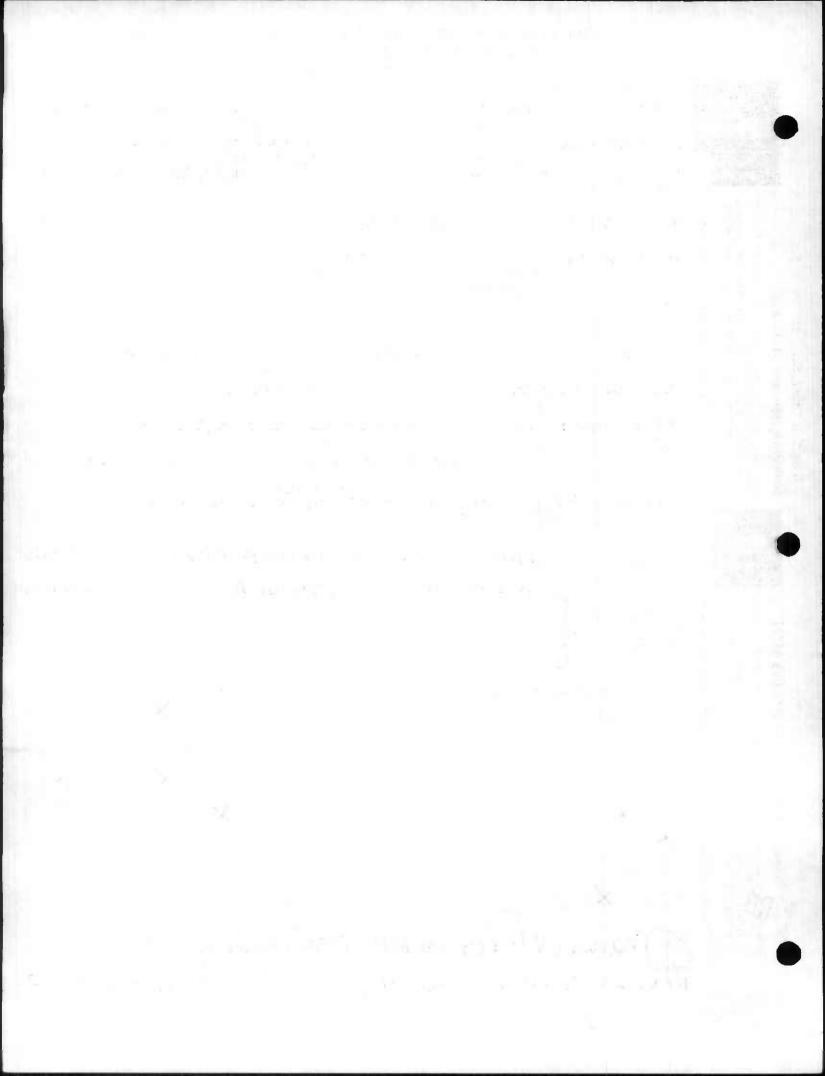
31. Date filed (Month, Day, Year)

((tem 23a) (Type, Print)
6800 YORKPD, SUITEB
BATIMENT, MD 21212 32. Registrar's Signature Julia Davidson-Randall

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

MANUEL VIRKMOS, MD

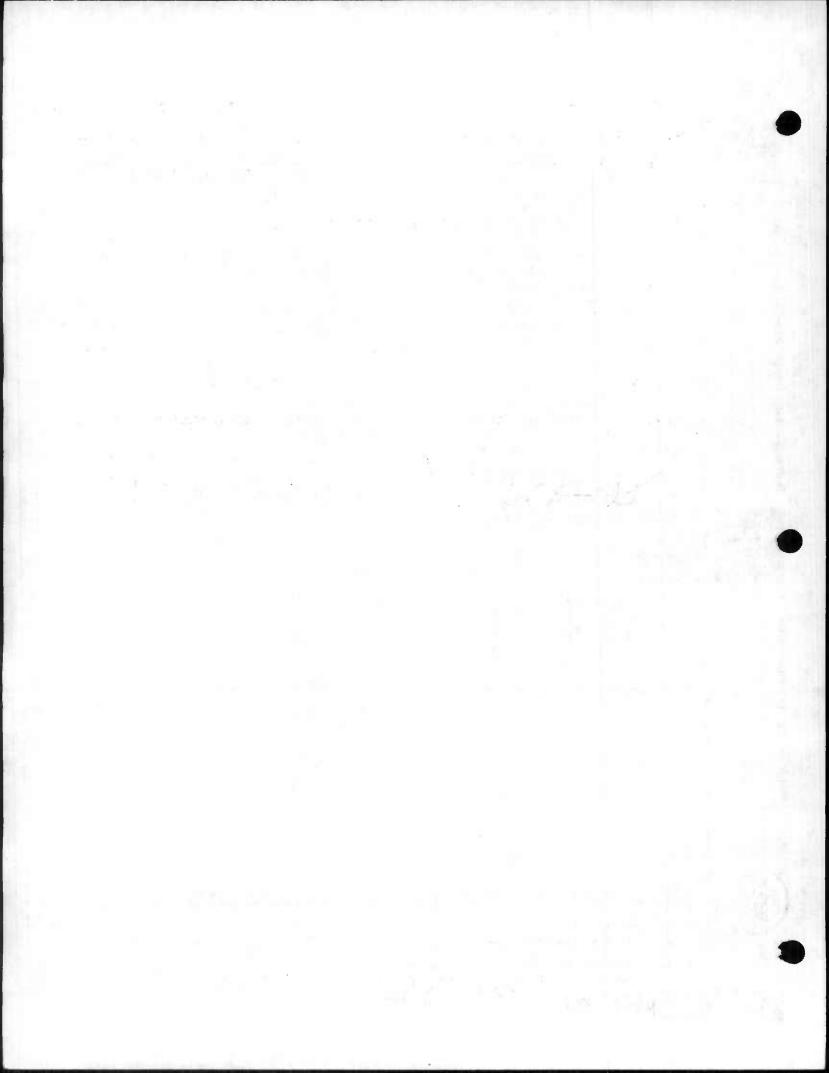
**DHMH 16 Rev 6/95** 



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

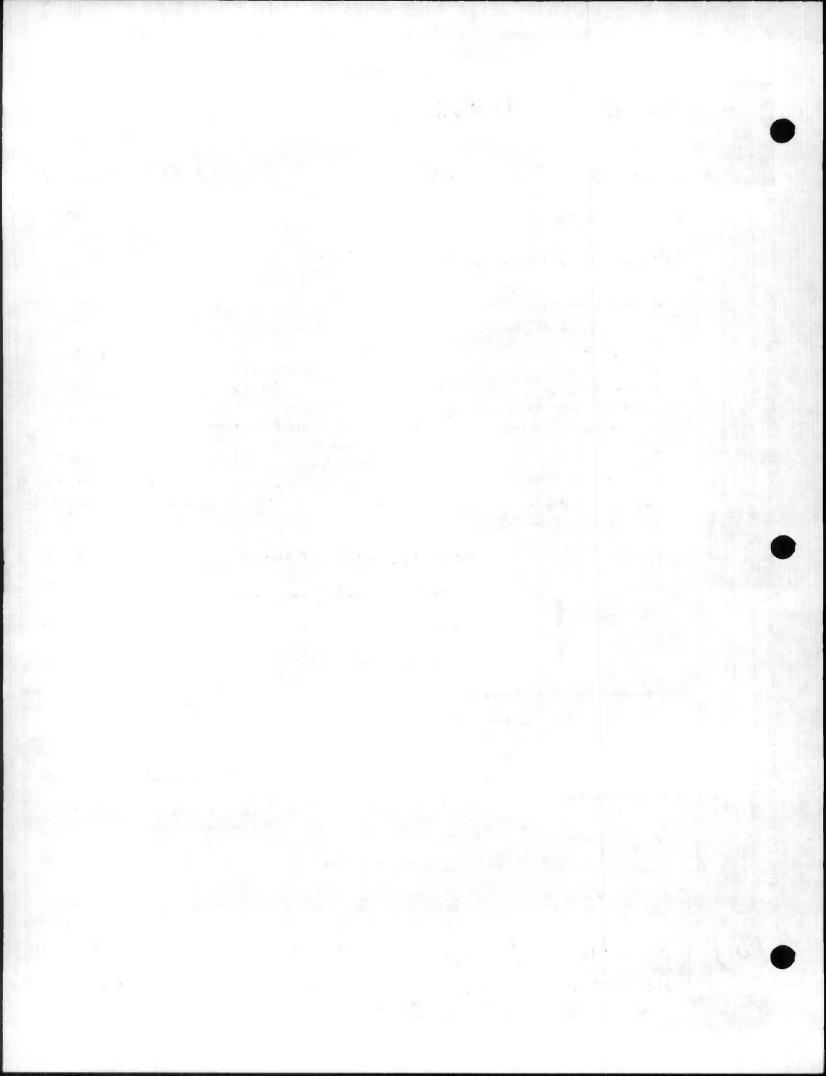
ille Co								1 29,1		9:45pm
			is Eld	er		b. City, Town, or Lo		4c. County	of Death B <b>alti</b> i	more
0.10	Sex XXXM 2□F	7. Aga (In yrs. 75			r 1 Year	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Dey, October	Yeer)	9. Birthpl	ece (Stete or Foreign ry)
f Decedent 10b. County			h. Town and				OCCODEL	12/13		
	12	100. C	ty, Town or Lo		- 11				10	od. Inside City Limits 1-√2 Yas 2 □ No
mber IV,	/A		Balt:		P C1t p Code	У	1	0g. Citizen of \	Whet Count	**
hardson	Street				2	1230		United		
lad 2 Married	Armed Fo	/0	1	Wes Dace f Yes, spe I ☐ Yes		ispenic Origin? (Spin, Mexicen, Puerto Specify:		14. Rec	e - America ck, White, e	en Indian, etc.
15. Decedent's E	Yaer or D	ates:	16e. Deced	ient's Usu	iei Occupe	etion		16b. Kind of Bi		White
15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  12th  15. Decedent's Usuel Occupetion (Give kind of work done during most of w									Shipp:	
(First, Middla, Last	t)					18. Mother's Name				
						Ethel 3				
eme/Reletionship Biedrzycl		ster In				rederick				
position		20b. I	Place of Dispos	sition (Na	me of			20c. Location -		
☐ Cremetion 3 ☐ 5 ☐ Other (Special	Removel from	State	oly Cro				2, 199	8 Balt	imore	e MD
nerel Service Lice		P. Doda,	Cr	Name an	nd Addres	s of Fecility Stevens	Funeral	Home,	Inc.	and 21230
nditions, madiate rlying injury	b		oma of	uence of)	:					6 Months.
est	d	Due to (o	or as e consequ	uence of):						
cant conditione	contributing to de	ath but not res	ulting in the un	derlying o	ceuse give	en in Pert I.	23b. Did to	bacco uss co	ntributa to	the cause of death?
Chronic Obstructive Pulmonary Disease							1 🖾 Yes 2 🗆 No			ably 4 Unknown
							24e. Wes er perform	n eutopsy ned?	com	ra autopsy findings fleble prior to aplation of ceuse eeth?
								s 2∯No	10	Yes 2K No
ed to medicel	Hospitel:	npatiant 2	EDIO 1-11-1		Otha	26. Plece of Death				
1		of Injury h, Dey Year)	ER/Outpatient 28b. Time of		28c. Injury Work	4 Mursing Hor	na 5 Reside 28d. Describe ho			
5 Pending investigation		A.	N/A.			as 2⊠No	N/A			
6 Could not be determined	10	of Injury - At he	ome, ferm, stre	et, factor	y, office		28f. Location (Str City or Town	eet end Numb	er or Rural	Route Number,
1∑ Cartifying Ph	vsician: To the	best of my kno	N/A	occurred	et the time	e, dete end plece, e	N/A	• use(s) and me	nner as ste	ited.
	end menr	er stated.								
(Check only one)  2 Medical Examinar: On the basis of examinetion end/or in end menner stated.  29b. Signeture and title of certifier										
title of certified										
	P. 6	tle of certified along	tle of certifical automatic	tle of certifical Company	tle of certification (29)	tle of certification of the property of the pr	tle of certification of the property of the pr	tle of certified 29c. Licanse number 29	tle of certification of the property of the pr	tle of certification of the property of the pr

DHMH 16 Rsv 6/95



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

		f - 4 4)		Certifica	te of Death	0.0-1/0	Reg. No.	100	T O
ysician	Decedent's Name (First, Middle	le, Last)	1 1			2. Date of De Month	eath Day	Year _	me of Death
/sician /ledical	HIAWATTA	Mite	hell			4	29	98	50/
aminer	4a Facility Name (If not institution	n, give street end number)				r Location of Deet	h 4c. County	of Deeth	
	811 N. Lin	wood AV	e		BALT	imore	N	12	
eral	5. Social Security Number		e (In yrs. last bii	thdey) If Und Month	er 1 Year If Under 24 Hos Deys Hours Mi	s. 8. Date of Bi (Month, Di	rth	9. Birthplace (S	tete or For
ctor	212-28-9862	1₺M 2UF	64	Yrs.	5 5673 110013 1111	11-8	-33	MaryLA	and
	Usuel Residence of Decedent								
14	10a. State 10b. County	,	10c. City, Tow	n or Location					Ide City Lir
rector	Mq. N/.	A	BAC	timov	~			12	Yes 2□
nner must be notified Funeral Director	10e. Street and Number			10f. 2	ip Code		10g. Citizen of V	Vhat Country?	
9 0	2850 E. F.	deral 3	Start	-	2/2/3		U.	5. A.	
era	11. Marital Status	12. Was Decedent		13. Was Dec	edent of Hispenic Origin?	Specify Yes or No	o- 14. Rec	e - American Indi	en,
, in	1 Never Merried 2 Mar	Armed Forces?		If Yes, sp	edent of Hispenic Origin? ecify Cuban, Mexican, Pue	nto Rican, etc.)	Bled	ck, White, etc.	
by	3 ₩idowed 4 Divorced	If Yes Give		1 ☐ Yes	2 Dino Specify:		Specify	BLACK	
		nt's Education	160	Decedent's He	sual Occupation		16h Kind of Bu	usiness/Industry	
let e	(Specify only highe	st grede completed)	100	(Give kind of w	vork done during most of w use ratired)	rorking	TOO. TAILO OF BI	231103arriadoti y	
E E	Elementery/Secondary (0-12)	College (1-4or	5+)		ecker		13046	Steel	
£ 0	17. Father's Name (First, Middle,	( ast)				ame (First, Middle			
rtic event, the Medical.  To Be Completed	1 .		che 11				, moldon oumon	.07	
10 B	HIAWATI	5A 1111	cne 11			RA			
Line.	19a. Informant's Neme/Relations	ship (Type, Print)	hten 19t		ss (Street end Number or				
	FRENChRYS	TRAVIS -	8	11 N.C	in wood Av	e. Bact			
5	20a. Method of Disposition	a 17 p	20b. Plece o camete	f Disposition (A ry, cremetory o	leme of rother piece)	Date		City or Town, Sta	
7 0	1 ☑ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		Vasch	011 1-	aster!	5/4/98	Bact,	nure a	11
any injury once.	21. Signature of Funeral Service		1000	22. Name	netery and Address of Fecility 3 9 N. Bre		0 4	1 01	2100
any onc	6 //	. 0		76	39 N. BRO	Adway	16940,	md, 21	213
	July Mu	ller		JEFF	= Miller P.	C. Fune	enal Ho	met Se	RULE
	23a Part Enter the disease, or shock, or heart fallure. List	t only one cause on each l	ne.	not enter the m	ode of dying, such as card	ac or respiretory i	arrest,	Interv	ximete el Betwee and Deat
ian								Orise	
ical ner	fmmediate Cause (Finel disease or condition	. (	ROPHAR	YNGEA	L CANC	ER		1	YR
-	resulting in deeth)		Due to (or es a						
i e	Mary Comment		AIRWA	4	OBST RUCTIO	N		3	M
Examiner	Sequentially list conditions,	D	Due to (or es a	N					
	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	,	LUNG	•	CANCER			1 1	YR
edical	thet initiated events	C	Due to (or as e	*				+	
	resulting in death) Last							2	Mó
esn S		d	HOLIK	ATION					) /40
5 6						ant Die		ndelbude de dhe e	
page 2 should be detached for use a Completed by Physician/M	Part II. Other significant condition	ons contributing to deeth b	ut not resulting i	n the underlying	cause given in Part I.		tobacco use co		
4	EA	APHYSEMA				14	Ves 2□No	3 Probably	4 Unk
b 6						240 14/0	a an autonou	24h Were aut	oney findi
should						per per	s en eutopsy ormed?	24b. Were aut avelleble completio of death?	prior to
2 s								of death?	
Com						10	Yes 200 No	1 ☐ Yes	2 1 No
Be (	25. Was case referred to medica	H			26. Plece of D	eeth (Check only	one)		
E 0	examiner?	Hospital: 1 ☐ Inpati	ent 2 ER/O	utpatient 3	DOA Other: 4 Nursing	Home 5 Aes	idenca 6 DOtt	ner (Specify)	
erai	27. Manner of Deeth	28e. Dete of Inju (Month, Da	iry 28b.	Time of	28c. Injury at Work?		how Injury occus		
fune	1 Maturel 5 Pendir	igation	y rear)	Injury M	1 ☐ Yes 2 ☐ No				
flca	3 ☐ Suicide 6 ☐ Could	not be 28e. Plece of In	ury - At home, fac. (Specify)	arm, street, fact	ory, office	28f. Location	(Street end Num	ber or Rural Rout	e Number,
ert in	4 Homicide	building, et	c. (Specify)			City or 10	wn, Stete)		
	29a. Certifier 1 Certifyin	ng Physician: To the best	of my knowledge	dooth occurre	od at the time, date and pla	ce and due to the	couse(s) and m	enner as stated	
0	(Check only 2 Medical	Examinar: On the basis of	f examination er	d/or Investigati	on, in my opinion, death of	curred et the time	, date and place,	end due to the co	ause(s)
lical C		and manner st	ated.		Oo Hoones number		20d Date slane	d (Month, Dey, Y	'aarl
Aedical C	one)	er //		4	9c. License number			1 ,	ear)
Medical Certification:		// /							
Medical C	29b. Signeture and title of certifie	// /	PP0		D47645		4/	30/18	
Medical Co	one)	loul M	PPAD leath (Item 23a)	(Type, Print)			4/	32/18	
Medical Certification	29b. Signeture and title of certifie	who completed cause of	PPAP leath (Item 23a)	(Type, Print)	D47645	ove w	4/ rd 21:	287	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) **Physician** 25 19 elen /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** 3/19 DILLON ALTIMOKE

If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Yeer) 6. Sex Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthdey) 1□M 20F Months Deys 219-34-4221 Usuel Rasidenca of Decadent Yrs. Director permit. Pages 1 end 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumetic event, the Medical Examiner must be notified as 10h County 10a State 10c. City, Town or Location 10d. Inside City Limits BALTI MORE 1 Yes 2 No Directo 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code U-5.A by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 3 Widowed 4 □ Divorced WHITE Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elamentary/Secondary (0-12) Collaga (1-4or 5+) CUSTODIAN 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) GEORGE RICKENWALD 19b. Meiling Addrass (Street end Number of Rurel Route Number, City or Town, Stete, Zip Code) 19e. Intorment's Name/Reletionship (Type, Print) JOELLEN SHORB BALTO-HD. 3/19 DILLON 20b. Placa of Disposition (Neme of cametery, cremetory or other p 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify) Buriel 2 Cremetion 3 Removal from State 22. Name end Address of Fecility 2 23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dylng, such as cardiac or raspiratory arreahock, or heart failure. List only one ceuse on each line. Approximate Intervel Batween Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) of the lung 6 mouth Carcinona Examiner Examiner physician and the burial-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to Immediata cause. Enter Underlying Cause (Diseesa or injury that inflieted events resulting In death) Lest Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? signed by the e Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 XYes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings availabla prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed s certificate has b 2 No 1 ☐ Yes 1 Yes 2 No or Attending Physician: 25. Was case referred to medical examinar?

1 Yes 2 No Be 26. Pleca of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No Investigetion 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Cartifian

29c. License number

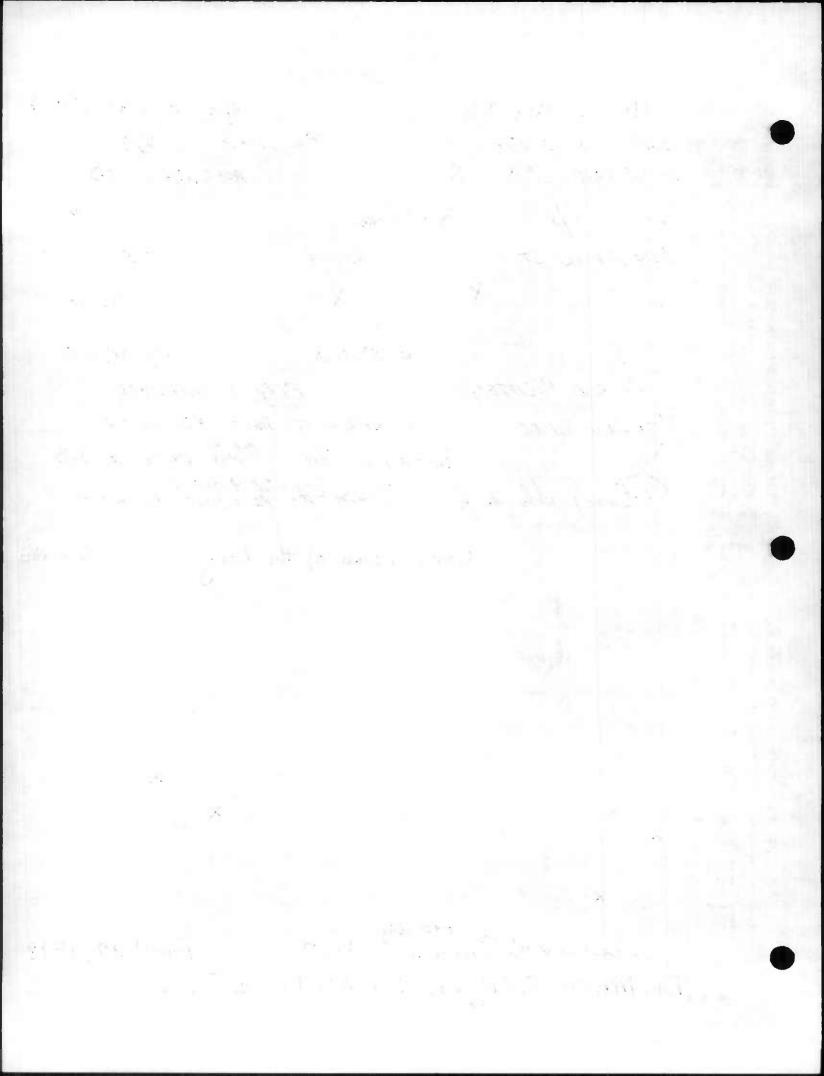
301ST. Paul Place T-407

of death (Itam 23e) (Type, Print)

29d. Date signed (Month, Dey, Year)

State Registrar 29b. Signature end title of cartifier

To the To The To the H

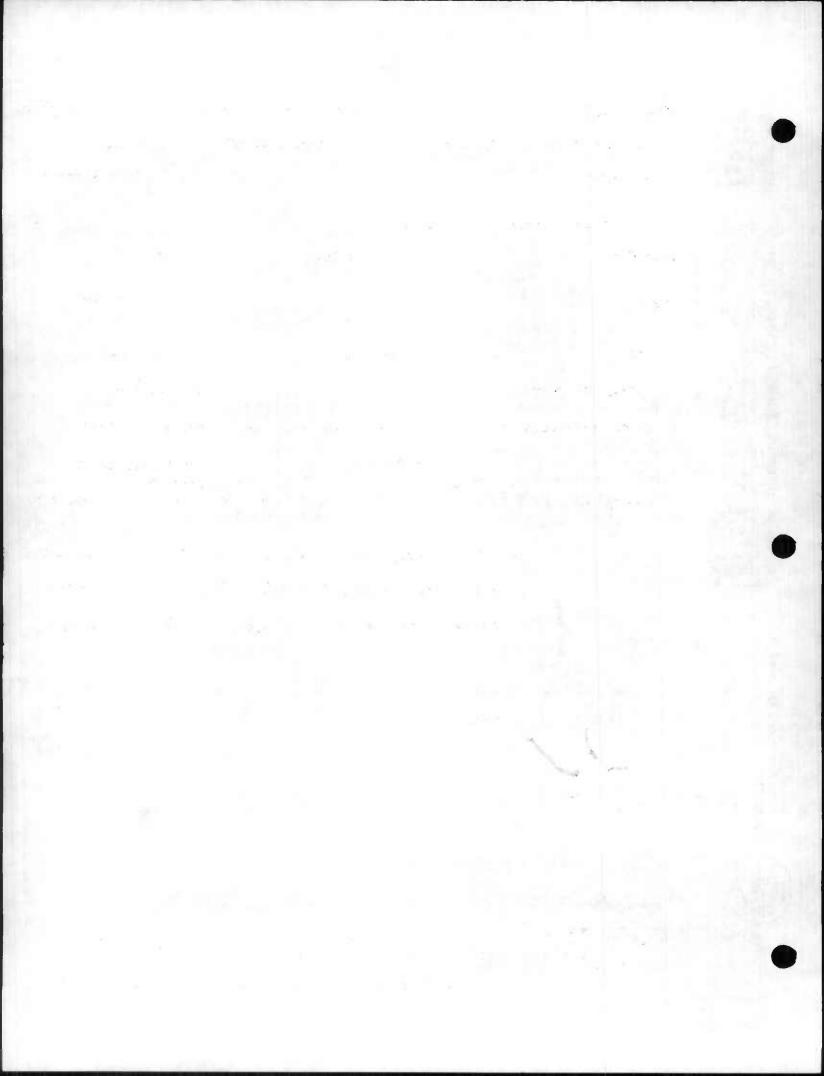


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** SATHRYN 1995 11:45 AM APRIL · /Medical 4e Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Washington Adventist Hospital Takoma Park Montgomery 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dev. Year) 9. Birthplece (Stete or Foreign **Funeral** 1□M 2XF Months Deys Hours Min Yrs. **Director** June 26, 1918West Virginia 214-05-4209 Usual Residence of Decedent with the Meryland 10a Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show 1 ☐ Yes & No Directo Prince George Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Pagas 1 and 2 should be filed within 72 hours aftar deeth with Innant of Heelth and Mentel Hygiene.
Int: If Item 27 Ia marked other than "naturel", or Items 23a or inty or other traumatic event, the Medical Examins must be It 7204 Cherry Lane 20707 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 10 No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Race - American Indian 11. Marital Status Bleck, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2♥ No Specify: Specify: White à 3XXWidowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) n Home Maker Own Home 18. Mother's Neme (First, Middle, Maiden Sumerne) 17. Father's Name (First, Middle, Last) Harvey Erb Metger Lillie Catherine Vogtman 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Carol Carr/Daughter 6823 Contee Road, Laurel, Maryland, 20707 f Disposition (Neme of Dete 200: Location - City or Town, Stete altimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 1 X Buriel 2 Cremation 3 Removal from State Department If Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Union Cemetery 4/26 Burtonsville, MD 22. Name and Address of Facility Fleck Funeral Home, Inc. 21. Signature of Funeral Service Licensee 7601 Sandy Spring Road, Laurel, Maryland, 20707 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical a. Left ventricular dysfunction

Due to (or es a consequence of): Immediate Cause (Final diseese or condition resulting in death) Examiner Acute Myocandial Infanction

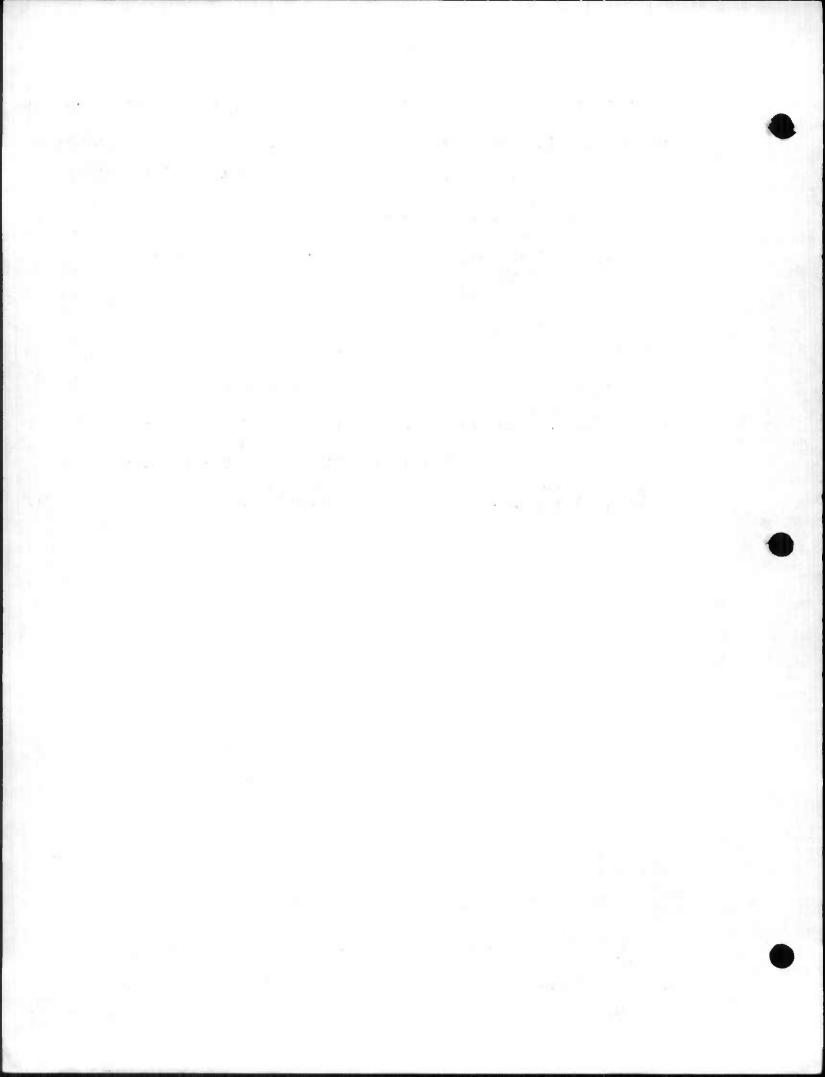
Due to (or es e consequence of): Examiner physician end the burial-trensi Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest c. CONTRAST-INDUCED ACUTE RENAL FAILURE
Due to (or es a consequence of): Box 68760. Physician/Medical as esn Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown Respiratory failure 24b. Were autopsy findings available prior to Completed 24e. Was en eutopsy completion of cause of death? page 2 s 1 ☐ Yes 28 No 1 Yes 2 No or Attending Physician: 25. Wes cese referred to medicel examiner? 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturei 2 ☐ Accident 5 Pending déath. 1 Yes 2 No investigation 24 hours affar deat Funeral Director: 6 Could not be determined 3 ☐ Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury · At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) end menner steted. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and mile. 29c. License number To Apiril 24, 1998. person who completed cause of deeth (Item 23e) (Type, Print) ROAD ROCKVIlle, MARYIAND - DR. GREGORY FISHER GROVE 32 Registrar's Signeture State

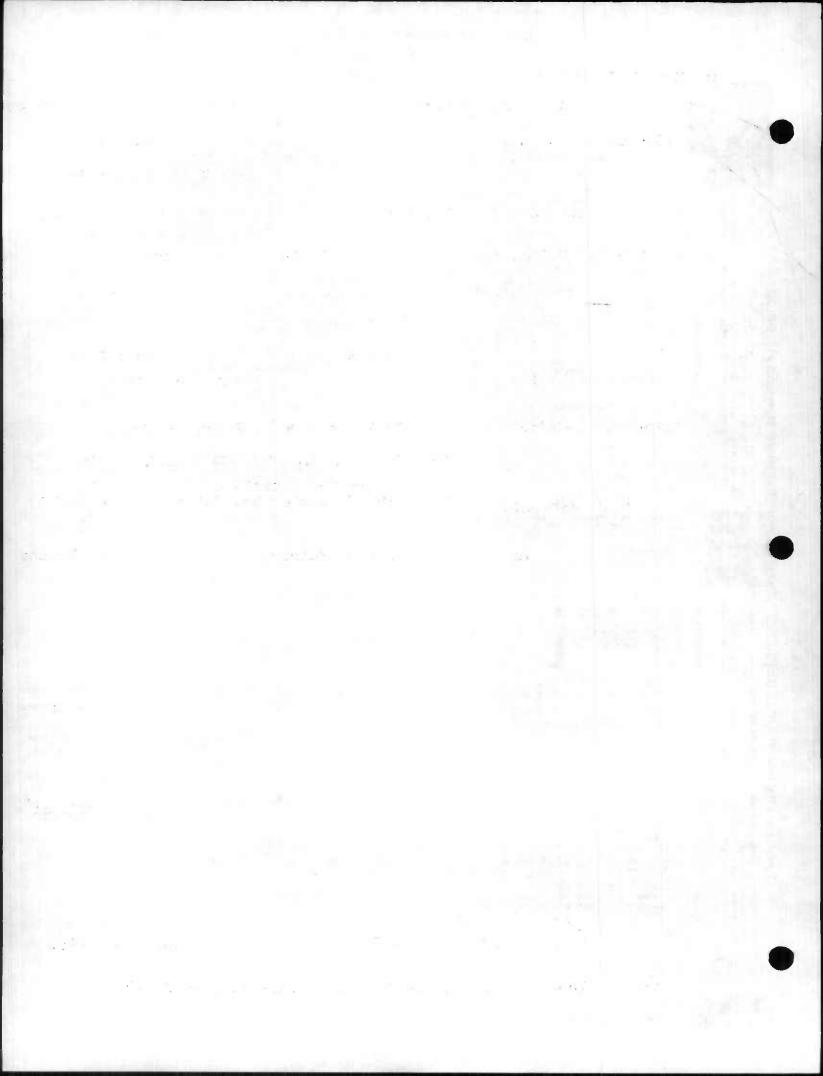


State of Maryland / Department of Health and Mental Hygiene

	Certificate of Death	Reg. No.	13640
Physician		2. Date of Deeth April 27, 1	3. Time for th
/Medical Examiner	4a. Facility Nama (If not institution, give street and number)  4b. City, Town, or Loc	7	ly of Death
Examiner	Crofton Convalescent Center Crofto		e Arundel
Funeral Director	5. Social Security Number 6. Sex 1 □ M 2FF 81 Yrs. Social Security Number 1 1 □ M 2FF 81 Yrs. Social Security Number 24 Hrs. Months Deys Hours Min. M	3. Deta of Birth (Month, Day, Year) ar. 3, 191	9. Birthplace (Stata or Foraig
pug *	Usual Rasidanca of Decedant  10e. Steta 10b. County 10c. City, Town or Location		10d. inside City Limit
with the Meryle to or 28a-f aho be notified at Director	Md. Anne Arundel Crofton		1 ☐ Yas 2 🔀
23a or 2	10e. Street and Number  2131 Davidsonville Road  21114	10g. Citizen of USA	What Country?
filed within 72 hours effer death with the Meryland Hydione.  ther than 'natural', or items 23s or 28s-f show but, the Medical Examinat must be notified at  Completed by Funeral Director	11. Meritel Status  1 Nevar Married  3 Widowed 4 Divorced  12. Was Decedent Ever in U.S. Armad Forcas?  1 Lyes 2 No If Yes, specify Cuban, Maxican, Puerto R I Lyes (Swa Yaar or Datas:  13. Was Decedent of Hispanic Origin? (Specify Yes, specify Cuban, Maxican, Puerto R I Lyes (Swa Yaar or Datas:	ity Yas or No- lcan, etc.)  14. Ra Ble	ce - American Indien, eck, White, etc.  White
ed within 72 ho ygiene. er than "natura ft, the Medical Completed	15. Decedant's Education (Specify only highast grada completed)  16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working ilia. DO NOT use retired)	16b. Kind of B	Businass/Industry
2 should be filed within a and Mental Hygiene. Is marked other than raumatic event, the To Be Comp	Grade 12 College (1-4or 5+)  College (1-4or 5+)  Tax Collector		ernment
should be filed and Mental Hygi marked other imatic event, I		First, Middla, Maidan Surna	ma)
Ment Ment Ment Ment Ment Ment Ment Ment		ialowska	
d 2 should th and Mer 7 is merks traumatic	19a. Informant's Neme/Ralationship (Type, Print)  19b. Malling Addrass (Street and Number or Rural  Consolor Manage Language (April 1998)		
feat feat feat feat feat	Gayle Myrta / daughter   1652 Fallow Field C		city or Town, Stata
Peges nent of int: If it iny or o	1 □ Burial 2 □ Cramation 3 □ Amemovel from Stata 4 □ Donation 5 □ Othar (Specify)	ay 1 1998 New Ca	astle, Pa.
permit. Departminporta any inju	21. Signeture of Funaral Service Licensea  22. Name and Address of Fecility Donaldson Funera 313 Talbott Aven	1 Home, P.A ue Laurel,	A. , Md. 20707
	23a. Part1. Enter the disaasa, or complications thet caused the death. Do not antar the mode of dying, such as cardiec or shock, or heart failure. List only one cause on each line.		Approximata Interval Batween
Physician /Medical Examiner	immediata Ceuse (Final disaasa or condition resulting in daath)  e. Chonce Outro Club Pulavonore  Dua to (or as a consequence of):	drease	Onset and Death
Physician: The law requires that the death certificate be executed this certificate has been signed by the ettending physician end and director, page 2 should be detached for use as the buriel-transit.  TO Be Completed by Physician/Medical Examiner:	Sequantially list conditions, if eny, laeding to immediate causa. Entar Undarlying Ceuse (Disaasa or Injury that initiated evants resulting In death) Last  b. Dua to (or as a consequenca of):  c. Due to (or as a consequenca of):		
death cer e ettendin d for use	d  Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.	22h Did tohacco usa o	ontribute to the cause of deat
res thet the designed by the ell be detached if	angestive leart factor, Dropets	1 □ Yee 2 □ No	
The taw requires the same has been signed page 2 should be d	The state of the s	24a. Wes an autopsy performad?	24b. Ware autopsy findings eveilable prior to completion of cause of death?
ne lav		1 ☐ Yas 2,10 No	1 ☐ Yas 2 ☐ No
certificate rector, pag	25. Was casa raferred to medical examinar?		
this ce al dire.	1 ☐ Yes 2 \$\frac{1}{2}\$ONo	a 5 Rasidanca 8 Ot	her (Specify)
After t funera funera funera	1 Netural 5 Pending (Month, Dey Year) Injury Work?	d. Dascribe how injury occu	rred
rtifical	2 Accident invastigation 3 Sulcida 6 Could not be determined 28a. Place of Injury - At homa, farm, streat, fectory, offica building, atc. (Specify)	of. Location (Straet and Num City or Town, Stata)	ber or Rural Route Number,
within 24 hours et within 24 hours et completely filled I	29a. Cartifiar  (Check only one)  (Check only one)  (Check only one)	d due to tha ceusa(s) and m I at tha tima, data and placa	nannar as stated. , end due to the causa(s)
Me Me	29b. Signature and title of certifier 29c. Licanse number	29d. Data sign	ed (Month, Day, Year)
- > P 0	D 38958	41	97 /08
	30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)		1/10
1 1			
	DALTEET SINGH SIDHU 1413 ANNAPOLIS ROAD #106 31. Data filed (Month, Day, Year)  MAY 0 1 1998  32. Registrar's Signature  This Davidson—Randare	ODENTON	MD 21113



	r FH G759 4/4					rtificat		Death	nd M		Reg. No	0	130	4 7		
ian ical		lmira	a S. M		ke					2. Data of D Month Apri	1 30	i, 1	998	3. Time of De 11:00		
iner 4a Facili	ity Name (If not institution 20 Cedarw			)			4		n, or Loo LAi	cation of Dea	ath 4c	County				
5. Social	Sacurity Number -09-9923	6. Sex	7. A	ge (In yrs.	last birthday) Yrs.	If Unde Months	r 1 Year Days	If Under 2 Hours		8. Date of B	Dey, Year)			ce (State or Fi	oreign	
	esidence of Decedent te 10b. Count	V		100 Cit	y, Town or Lo	cation								I. Inside City I	imite	
MID		ford			1 Air								100	1 ☐ Yes 2		
10e. Stre	et and Number					10f. Zij	o Code				10g. Cit	tizen of W	/hat Country	13		
	Crocker	Drive	, Apt	. D 21014							U	SA				
2 101	al Status Never Married 2☐ Ma Midowed	rried	Was Deceden Armed Forces 1 ☐ Yes 2 X If Yes, Give Yaar or Dates	? No				dispanto Origin? (Specify Yes or No- an, Mexicen, Puerto Ricen, etc.)  Specify:			No-	14. Race · American Indian, Black, White, etc.  Specify: White				
Completed	15. Decede (Specify only high	nt's Educetion			16a. Deced	dent's Usu kind of wo	al Occupi	ation fu <i>ri</i> ng most	of workir	ng	16b. K	(Ind of Bu	siness/Indu	stry		
Eleme	ntery/Secondery (0-12)	- T	College (1-4or	5+)		rica		)								
17. Fathe	ar's Name (First, Middle	Last)			cre	LICE	1.1	18. Mother	's Name	(First, Midd			it Bu	ıreau		
17. Fath	Jacob Ske	berdi	S			Kath					ine	Tate	oris			
	ormant's Name/Relation	ship (Type,	Print)		19b. Meilin	ng Addres	s (Street	and Number	or Rura	I Routa Num	ber, City	or Town,	State, Zip C	ode)		
20a. Met	Barbara M. Strein/daughter 20a. Method of Disposition 1 Burial 2 ACremation 3 Removal from State				1520 Place of Disponentery, crem	sition (Na	me of	wood Dr. Bel Air, MD 21014					4 City or Tow	/s City or Town, State		
	Donation 5 Other (		ovar from Gtar	Me	tro Cr						Bal	timo	re, M	D		
23a. Pa	ature of Funeral Service  Dawn F M  rt1. Enter the disease, cock, or heart failure. Lis	cDona or complication	ons that cause	ad tha death		99 F	red	erick	Rd		ltim	yla: ore	, MD	nc. 21228 Approximate Interval Between Onset and Dea	en	
disease	ate Cause (Finel or condition g in deeth)	a. <b>N</b>	letast		Mali or as a consec	_		elano	oma				14	Mont	hs	
Sequent if any, le ceuse.																
O I that initia	Disease or Injury ated events in death) Last	d		Due to (o	r as a conseq	uence of)										
Port II O	thar significant condit	lone contribu	uting to doub	hut not rac	ulting In the u	ndod lan	nouse oh	on in Part I		23h Di	id tobacco	O Hee COI	atribute to t	he cause of d	testh?	
Phys	mar significant condi-	TOTAL CONTINUE	uting to death	Dut Hot 163	unnig in ine u	rideriyirig	ceuse giv	on mr aici.						bly 4∑0 Un		
										24a. Was an autopsy performed?  24b. Were autops available prior completion of death?						
by															0	
Completed by												No No	10	Yes 2□ No		
Completed by 525. Mes	case referred to medic niner? Vac. 2 5th No.	el Hosp	oitel:	linet of	ED/Order**		OA Oth			(Check only	y one)			aughto	er's	
Completed by 52. Wes	niner? Yes 2  No ner of Deeth Naturel 5  Pend	Hosp ing 2	oitel: 1 □ Inpa 28e. Date of In (Month, E	iury	ER/Outpatier 28b. Time o Injury	f	28c. Injun Wor	er: 4□ Nur y at k?	sing Hor		y one) esidence	6 NOth	I er (Specity)	aughto	er's ence	
Completed by 52. Wes	niner? Yes 2 1 No ner of Deeth Naturel 5 □ Pend Accident invest Suicide 6 □ Could	Hosping 2	1 ∐ Inpa 28e. Date of in (Month, E	jury ay Year)	28b. Time o Injury	f M	28c. Injun Work	er: 4 🗆 Nur	sing Hor	me 5 Re 28d. Describ	y one) esidence e how inju	6 Oth	En (Specify)	aughto	ence	
Certification: To Be Completed by 25. Mes exan 1 27. Mes 1 3 3 4 4 4	niner? Yes 2 1 No her of Deeth Naturel 5 □ Pend Accident Suicide 6 □ Coulc Homicide  rtifier 1 1 Certifyl  mek only 2 □ Medica	Hosping 2 ing tigation d not be mined 2	1 ∐ Inpa 28e. Date of in (Month, E	njury - At hote. (Specif	28b. Time o Injury	M M reet, factor	28c. Injun World 1 Dry, office	er: 4 Nur y at k? Yes 2 N	sing Hor	me 5 Re 28d. Describ 28f. Location City or 1	y one) esidence ee how inju	6 Other occurrence of Number	er (Specify) eed er or Rural	Daughte Reside Routa Numbe	ence	
Cal Certification: To Be Completed by 152 Mess exan 1 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	niner? Yes 2 ▼ No ner of Deeth Naturel 5 □ Pend Accident Suicide 6 □ Coulc Homicide deteri	Hosping 2 ing tigation d not be mined 2	28e. Date of In (Month, E) 28e. Place of I building, (	njury - At hote. (Specif	28b. Time o Injury	M M reet, factor	28c. Injun Word 1 Dry, office	er: 4 Nur y at k? Yes 2 N na, data and pinion, deati	sing Hor	me 5 Re 28d. Describ 28f. Location City or 1	y one) esidence he how injuit of (Street a Town, State he cause(s e, dete an	6 Othory occurring occurri	er (Specify) eed er or Rural	Pouta Number	ence	
edical Certification: To Be Completed by 25. Wes exam 1 2 3 3 4 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	niner? Yes 2 ▼ No ner of Deeth Naturel 5 □ Pend Accident Suicide 6 □ Coulc Homicide deteri	Hosping 2 ing tigation d not be mined 2	28e. Date of In (Month, E) 28e. Place of I building, (	njury - At hote. (Specif	28b. Time o Injury	M M reet, factor	28c. Injun Word 1 Dry, office	er: 4 Nur y at k? Yes 2 N Pes 2 N	sing Hor	me 5 Re 28d. Describ 28f. Location City or 1	sidence be how injunity of the cause (street and course) of the cause (see, dete and 29d. Do	6 Othury occurs	er (Specify) ed er or Rural	Pouta Number	ence	
edical Certification: To Be Completed by 25. Wes exam 1 2 3 3 4 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	niner? Yes 2 1 No her of Deeth Naturel 5 □ Pend Accident Suicide 6 □ Coulc Homicide  riffier 1 1 Certifyt ask only 2 □ Medica	ing tigation d not be mined 2 ling Physicia Examiner:	28e. Place of Inbuilding, of the besis and manner s	ury ay Year) njury - At hi otc. (Specif t of my kno of examina tipated.	28b. Time of Injury  ome, farm, stri  wledge, death tion and/or in	f M mreet, factor	28c. Injun Word 1 Dry, office	er: 4 Nur y at k? Yes 2 N na, data and pinion, deati	sing Hor	me 5 Re 28d. Describ 28f. Location City or 1	sidence be how injunity of the cause (street and course) of the cause (see, dete and 29d. Do	6 Othury occurs	er (Specify) ed er or Rural	Pouta Number led. he ceuse(s)	ence	



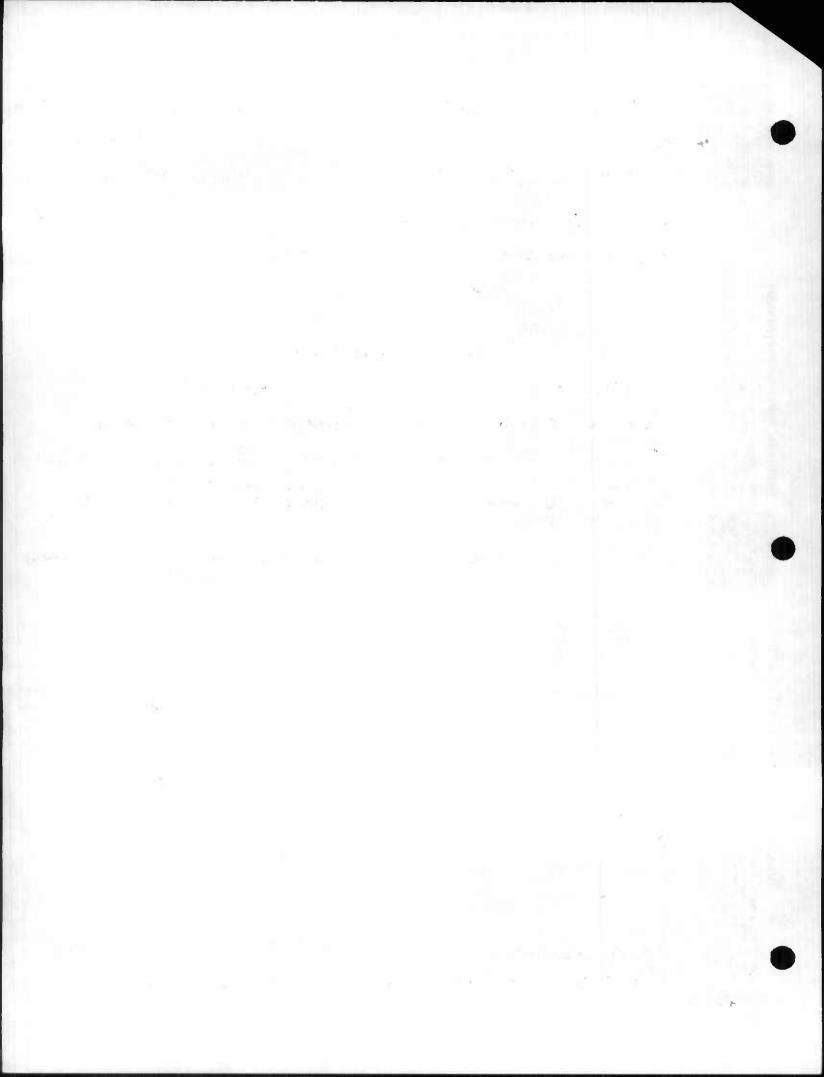
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** 4:10 PM PATRICIA F. Mc Grath 1998 Apri /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Springlake Drive Baltimore 2418 Timonium If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Months 1 M 2 F 17 Yrs. 24 4233 26 Director Connecticut Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hyglene. Important: if itam 27 is marked other than "naturel", or items 23s or 28s-f show any injury or other traumatic event, the Medical Expriner must be not if a space. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No BAltimore Maryland Directo Timonium 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21093 Springlake Drive USA 2418 Funeral 14. Race - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus Bleck, Whita, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elamentary/Sacondary (0-12) College (1-4or 5+) Education School Teacher 12 18. Mothar's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Helen Rishor Arthur 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Mc Grath Spring lake Drive 2418 Timonium Allen 20b. Plece of Disposition (Neme of cemetery, cremetory or other) 20e. Method of Disposition Dete 20c. Location - City or Town, Stele ery, cremetory or other piece) 12 Burial 2 □ Cremetion 3 □ Removel from State Peters Cometery 4 □ Donetion 5 □ Other (Specify) 1998 DAnbury 22. Neme end Address of Fecility 21. Signeture of Funeral Service Licansee Funeral Chapel EVAMS Timonium 21093 2325 York Rd. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory errast, shock, or heart failure. List only one causa on each lina. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examine Examiner physician and s the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as e consequança of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be deteched 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy hes le 2 s certificate her director, page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 24 hours effer death. Funeral Director; After this certifica 25. Wes case referred to medical exeminer? director, Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 27. Manner of Death 28a. Deta of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 Accidant 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be To the Hospital or Atla within 24 hours effer de To the Funeral Directo completely filled in by the 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicida 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar as stated. 29a, Cartifiar Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Shepard Str 205 West 6569 N. Charles St Baltimore MD Robert M.D. 32 Hegistrere Signature

Fund Swidson-Randall 31. Dete filed (Month, Day, Year) MAY 0 1 1998 State

DHMH 16 Rev 6/95

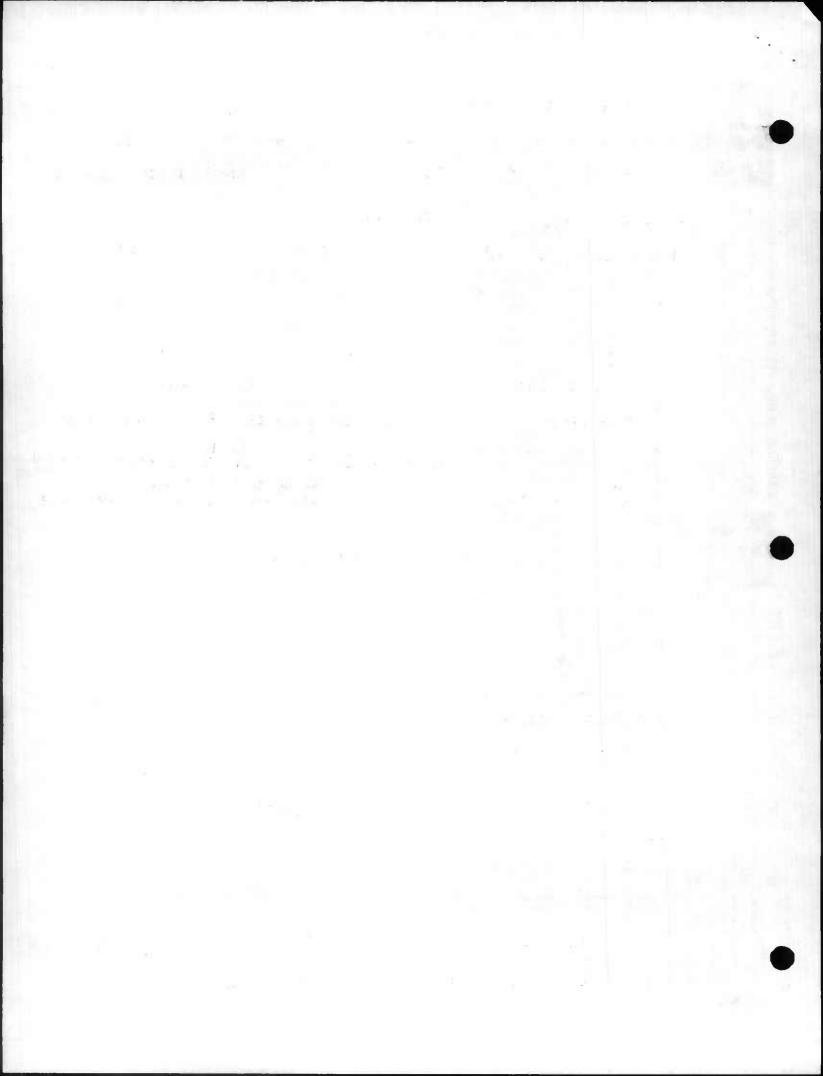


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No. 98

Certificate of De	eath	Reg. No.	10001
	2. Date Mor	a of Deeth	3. Time of Deeth
	Apr	1 25	1998 12:00 AM
	City, Town, or Location o	f Death 4c. County	
KWAY	PARKVIlle		Baltimore
		nof Birth nth, Dey, Year) mber 19 1921	9. Birthplece (State or Foreign Country)  MARY And
wn or Location			10d. Inside City Limits
Itimore			1 ☑ Yas 2□N
10f. Zip Code 212 (			USA
13. Wes Decedent of Hispa If Yes, specify Cuben, N 1 ☐ Yas 2 Ø No Si	antc Origin? (Specify Yes Mexicen, Puerto Ricen, e Specify:	tc.) Ble	ce - Americen Indien, ick, White, etc.
a. Decedent's Usuel Occupation (Give kind of work done durin	on ing most of working	16b. Kind of B	susiness/Industry
life. DO NOT use retired)		Tood	Strvict
Cashier	O. Mathada Nama /First		
18.	8. Mother's Name (First,		110/
	Anna		
		Baltimore 1	MD: 21220
of Disposition (Name of any, cremetory or other place)  The Hill Cemeter	Apri 29		- City or Town, State 10rt, Maryland
22. Neme end Address of	of Fecility VAMS Funera 800 Harford	1 Chapel Rd. Baltimo	ore MD. 21234
not enter the mode of dying, s	such as cardiac or respire	atory errest,	Approximete Interval Between
consequence of):			
in the underlying ceuse given li	In Pert I. 23	b. Did tobacco use co	ontribute to the cause of deat
		1 Yes 2 No	3 Probably 4 Unknow
	246	Was en autopsy performed?	24b. Were eutopsy finding eveileble prior to completion of cause of death?
		1□ Yes 2₽No	1 ☐ Yes 2 ☐ No
28	28. Plece of Deeth (Check	k only one)	
Outpatient 3 DOA Other:	4 Nursing Homa 5	Residence 6 Ot	her (Specify)
Time of fnjury et Work?  M 1 Yes	28d. De	scribe how injury occu	rred
farm, straat, fectory, office	28f. Loc City	ation (Street and Num or Town, Stete)	ber or Rural Route Number,
ge, deeth occurred et the time, ond/or investigation, in my opinion	date and place, end due ion, death occurred et the	to the causa(s) and me time, date and place	anner as stated. , and due to the ceuse(s)
29c. License nu	number 9 45	29d. Date sign	ed (Month, Day, Year) 28/98
(Type, Print)			
E. Northern	PKHY. BAL	hmore MI.	
	•		
	(Type, Print)	E. Northern PKuy. Bal	(Type, Print) E. Northern PKuy. Baltimore MI.



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

-1	3	6	-	2
- 1	J	0	J	6

Physician
/Medical
Examiner

1. Decedant's Nama (First, Middla, Last) JANETTE

MARTIN

2. Data of Death Month

3. Tima of Death

17:45 PM

**Funeral** Director

with the Maryland 28a-f show nd other than "naturel", or items 23a or 28a-f show event, tre Meulical Examiner must be notified at Directo Funeral death should be filed within 72 hours aftar by al Hygiena.

and Mental merked

.

5

permit. Pages 1 and 2 st Department of Health and Important: if Item 27 is n

**Physician** /Medical

**Examiner** 

attanding physician and for use as the bunal-tran

algned by the a

異 S eged

certificate Physicians

844

Affer

ractor:

ã

Athending

tha death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medicai

þ

Completed

Be

0

Certification:

Baltimore,

4a Facility Nama (If not institution, giva street and number)

APRIL

1998 28,

4b. City, Town, or Location of Death 4c. County of Death CITY

HOPKINS HOSPITAL THE JOHNS 5. Social Security Number 7. Aga (In vrs. last birthday)

BALTIMORE If Under 1 Yaar | If Undar 24 Hrs.

N/A

1 M 2 X X Yrs. 510-16-5282 79

Months Days Hours 8. Data of Birth (Month, Day, Year) July 29, 1918

 Birthplaca (Stata or Foraign
Country) Kansas

Usual Rasidanca of Decedani 10a State 10b. County

Maryland N/A

Baltimore

10c. City. Town or Location

10d. Insida City Limits

10e. Street and Number

10f. Zip Code

1. Yas 2 No 10g. Citizen of What Country?

USA

4004 Roundtop Road

12. Was Dacedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:

Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.)

14. Race - Amarican Indian. Black, Whita, atc. White

1 Never Married 2 Married 3 Widowed 4 □ Divorced

15. Decedant's Education (Specify only highast grada completed)

College (1-4or 5+)

5+

16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

21218

1 Yes 2 No Specify:

16b. Kind of Business/Industry State of Maryland

Elementery/Secondary (0-12) 17. Fathar's Nama (First, Middla, Last)

Aleck Ulysses Carlsen

18. Mothar's Nama (First, Middla, Maidan Sumama)

Jessie Whitted

19a. Informant's Name/Ralationship (Type, Print)

19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda)

Thomas Martin 20a. Mathod of Disposition

Step-son 1 ☐ Burial 2 Cramation 3 ☐ Ramoval from Stata

20b. Place of Disposition (Nama of cematary, cramatory or other place)

Division Chief

4004 Roundtop Road Baltimore, Maryland 21218 20c. Location - City or Town, Stata

Greenmount Cemetery 22. Nama and Addrass of Facility 5/1/98

Baltimore, Maryland

4 □ Donation 5 □ Other (Specify) 21. Salatura of Funaral Sarvica Ligense

6500 York Rd Baltimore, Maryland 21212 23a. Part1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one page on each line.

Mitchell-Wiededefeld Home

Immediate Ceuse (Finel disaase or condition resulting in daath)

EMPYEMA

Dua to (or as a consequanca of):

PNEUMONIA

Dua to (or as a consequence of):

ONE WEEK

Approximate Intarval Betwaen Onset and Death

ONE WEEK

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseasa or injury that initiated avents rasulting in death) Lesl

Dua to (or as a consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

26. Place of Death (Check only ona)

BALTINOCE, MARY LAND

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No

AMYLOID

CARDIOMYOPATHY

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to complation of cause of deeth?

MULTIPLE

MYELDMA

2 No 1 Yas

1 Yes 2 No

STREET

25. Wes casa refarred to medical exeminer? 1 Yas 2 No

Hospital: 1 [3] Inpatiant 28a. Date of Injury (Month, Day Year)

2 ER/Outpatient 3 DOA 28b. Tima of

28c. Injury at Work? 1 Yas 2 No

Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28d. Describe how injury occurred

4 Homicide

27. Manner of Death

1 Natural

2 Accidant

3 Suicida

28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

PHYSICIAN

28f. Location (Street and Number or Rural Routa Number, City or Town, Steta)

600 NORTH WOLFE

29a. Certifian (Check only one)

1 👺 certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to the ceuse(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the causa(s) and manner stated.

29c. Licansa number

29b. Signature and title of certif

5 Panding invastigation

6 Could not be determined

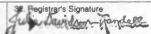
RES - 000

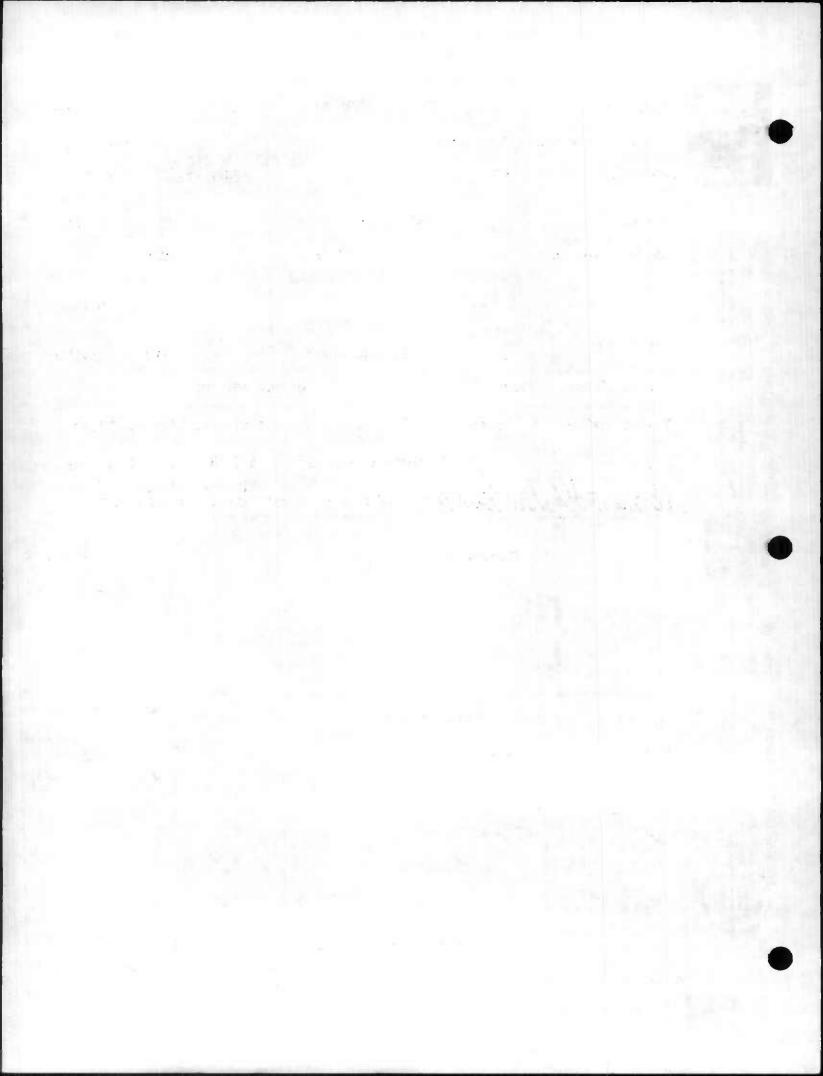
TOWER 110

29d. Data signed (Month, Day, Year) APRIL 28, 1998

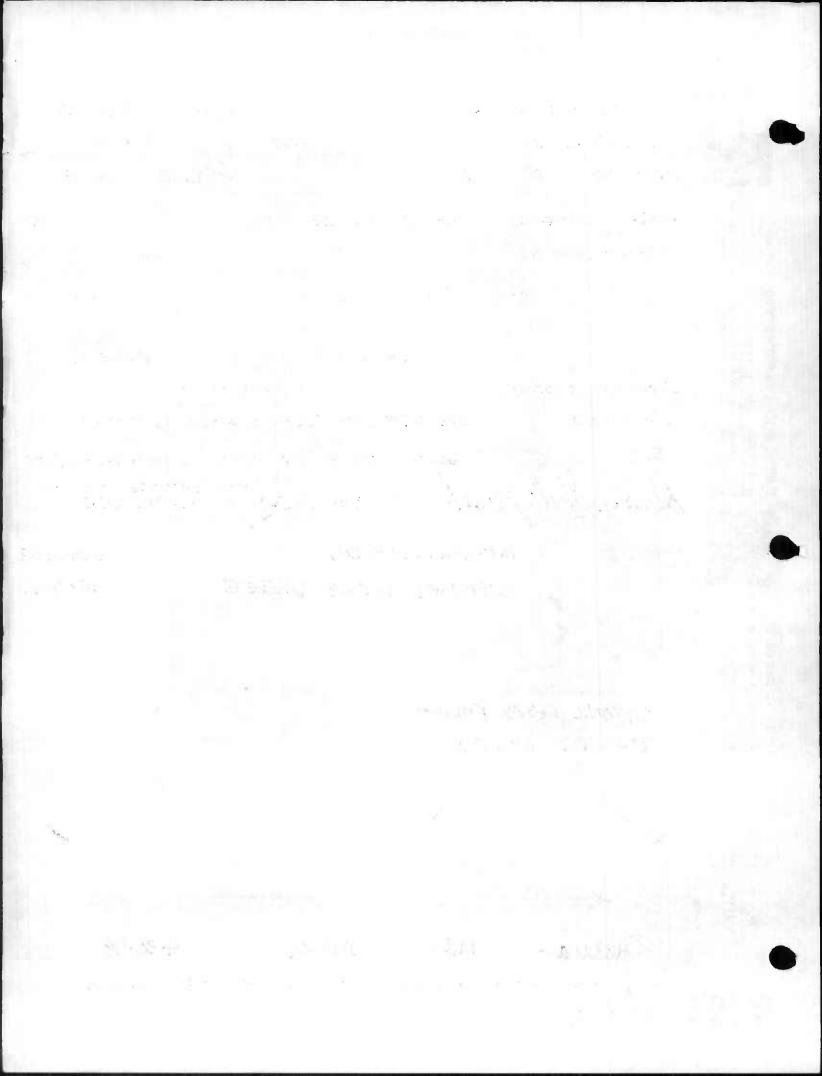
30. Name and address of parson who complated dausa of death (Itam 23a) (Type, Print) SYONEY WORSS JOHNS HOPENAL SYDNEY MORSS

State Registrar 31. Data filad (Month, Day, Year)





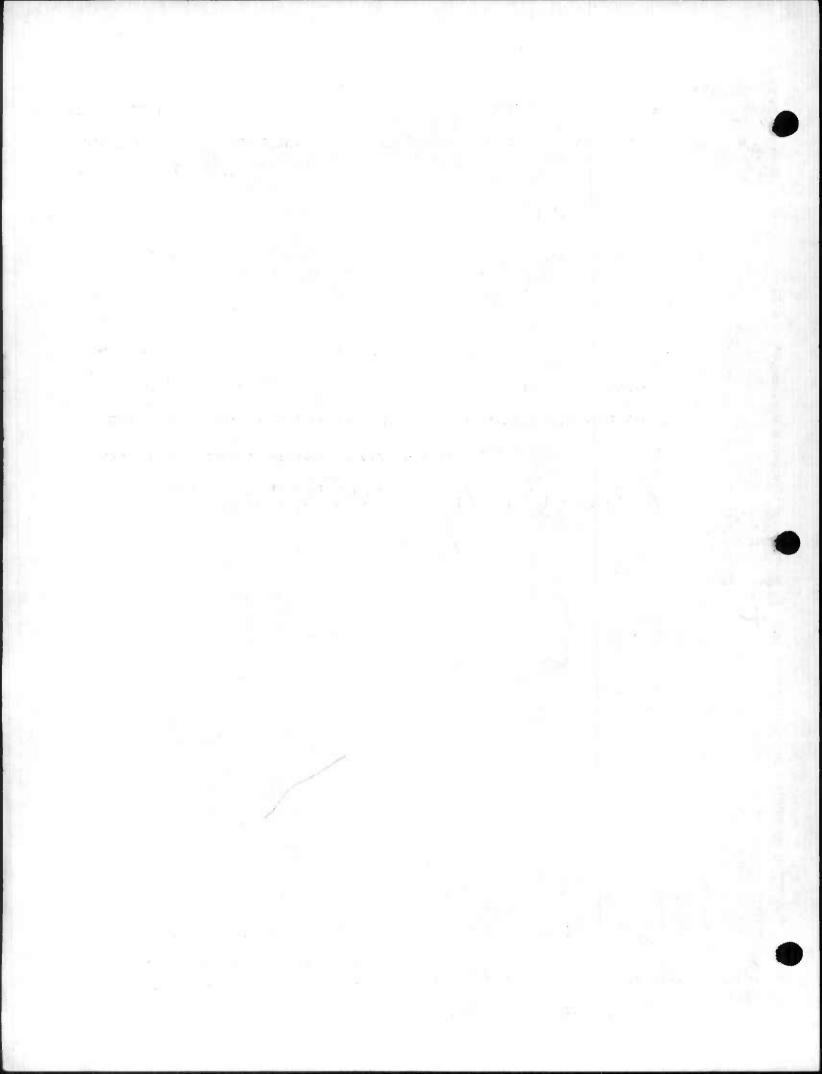
				State	o ivia	i yiai iu 7		tificate of		і менаі пу	Reg. No.	3 13	3653	
Physiciar /Medica		JOH		YMOND	MURPI	44	_			2. Data of D Month Apri	Day 29,	Year 1998	3. Time of Death	
Examine				, giva street end	d number)					or Location of Dea		nty of Deeth		
		Sacurity N	ph Hos	6. Sex				If Undar 1 Year	Towson	Irs.   A. Date of B		altimor		
Funeral Director	212-	-20-6(	000	1			Yrs.	Months Deys	Hours M		8, 1926	Mary	ace (Stete or Foraign try) land	
yland		10a. State 10b. County 10c. City, Town or Location					ation				10	Od. Inside City Limits		
e Mar	Mary	/land	Balt	imore		Cocke	eysvi	lle,					1 Yaa ZX No	
officer deeth with the Maryland referre 23a or 28a-f show niner must be notified at	10e. Stre	et and Nur 39 Lak	nber Kesprir	g Way				10f. Zip Code 21030		100	10g. Citizen	of Whet Count A	try?	
			ed 2 Mari	ied XXX Y	d Forces?	2 No WWII 1 Yas 2X		Vas Decedant of I Yas, specify Cub ☐ Yas 2XXVo		(Specify Yes or Nerto Rican, atc.)		14. Race - Amarican Ind Bleck, White, etc. Specify: White		
3 -	Eteme	. ,	15. Deceden ify only higher ndery (0-12)	st grede complet	ted) ge (1-4or 5+			kind of work done O NOT use retire	during most of v	working		16b. Kind of Business/Industry		
d 2 Hygier Hygier and, the		er's Nama	First, Middle,				ope	rations	18. Mother's N	lama (First, Middl		factur	ing	
Maryland 212: d 2 should be filed within th end Mentel Hygiene. 7 is marked other than traumatic event, tre-M	Edwa	ard Fr	ancis	Murphy					Elizal	oeth Wass	sman			
Aaryla 2 should is marked is marked raumatic	19a. Info			hip (Type, Print)						Rural Route Num				
1 end 1 health Health orther tr			lurphy		W:				ing Way	Cockeys	7			
Page Page nant o	1)(2)			3 □Ramovai fr	rom State	ceme	etery, crem	sition (Neme of latory or other ple alley Me		5/2/98		ville,	Maryland	
Baltim pemit. Pa Departmen important: any injury pncs.	21.50	inture of Fu	naral Service	she de	ena	b		Name end Address		Mitchell Ltimore,				
Physician	23a. Pa sho	rt1. Entar tl ock, or hee	na disease, or t feilure. List	complications the	nat caused to on each line	ha death. D	o not ente	r the mode of dy	ing, such as card	liac or respiretory	arrest,		Approximate the there is a second content and Death	
/Medical Examiner	disease	nte Ceuse ( or conditio	Final	e	YOCA	eda	- INF	ACTION				1	mmediati	
		,,		/	20201	ue to (or es	e conseq	uenca of):	THISE	ARE.		1	10+ 411	
death certificite be assouted estending physicien and of or use as the burial-transit	Ceuse (I thet initial resulting	tially list contading to im Enter Unde Disease or eted events in death) I	1	c	D	ue to (or es			17130			1	1/03.	
P.O. het the d by the detached	Part II. O	_					_	derlying cause g	ven in Pert I.		tobacco use		the cause of death?	
cords, requires been sign should be		DIA	BETE	RENA	uni	S				24e. We	es en eutopsy formed?	eve	ere eutopsy findings elleble prior to mpletion of cause deeth?	
The lew ate has page 2										10	Yes 2 N	10	Yes 2□ No	
f Vital Re ystelen: The Is certificate ha director, page	25. Wes	case refer	ed to medica							Deeth (Check only	one)			
0	10	Yes 2	•		□ tnpatien		Outpetien	3LI DOA		g Homa 5□Ras			y)	
Division of the first of the contract of the c	27. Menr 1 04	ner of Deetl Veturel Accident	5 Pendin investig	g (/ getion	ete of Injury Month, Day	Year) 28	b. Time of Injury	M 1	rk? ] Yes 2 ☐ No		a how Injury oo			
N 840	40	Suicide Homicide	6 Could determ	ined   200. P	leca of Injuruilding, etc.	y - At home (Specify)	, farm, stre	et, factory, office			(Street end Nu own, State)	mber or Rura	i Route Number,	
ne Hospi n 24 hou he Funer pletely fill	29a. Cer (Ch	eck only e)	2☐ Medical	Examiner: On the	the best of ne basis of e nenner stet	xaminetion	dge, deeth and/or inv	astigetion, in my	opinion, death or	eca, end due to the	e, dete end plac	ca, and due to	the cause(s)	
To with To Com	29b. Sign	one sruten	title of certifie	w	M	D.		D 16			29d. Data sig	onad ( <i>Month</i> , 1	Day, Year)	
O.	30. Negh	e end addr		who completed of					owson. N	Maryland	21204	Suite 5	502	
State Registrar		MAY (	h, Day, Year)	fu	2 Registrar									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Dev MARY ELIZABETH MACKNIS APRIL 28,1998 /Medical 2:20 PM 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** RIVERVIEW NURSING CENTRE, INCORPORATED BALTIMORE BALTIMORE Hours Min. 8. Dete of Birth Month, Sey, 1928 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funerai** Months 1 ☐ M 2 🖾 F 214-26-6458 69 Director PA Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Md. Baltimore Essex Director 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? **Нетя** 23a 1 Eastern Ave. 21221 USA Completed by Funeral 12. Wes Decedent Ever in U,S Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 21215-0020 ò 1 ☐ Yes 2 ☑ No White Specify: 3 Widowed 4 □ Divorced "natural", 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) Housewife own home 8th Baltimore, Maryland permit. Pagas 1 and 2 should be file Department of Health, and Manial Hy Important; If flem 27 is marked other any lipiny or other traumatic event 2008. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Giiseppe Schiavone Clementina Gidard 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Joseph Schiavone / brother 6246 Woodland Road Linthicum Md. 21090 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State Garrison Forest Cemetery 5/5/98 4 ☐ Donetion 5 ☐ Other (Specify) Owings Mills MD. 21. Signeture of Funeral Service License 22. Name end Address of Fecility Connelly Funeral Home of Essex picutions that caused the death Do not enter the mode of dying, such as cerdiac or respiratory errest, one cause on each line. ert1. Enter the diseese, or hock, or heert feilure. List Approximete Intervel Betw Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical **Examiner** Evacuation of Bubdual functiona Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760. The law requires that the death certificate be-Physiclan/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings evalleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Aftar this cartificate has 2 No 1 ☐ Yes 2 ☑ No Hospital or Attending Physician: 8 25. Was cese referred to medicel examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? 5 Pending investigation 1 Availaturel 2 Accident daath. 1 Yes 2 No To the Hospital or Attenct within 24 hours after death To the Funeral Director: in by tha 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide edical 1 Coertifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated. 29a. Certifier 29d. Dete signed (Month, Dey, Yeer) (
A Porul 28 29c. License number 3066 1 29b. Signature and title of certified 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 31 REESH K. TRIPURANEN I 500 LOCHRAVEN BWD, BOLLIMORE, Kd - 212-39. 31. Dete filed (Month, Dey, Yeer) 320 Registrar's Signeture State MAY 0 1 1998 Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2 Date of Death 3. Time of Death April 2 4 ay 11:20pm 1998 WILLIAM Н. MASSEY 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Death Eastpoint Nursing Home Baltimore Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | Jan. 28, 1917 9. Birthptace (State or Foraign Country) West Virginia 5. Social Security Number 7. Age (In yrs. last birthday) Months 1 € M 2 F 235-07-5147 Yrs. 81 Usuat Residence of Decedent 10b. County 10c. City, Town or Location 10d. toside City Limits Md. Baltimore 1 ☐ Yes 2 ☑ No Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2126 Turkey Point Road 21221 USA 12. Was Decedant Ever In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11. Maritat Status 1 ☐ Yes 2 ☑ No tf Yes, Giva Yaar or Dates: 1 Nevar Married 2 Married 1 Yes 2 No Specify: White Specify: 3 ☐ Widowad 4 ☐ Divorced 15. Dacedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Clark Machine Co. Machinest 9th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Edith Mae Sneed Roy Lee Massey 19a. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2126 Turkey Point Road Baltimore Md. 21221 Mary Massey/wife 20b. Place of Disposition (Nema of cametery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition tXXBurial 2 ☐ Cremation 3 ☐ Removat from Stata Gardens Of Faith 4/28/98 Rossville Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signature of Funeral Service Licansee 23a. Part 1. Enter the disease, or complete that caused the death. The part embed of Gying, Vierras Barria Color Magnatory are shock, or heart failure. List only the cause on each line. Approximete Interval Between Onset and Death Hean- Failure Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequenca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting to the undarlying cause given in Part t. 1 Yes 2 No 3 Probably 4 Nonknown 1) comentia 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medicat examiner? 26. Place of Death (Check only one)

**Physician** /Medical **Examiner** 

**Physician** 

/Medical

Examiner

10a. State

Directo

Funerai

b

Completed

2

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic avent, I'm Medical Expriner must be notified at ORGS.

Physician/Medical Examiner signed by the a à been sig Completed

cartificate has b lirector, page 2 sl this funaral Aftar

Be

2

Certification:

edicai

1 Yes 2 → No

27. Manner of Death

1 Natural

2 Accident

3 Suicide 4 Homicide

(Check only one)

29e. Certifier

Division of Vital Records, P.O. Box 68760, The law requires that the death certificate was or Attending Physician: a Funeral Director: Aft bletely filled in by the fur Hospital

State

completely To the Vithin 2

29b. Signature and title of certifier T. MALTMOUD

M1 >

5 Pending investigation

6 Could not be

MD

28a. Date of Injury (Month, Dey Year)

1 Tyes 2 No

28c. tnjury at Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end pleca, and due to the cause(s) and manner as steted.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end ptece, and due to the cause(s) and mannar stated. 29d. Date signed (Month, Dey, Year)

281. Location (Street and Number or Rural Route Number, City or Town, Stete)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how tnjury occurred

4/28/9X

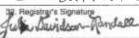
Baltimore MD 21201

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

Hospital:

Entaw St 4308 MD 821. N.

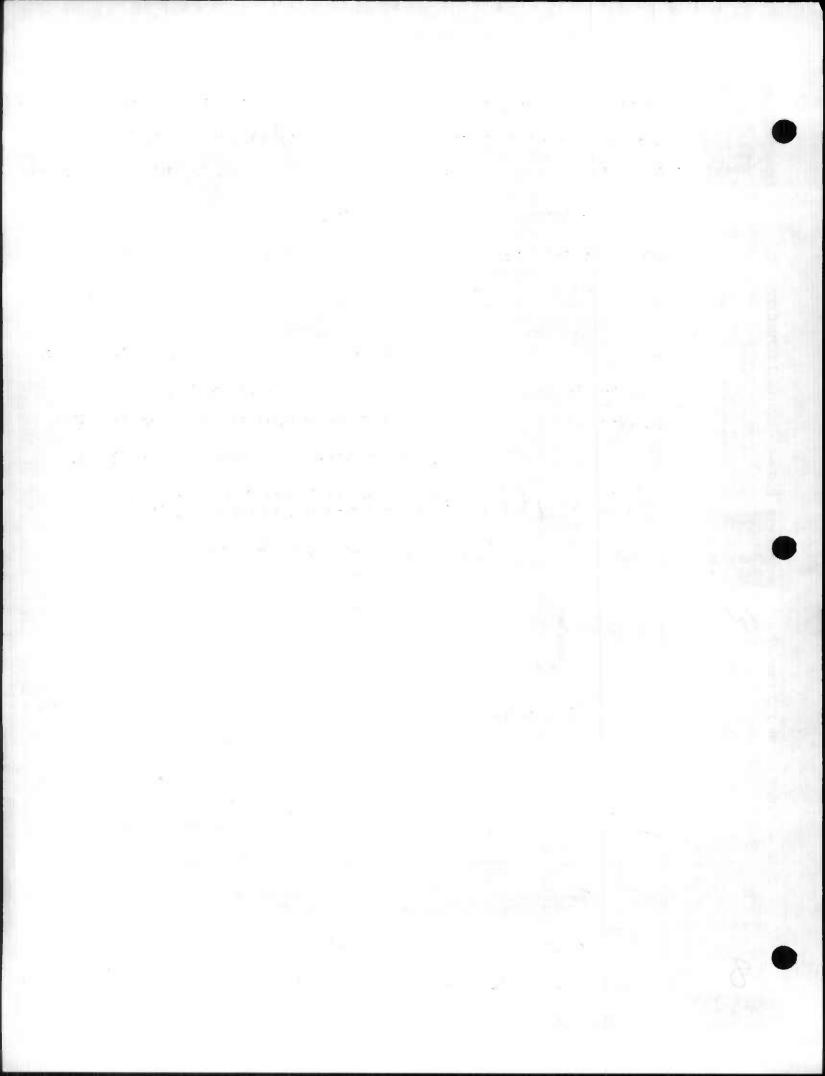
31. Date filed (Month, Day, Year)



1 Inpatient 2 ER/Outpetient 3 DOA

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of



7 is marked other than "natural", or itams traumatic event, the Medical Examiner my 11LANI, WILL Hygiena. Pages 1 and 2 should be filed vent of Haalth and Mental Hygient: If item 27 is marked other t

Certificate of Death Reg. No. 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 28 Month **Physician** 6:20 PM APRI 1998 WILLIAM Κ. MILANI SR. /Medical 4b. City, Town or Location of Death 4c. County of Death 4a Facility Name (If not Institution, give street end number) Examiner 10KE 8. Date of Birth (Month, Day, Year) 11 3,1930 NTER / BALTIN If Under 24 Hrs. BALTIMORE e Sauare HOSPITAL IMORE FRANKLIN Ann (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) 5. Social Security Number 6 Sex **Funeral** Days 1 M 2 F Months Hours 214-26-2004 68 MAryland Director Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits ms 23a or 28a-f show 1 ☐ Yes 2 ☐ No Md. Baltimore Rosedale Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 9402 21237 USA Armada Way Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 12. Was Decedent Ever In U,S. Armed Forces? 11. Marital Status ☐XYes 2☐ No f Yes, Give 1 ☐ Never Married 2 X Married White 1 Yes 2√ No Specify: Specify: þ 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Military Army 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Be Mary Regan Frank Milani 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William K. Milani Jr./son 7302 Kirtley Road Baltimore MD. 21224 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Locetion - City or Town, State 1 Burial 2 Cremation 3 Removal from State DulaneyValleyCemetery 5/2/98 Baltimore Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 23a. Part1. Enter the disease, or complications that caused the death. Du not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only of cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner ARREST andiac Sequantially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, ongestive Hea Physician/Medical Due to (or as a consequence of): the usa as ARTERU ormani Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yss 2 No à 24b. Were autopsy findings available prior to completion of cause of death? 24a, Was an autopsy performed? Completed certificate has 1 Yes 1 ☐ Yes 2 ☐ No after death.

Director: After this certifications Be 25. Was cese referred to medical 26. Place of Death (Check only one) examiner? 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) P funeral 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No illed in by the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours at To the Funeral Completaly filled Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the tima, date and plece, and due to the ceuse(s) end menner es steled.

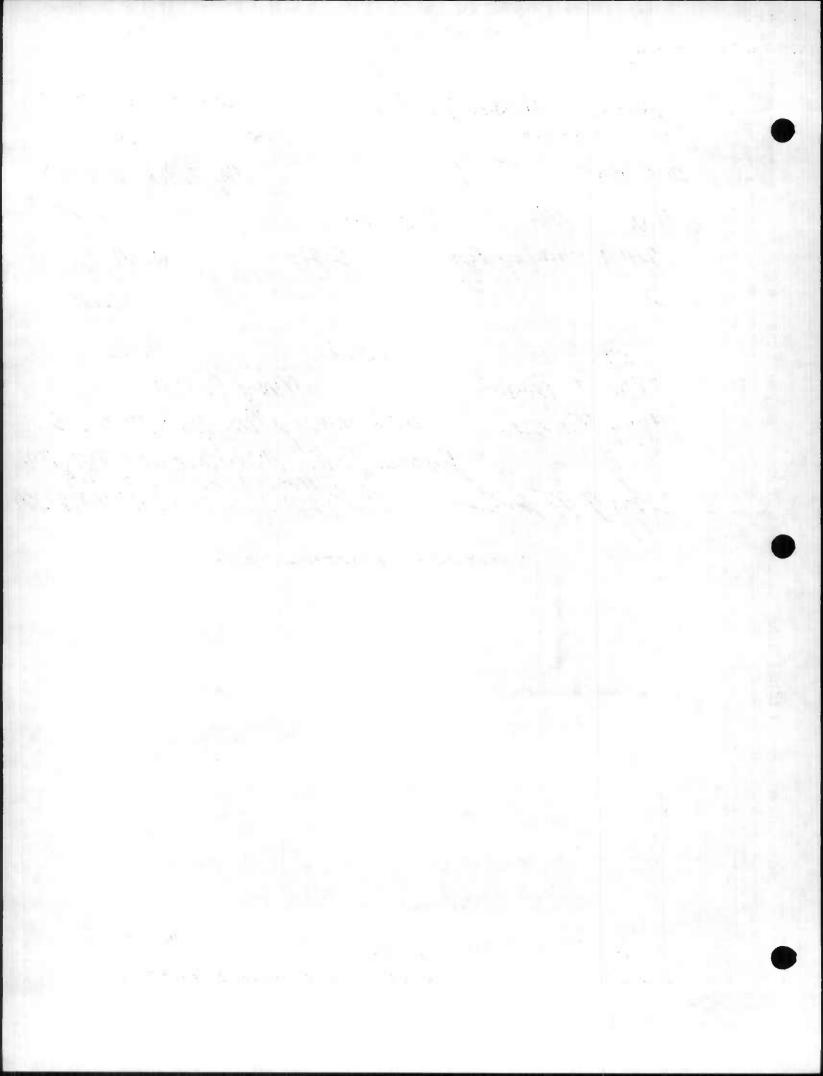
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier ALINTON RD186486 10 ress of person who completed ceuse of death (Item 23a) (Type, Print) 9000 FRANKLIN SQUARE Dr BALTOMO 21237 32. Aggistrato Signature
Suna Daydon-Randall State Registrar

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

AND AND AND AND AND one to a state of the state of

ANNIE A. HARRIS	5 - Newby State	of Maryland / Departr	nent of Health and Nate of Death		13657		
Physician /Medical Examiner	1. Decedent's Name (First, Middle, Last)  AUVIE	ARS NEWBY	4b. City, Town, or L BALTIMOR	2. Dete of Death  Nonth APRIL 28, 19	3. Time of Death 0704 AM		
Funeral Director	5. Sociat Security Number  5. Sociat Security Number  Compared to the second of the se	110	Under 1 Year   If Under 24 Hrs. nths   Deys   Hours   Min.	8. Date of Birth Month, Dey, Years May 7, 1906	9. Birthplaca (State or Foreign Country)		
eith the Marylan to 28a-f show be notified at Director	10e. State 10b. County  10e. Street and Number	10c. City, Town or Location	n OVE Of. Zip Code	10g. Citizen of	10d. Inside City Limits 1 ☑ Yes 2 ☑ No Whet Country?		
er dauth v Nome 23s ner must	11. Maritat Stetus  1 Never Married  1 Never Married  1 Never Married  1 Yes	es 20 No Give 10	Decedent of Hispenic Origin? (Sp., specify Cuban, Mexican, Puerto	pecify Yes or No- Rican, etc.) 14. Ra Ble	ce - American Indien, rck, White, etc.		
Maryland 21215-0020 52 about be filed within 72 hours ath h and Mental Pygiene. 7 is marked other than "natural", or fraumetic event, the Medical Exam To Be Completed by F	3 Widowed 4 Divorced Yeer o	r Dates:	Usual Occupation of work done during most of work OT use retired)	16b. Kind of F	Business/Industry		
Iryland 2 thould be field Mental Hygi marked other matic event, I	17. Father's Name (First, Middle, Last)	19h Mailing Ac	18. Mother's Nam	e (First, Middle, Meiden Sume,			
more, Ma ages 1 and 2 s not of Health an	20e. Method of Disposition  1 Guriel / 2 Cremetion 3 Removal fro 4 Donetion 5 Other (Specify)	om State 20b. Place of Disposition Cemetery, cremetor	SAIRLEY A	VE, BAT, M	79, 21215 - City or Town, State		
Baltin Department introcrim any injury	23. Pair Enter the disease, or complications the shoot or hear failure. List only one ceuse of	1	The and Address of Facility  The Address of Fa	FUNERA / NO. TON PAGE BA	ME PM Approximate fintervet Between Onset and Death		
/Medical Examiner	resulting in obetiny	eriosclerotic Car Due fo (or es e consequenc		sease			
58760, icate be executed physician and s the bunei-transit edical Examiner	Cause (Disease or injury thet initiated events C.						
Box 68 ath certificat attending phy for use as th	d.						
Is, P.O. Box 687 es that the death certificate igned by the attending phys be detached for use as the by Physician/Medic	Pert II. Other significant conditions contributing to	23b. Did tobacco use co	ontributa to the cause of death?  3 □ Probably 4 ☒ Unknown				
Division of Vital Records, P.O. Box 687 or Attending Physician: The law requires that the death certificate affects dath.  Silvercor: death.  In by the funeral director, page 2 should be detached for use as the ertification: To Be Completed by Physician/Medic			31.	24a. Was en eutopsy performed?  INSPECTION  1 □ Yes 2 ☑ No	24b. Were autopsy findings available prior to completion of cause of deeth?  1 Yes 2 No		
/ital	25. Was case referred to medical examiner?			th (Check only one)			
of Vita Physicien: rthis certifica	YYes 2□ No Hospitat: 1	☐ Inpatient 2☐ ER/Outpetient 3 ate of Injury 28b. Time of		ome 5XXResidenca 6 □Ot 28d. Describe how thjury occu			
Vision Attending F actor: After by the funer iffication:	Natural 5 Pending (M)  Accident investigation  Suicide 6 Could not be determined but	fonth, Dey Year) Injury  Ace of Injury - At home, farm, street, f		28f. Location (Street end Num City or Town, Stete)			
Division of To the Hospital or Attending Phentin 24 hours after death, completely filled in by the funeral Medical Certification:	29a. Certifier 1 Certifying Phyeician: To (Check only one) 2 Medicat Examiner: On the and mand mand mand mand mand mand mand	the best of my knowledge, deeth occ bests of exeminetion end/or investig lanner stated.		end due to the ceuse(s) and m			
To the within To the comple	I Styph A V	lacky, mo	29c. License number O.C.M.E.	APRIL	ed (Month, Dey, Year) 28, 1998		
	30. Name end address of person who completed of Stephen Radentz, M.D.		treet, Baltimor	e, Maryland 21	201		
State	31. Date filed (Month, Dey, Year) 32	2. Registrer's Signature			-		

MAY 01 1998 July Savidson-Randale



State of Maryland / Department of Health and Menta	Hygiene	8	1	3	6	5
Certificate of Death	Reg. No.					

N	AGEOTTE
	Physician
	/Medical
10	Evennings

CHRISTINE

**Funeral Director** 

the Manyland rail, or items 23s or 28s-f show Examiner must be notified at

Director

Funeral

þ

Completed

Be

2

Examiner

Physician/Medicai

þ

Completed

Be

10

Certification:

edicai

2 Accidant

4 Homicida

3 Suicide

29a. Certifier

Peges 1 and 2 should be filed within 72 hours after deeth with I and Heelth and Mental Hygiene.
Int: if item 27 is marked other than "natural", or items 23s or 2 inty or other traumatic event, in a Modical Escander mark s marked other than "natur numatic event, the Medical permit. Peges
Department of
Important: If it
any injury or o

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

that the death certificete be executed physician and s the burial-transit vision of Vital Records, P.O. Box 68760. for use es signed by the a law requires should I is certificate hes director, page 2 Attending Physician: this funeral death.

1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth Month Christine Nageotte 4b. City. Town, or Location of Death 26, 1998 4c. County of Death 4e Facility Neme (If not institution, give street end number) ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS If Under 24 Hrs. ANNE ARUNDEL If Under 1 Year 8. Dete of Birth (Month, Day, Year) Dec. 24, 1981 Birthplece (Stete or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Deys Hours Min 10 M 25 F 16 219-13-6393 Yrs Maryland Usuel Residence of Decedent 10a. State 10b. Count 10c. City, Town or Location MD Anne Arundel Annapolis 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Numbe 1633 Secretariat Drive 21401 USA 12. Was Decedant Evar In U,S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - Amarican Indian Black, Whita, atc. 1 Yes 2 No If Yes, Giva Yaar or Dates: 1 Never Merried 2 ☐ Married 1 Yes 2 X No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grade complated) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Education 11 Student 17. Fethar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Mark Leonard Nageotte Kathy Ann Hopkins 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Kathy A. Mullins - Mother 1633 Secretariat Drive, Annapolis, MD 20b. Plece of Disposition (Nema of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Lakemont Cemetery 4/30 Davidsonville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Eugeral Service Licen 22. Nama end Addrass of Facility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23a. Pert1. Enter the disaese, or complications that caused the deeth. Do not enter the moda of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. tmmediete Ceuse (Finet disaase or condition resulting in deeth) . HEDD AND NEUR PHOUR WES Due to (or as a consequence of): Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disaase or Injury that initieted evants resulting in daath) Lest Due to (or es e consequence of) Due to (or es e consequence of)

Part It. Other significant conditions contributing to death but not resulting in the undarlying causa given in Pert I.

25. Was casa referred to medical exeminer? Hospital: 1 No 2 No 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28b. Time of Injury 1 Naturel

28a. Deta of Injury (Month, Dey Year) 5 Panding Investigation 26 98 6 Could not be

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) RODOWAY

26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. injury et Work?

28d. Describe how Injury occurred SLOTHER CAR DRIVOR OFCOR IMPACT WITH

23b. Did tobacco use contribute to the cause of death?

3 Probably 4 Unknown

24b. Were autopsy findings aveileble prior to completion of cause of death?

1 Tyes 2 No

1 Yes 2 No

2 No

24e. Wes en autopsy performed?

3. Time of Deeth

10:52P.M.

10d. inside City Limits

21401

Approximete Intervel Between Onsat and Death

N☐ Yes 2☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) COLLEGE PKWAY ALME A PULMOSLO HO

1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred et the time, deta end place, and due to the ceuse(s) end manner steted.

29b. Signeture end title of certifier

29c. Licanse number O.C.M.E.

1 ☐ Yes 2 1 No

29d. Data signed (Month, Day, Year) APRIL 27,1998

30. Name and addrass of person who completed causa of death (Item 23e) (Type, Print)

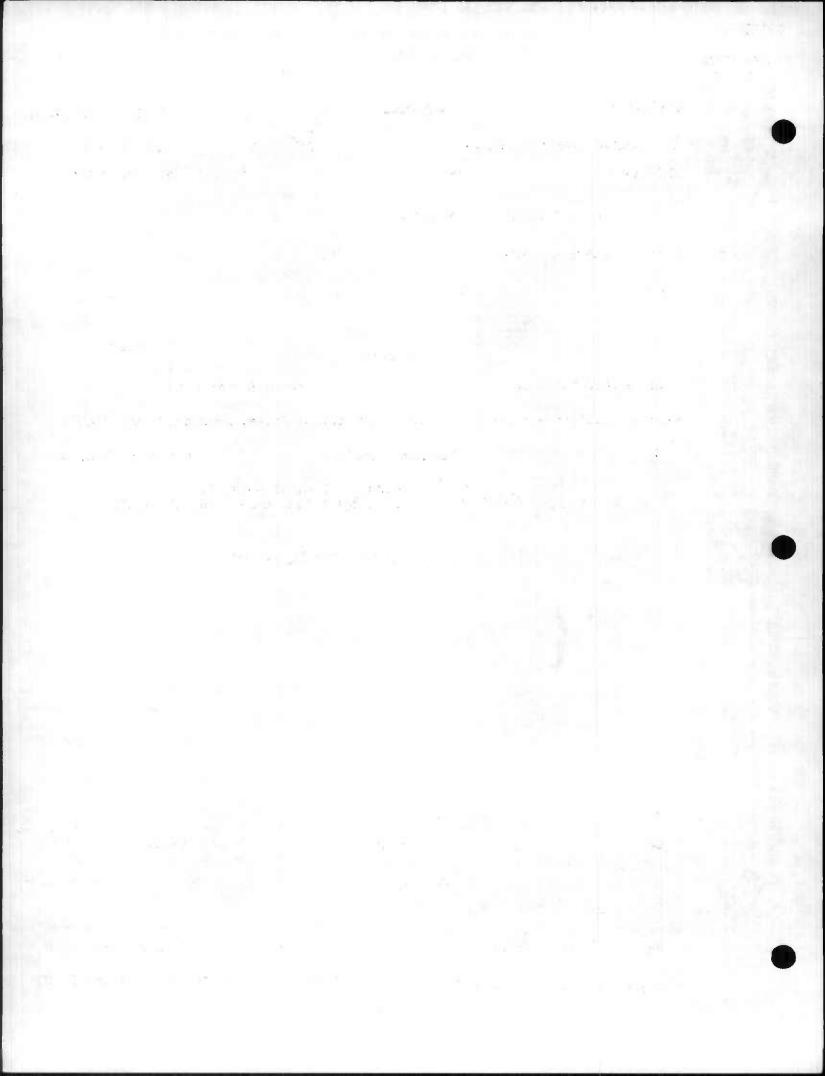
111 Penn Street, Baltimore, Maryland 21201

20528

State

Pay Year)

32. Registrar's Signature rina Davidson Gandale



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Drop of Death HON) 4b. City, Town, or Location of Death 4c. County of D Towson BALTIMORE 8. Date of Birth (Month, Dey, Year) AFR . 26, 1931 If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) If Under 1 Year Months Days 1 M 2 F Yrs. 10c. City, Town or Location 10b. County

1. Decedent'a Name (First, Middle, Last) 3. Time of Death **Physician** /Medical 4a. Fecility Name (If not institution, give street end number Examiner 9. Birthplaca (State or Foreign Country) 5. Social Sacurity Number **Funeral** 435-38-0578 Director Usual Residence of Decedent pemil. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Introprent: If item 27 is marked other than "natural; or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner many. 10a. State 10d. Inside City Limits MD. DAUTO Yes 2 No Director 1000SON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U. S.A 7001 LEST 51. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 2 No If Yes, Give Year or Dates: 13. Was Decedant of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. Maritai Status 14. Race - American Indian, Black, White, atc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: 3 Widowed 4 □ Divorced WHITE by Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grads completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) MERCH. SEAMEN SAA 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Be UNKNOWN P UNKNOWI 19a. Informant's Name/Relationship (Type That | AUF Mail 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) BAYO. CO. DEPT. OF ACING 611 MO. TOUSON Dete 20a. Method of Disposition

1 Burial 2 Cramation 3 Removal from Stata
Conation 5 Other (Specify) 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20c. Location - City or Town, Stata OSHELLS 22. Nama and Addrass of Fecility 21. Funeral Service Licensae is, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest List only one cause on each line. 23a. Part1. Enter the diseas shock, or heart failure. Approximate Interval Betw Onset and Death Physiclan /Medical Immediate Cause (Final 200 disease or condition resulting in death) Examiner Examiner sete has been signed by the attending physician end page 2 should be detached for use as the buriel-transit The lew requires that the death certificete be executed Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last of Vital Records, P.O. Box 68760, 11050 /ero Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, à 24e. Was an autopay performed?

After this certificete director. the funeral

Certification:

Attending Physician: ision Hospita of Manager A.

\*\* Director: A. Director: A. by th

Completed Be 2

295. Signature and title of sertifier

ne and address of person who

105 MAY 01 K

within 24 hor To the Fune completely fi To the

> State Registra

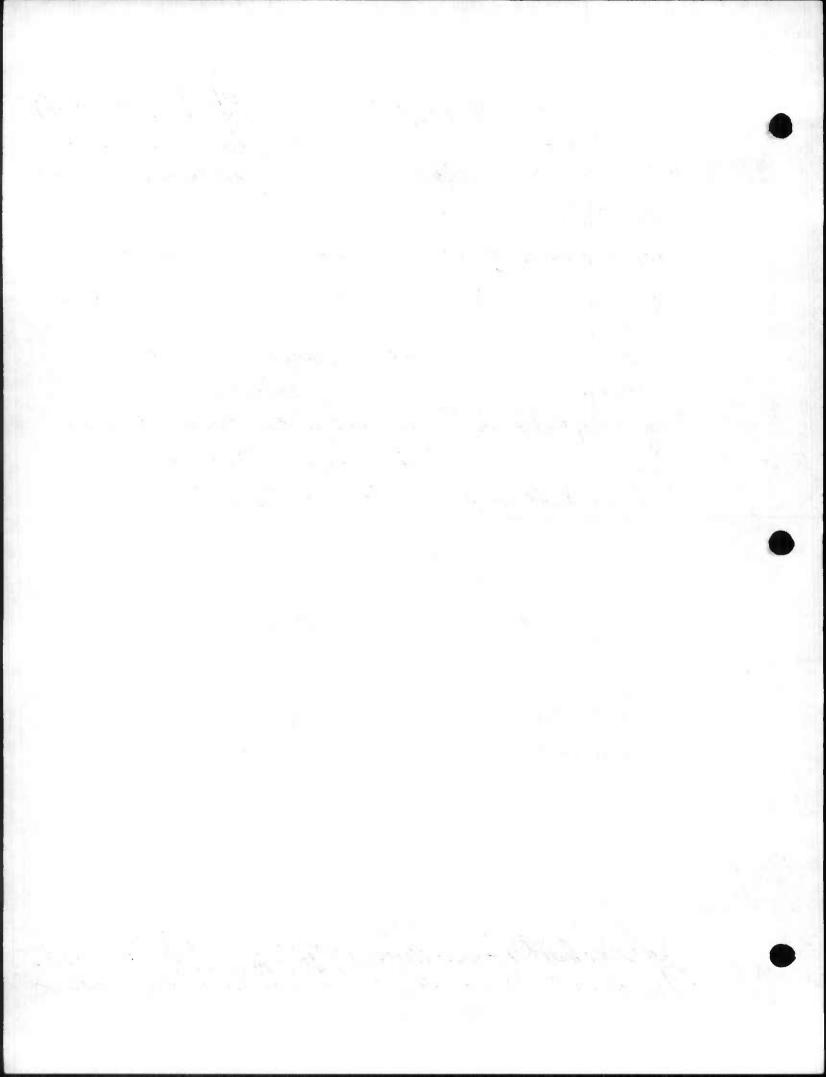
23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examinar? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Dinpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 ENaturel 5 Panding 1 Tyes 2 No invastigation 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier edicai

29c. License numbe

29d. Daty signed (Month, Day, Year)

mullun

e of death (Item 23a) (Type, Print)



9

STEPHEN				-					Mental F	tygien	eQQ	1	3660
PARKER		em: 23 part II, per		21/98	reb Ce	rtificat	e of	Death		Reg. N	lo. 7 U	1	3000
Physician		. Decedent's Neme (First, Middle, L	RS()						2. Date of Month		еу	Year	3. Time of Death
/Medica	Stephen P. Parker							APRIL		199		2:13P.M.	
Examine	4	a Facility Name (If not Institution, g	ve street and number	)					or Location of De	ein 4	c. County	of Death	
		8195 GILROY ROAD  Social Security Number 6.	Sex 7. A	ne (In vrs	lest birthday	If Unde	r 1 Year	NANJEMO			HARL		
Funeral Director		213 82 2617 Jsuel Residence of Decedent	152 M 2□ F	36	Yrs.	Months	Deys	Hours M	Irs. 8. Dete of (Month, Aug.				lece (State or Foreig try) Lngton D. (
with the Meryland a or 28a-f show be not find at	1	0e. Stete 10b. County		10c. Cit	y, Town or L	ocation						10	Od. Inside City Limits
the Mer	000	Maryland Charle	S	Na	njemo	У							1□Yes XX No
or 28		0e. Street and Number				10f. Zip	Code			10g. C	itizen of V	Vhet Coun	try?
	<u></u>	8195 Gilroy Road					066				nited		
er des	1 20	1. Maritel Stetus	12. Wes Decedent Armed Forces	?	S. 13.	Was Dece If Yes, spe	dent of cify Cul	Hispenic Origin? pan, Mexican, Pu	(Specify Yes or erto Rican, etc.)	No-		<ul> <li>Americ</li> <li>k, White,</li> </ul>	
d within 72 hours after giene. Ir than "natural", or it the Wed call Enamin	Dy H	1 Never Merried 2 Married	1 ☐ Yes % ☐ If Yes, Give	No		1□ Yes	No.	Specify:			Specify	Whi	te
		3 ☐ Widowed 4 ☐ Divorced  15. Decedent's I	Year or Detes:		16a Dans	edent's Usu	al Occur	inetion		16h	Kind of Bu		
in 72	Сотріете	(Specify only highest g	ede completed)		(Give	kind of wo	ork done	during most of a	working	100.		.ciriosavirio	
y within jiene.	E	Elementary/Secondary (0-12)	College (1-4or	5+)		trici				F	Elect	rical	
THE S	1 20	7. Father's Neme (First, Middle, Las	1)					18. Mother's I	Name (First, Mid	dle, Maide	n Sumam	e)	
	0	Bernard Parker						Joan	Siegfri	ed			
d 2 should h end Mer 7 is merke traumatic		19e. Informent's Neme/Reletionship	(Type, Print)	19b. Mail	ing Addres	s (Stree	et end Number or	Rural Route Nu	mber, City	or Town,	State, Zip	Code)	
C = 0 -		Joan C. Parker	Mother					y Annap			nd 2	1401	
gas 1 a t of Hea if item or othe	2	t0a. Method of Disposition 1 Burial 2 ☐ Cremation 3	Removal from State	20b. F	Plece of Disp emetery, cre	osition (Ne metory or	me of other pl	ece) April	. 29, Dete	98 <sup>20c.</sup>	Location -	City or To	wn, Stete
8 5 5 7		4 Donetion 5 Other (Spec			e of	Heave	n C	emetery			llver	Spri	lng MD
permit. Pa Departman Important: any Injury pnce.	2	21. Signature of Funeral Service Lice	nsee					ess of Fecility Evans I	Suneral	Home	. Inc		
20529		Muchalth	Sulle	-	1	6000	Ann	anolis F	d. Bowi	e Ma			0715
19 PM		23a. Pert1. Enter the diseese, or co- shock, or heert failure. List only	nplications that cause one cause on each	d the deat	h. Do not en	nter the mo	de of dy	ing, such es care	diac or respiretor	y arrest,		i	Approximete Intervel Between
Physician													Onset end Deeth
/Medical Examiner	- (	Immediate Cause (Finel diseese or condition resulting In deeth)	· Shot	gun	woun	dof.	hea	d					
	2	<b>3 33</b>		Oue to (o	r es e conse	quence of)							
and transit	amine		b										
axecu in and jel-tra	X I i	Sequentially list conditions, feny, leeding to immediate		Due to (o	r es a conse	quenca of)							
e be axe		cause. Enter Underlying Ceuse (Diseese or Injury thet Initieted events	C	Due to /a	r 96 8 00000	quence of							
certificate be axecuted ding physician and isa as the buriel-transi	Physician/Medical	resulting in deeth) Lest		Pre (0 (0	r es a conse	quence of):							
attanding for usa	N/UE		d										
death	S F	Part II. Other significant conditions	contributing to death	but not res	ulting In the	underlying	cause g	iven in Part I.	23b. I	Old tobac	co use co	ntribute to	the cause of death
that the de by the dateched		TERMINAL LUNG CANCE	D						1	☐ Yes	2 No	3 ☐ Prol	bably 4 Unknow
signed d be da	2	TERRITIMAL LUNG CANCE							-				
been si should l									24e. V	ves en eu erformedî	topsy	ava	ere eutopsy tindings alleble prior to
has be	pie								INSI	ECTI	ON	of .	mpletion of cause death?
Tha la	Completed								1	☐ Yes	2 No	10	Yes 2□ No
certificate rector, page Ref. Co.	0 2	25. Wes case reterred to medical exeminer?	44				I e		Deeth (Check or	nly one)			
THE P		Yes 2□ No	Hospitel: 1 Inpati		ER/Outpetie		UA		g Home 5 X F				y)
DA 1	2	7. Menner of Death  1 □ Neturel 5 □ Pending	28e. Dete of Inj (Month, De	ay Year)	FOUNT		28c. Inje		28d. Descr				
of Division of Div	Cat	2 ☐ Accident Investigati 3 ☐ Suicide 6 ☐ Could not	4/25/199		2:13P.	141		Yes 2XXVo	SUBJEC				I Route Number,
4 100 6	III a	4 ☐ Homicide determine		tc. (Specif	y)		y, onice		8195 C	Town, St	Y ROA	D	r route ridinger,
non in hour in		29a, Certifier 1□ Certifying F	hysicien: To the best	of my kno	YARE		at the	time date end of					lated
玉泽匠 8 元	900		miner: On the basis of end manner s	of exemine									
the uple	2 2									29d. [			

State Registrar

Donald G. Wright M.D. 31. Date filed (Month, Dey, Year) MAY 0 1 1998

29b. Signeture and title of cartifier

Llonald & Wright MD

111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature Julia Davidson-Randelle

29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Year)

APRIL 26, 1998

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

r organized flower and a first state of the AND A STATE OF THE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath APRIL HOMAS PETR 4:35 AM 1338 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Galfmore If Undar 24 Hrs. 8. Da Good Samaritan If Under 1 Yaar Birthplace (Stata or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 1⊠M 2□ F Days Hours Yrs 213143098 76 Dec. 29,1921 Maryland Usuai Residance of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yaa 2 No Maryland Baltimore Parkville 10e. Straet and Number 10f. Zip Coda 10g. Citizen of What Country? 9606 Oak Summit Ave 21234 U.S.A 12. Was Dacedant Evar In U,S. Armed Forcas? 1 12/Yas 2 □ No If Yas, Give Yaar or Datas: W W □ 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collage (1-4or 5+) B6 & E SUPERVISOR LOYPS 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nema (First, Middle, Maiden Surnema) Thomas J. Petr, Sr Elizabeth Hirt 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Edith C. Petr 9606 Oak Summit Ave Parkville, MD 21234 20b. Place of Disposition (Nema of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) April Greenmount Crematury 27,1998 Baltimore, MD 21. Signatura of Funaral Sarvice Licensae 22. Name and Addrass of Facility Evans Funeral Chapel 8800 Harford Rd Baltimore, mp 21234 R 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intarval Between Onsat and Death Immediate Causa (Final diseasa or condition resulting in daath) Dua to (or es e consequance of): heart Sequentially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Disaase or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of) Hypertonor bua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medicat axaminer? 26. Plece of Deeth (Check only one) Hospitel: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas 2 No 1 Sunpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Dascribe how injury occurred

/Medicai Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

Items 23a

naturel', or

se filed within 7 all Hygiane.

Pagas 1 and 2 should be flik mant of Health and Mental Hy lant: If Item 27 is marked oth

permit. Pages 1 and 2 s Dapartment of Health ar Important: if item 27 is any injury or other treu once.

72 hours efter

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

Director

Funeral

by

Completed

treumstic event, the Medical Examiner must be notified at

**Physician** 

Examiner physician and the buriel-transit signed by the To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director,

Physician/Medical þ Completed

Certification: To

cai

27. Manner of Death 1 Natural 2 Accidant

3 Sulcida 4 Homicide

29e. Certifiar

5 Pending invastigetion 6 Could not be datermined

28a. Data of Injury (Month, Day Year)

28b. Time of

28c. Injury at Work? 1 ☐ Yas 2 ☐ No 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify)

LOLH KAVEN BRUIL Bollimore, 4D 21239

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 12 Cartifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifiar Mourice Barrier etc. MD

29c. Licanse number P 11399

29d. Date signed (Month, Day, Year) APRIL 26, 1998

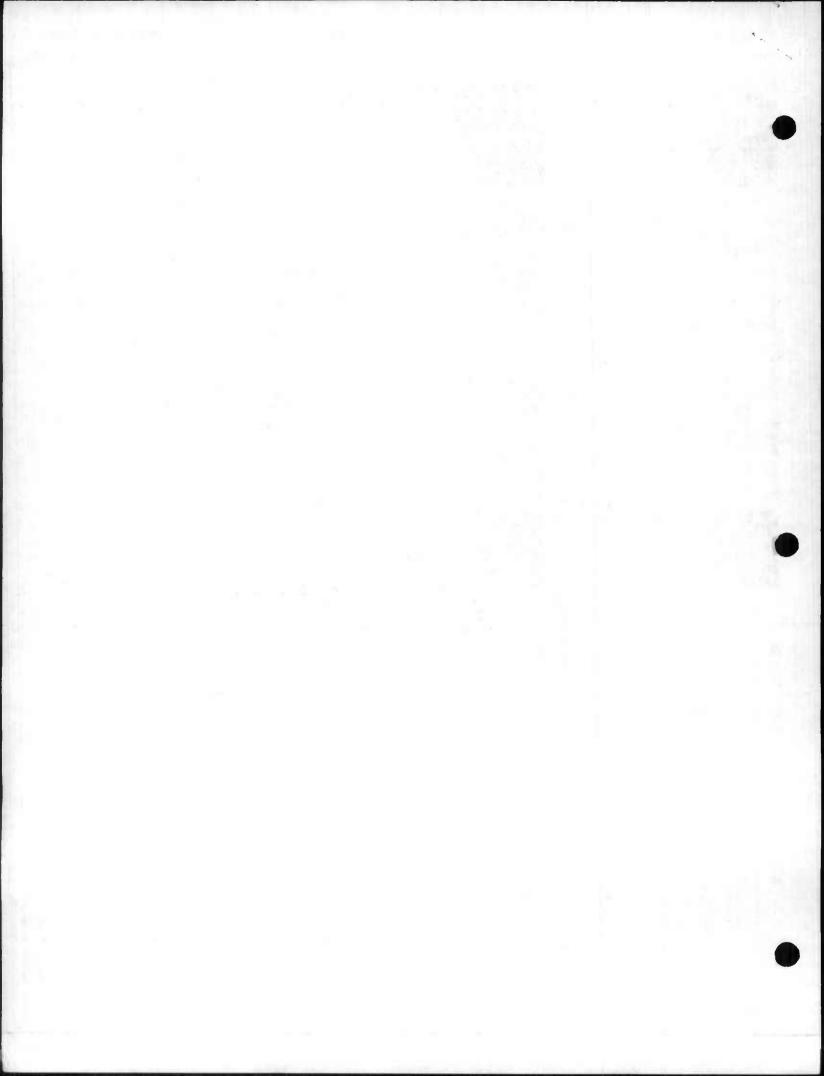
30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) MAURICE BACHAWAT USH 5601

31. Data filad (Month, Day, Year)

MAY 0 1 1998

32. Ragistrar's Signatura Grain Davidson-Randall

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Defe of Deeth APRI) **Physician** 1998 OCHARKA 493206 3:20 A.M /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not Institution, give street and number) Examiner If Under 24 Hrs. 8. Dete of Birth
Min. (Month, Dey, Year) 5. Sociel Security Number BALTIMORE 50/28 If Under 1 Year 9. Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) 6 Sex **Funeral** Deys 1**⊠**M 2□F Months MAY 22 191 80 Yrs. 05 8830 Director PARYLAND 2113 Usuel Residenca of Decedent the Maryland 10e. Stete 10h County 10c. City. Town or Location 10d, inside City Limits 1 Yes 2 No BALTIMORE Directo WEGATERO 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? r than "naturel", or items 23s or the Medical Examiner must be DRIVE U.S.A. ALIO JERALA 4/25/16 Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 225 No If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Meritel Stetus Bleck, White, efc. 72 hours after 1 ☐ Never Merried 2 ☐ Merried 1 Yes 2 No Specify: WHITE þ 3≅ Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15 Decedent's Education (Specify only highest grede completed) filed within Elementery/Secondery (0-12) College (1-4or 5+) Hygiena. 12YRS-DRAFTMAN ZYRS. BETHLEHEM STEEL 7 is marked other traumatic event, t 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 1 and 2 should be Haalth and Mental TROCHAZKA HABROL BESSI UNKNOWN 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) 21234 19e. Informent's Neme/Reletionship (Type, Print) tham 27 le other tra MARKVILLE JOANN PROCHALKA DRIVE MARYLAND DIARSL OIDE Baltimore, 20c. Location - City or Town, State 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) AP (2:135 Pages 1 Buriet 2 ☐ Cremetion 3 ☐ Removel from State = 0 Holy CROSS LENS ISRY 1998 GLENBURNIE MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility ( EVAN CHAPIL OF ( 8800 HARFORD 21. Signiture of Funeral Service Citionse unorus 21334 (2000) NOS 1ARYLAD 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one muse on each line. Approximete Intervat Between Onset end Deeth **Physician** /Medical Immediate Cause (Final Rais disease or condition resulting in deeth) Examine Examine 0 Nan physician and the burial-transit certificate be axecuted Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequenca of): 88 USB signed by the a d be detached t 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. Bro charks 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown p 24b. Were eutopsy findings available prior to Completed 24e. Wes an eutopsy completion of cause of deeth? certificate has b lirector, page 2 s 1□ Yes 25 No 1 ☐ Yes 2 ☐ No funeral director, 25. Wes case referred to medicat exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Inpatient 2 ER/Outpatient 3 DOA 1 ☐ Yes 2 ☑ No After this 28e. Dete of tnjury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. tnjury et Work? 28d. Describe how Injury occurred Certification: 1 Naturel 5 Pending 1 Yes 2 No Investigation 2 Accident after death Director: OSEPh 6 Could nof be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 ☐ Homicide hours a 24 hours 1) Cartifying Physician: To the best of my knowledge, deeth occurred at the filme, date and placa, and due to the cause(s) and manner as stated.

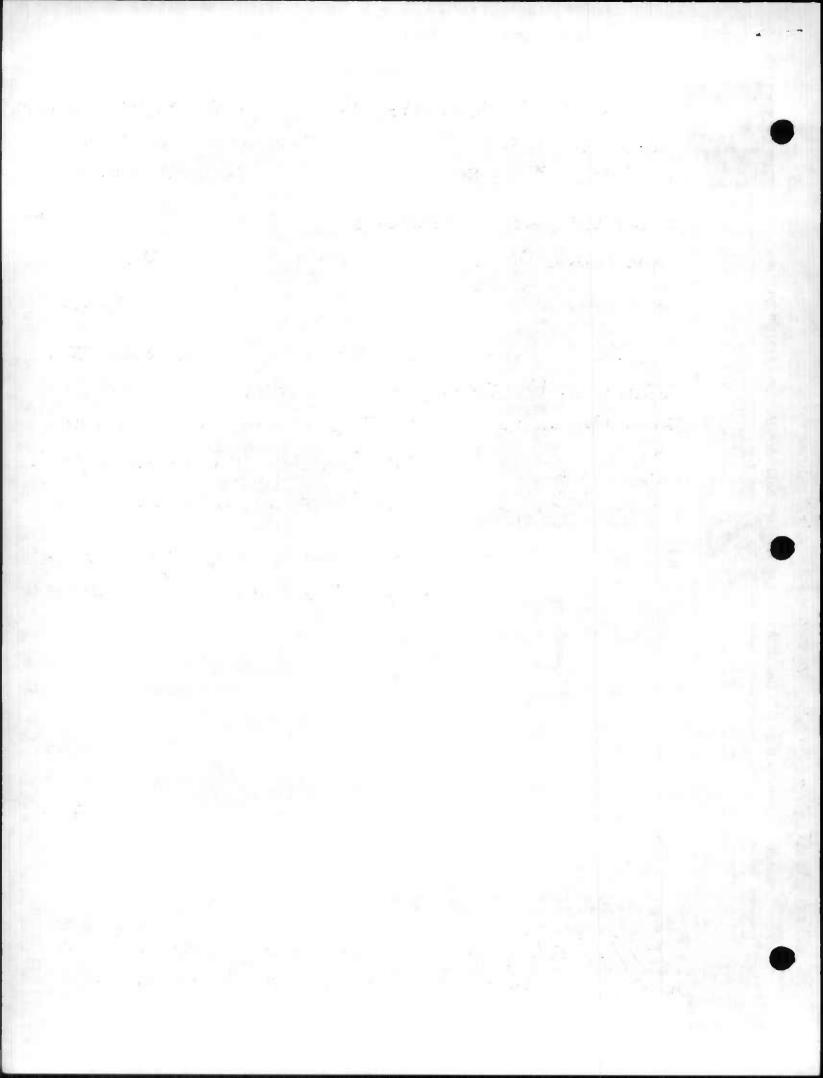
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29e. Certifier To the Hosp within 24 ho To the Fune complataly fi (Check only one) 29b. Signeture end titte of certifier 29d. Dete signed (Month, Dey, Year) 29c. License number who completed cause of deeth (Item 23a) (Type, Print) 6701 N. Charles St. Balto. Md 21204 Blmc 124 32. Registrat's Signature
Juna Dayldson-Randalle State Registrar

**DHMH 16 Rav 6/95** 

1.11.

320

3

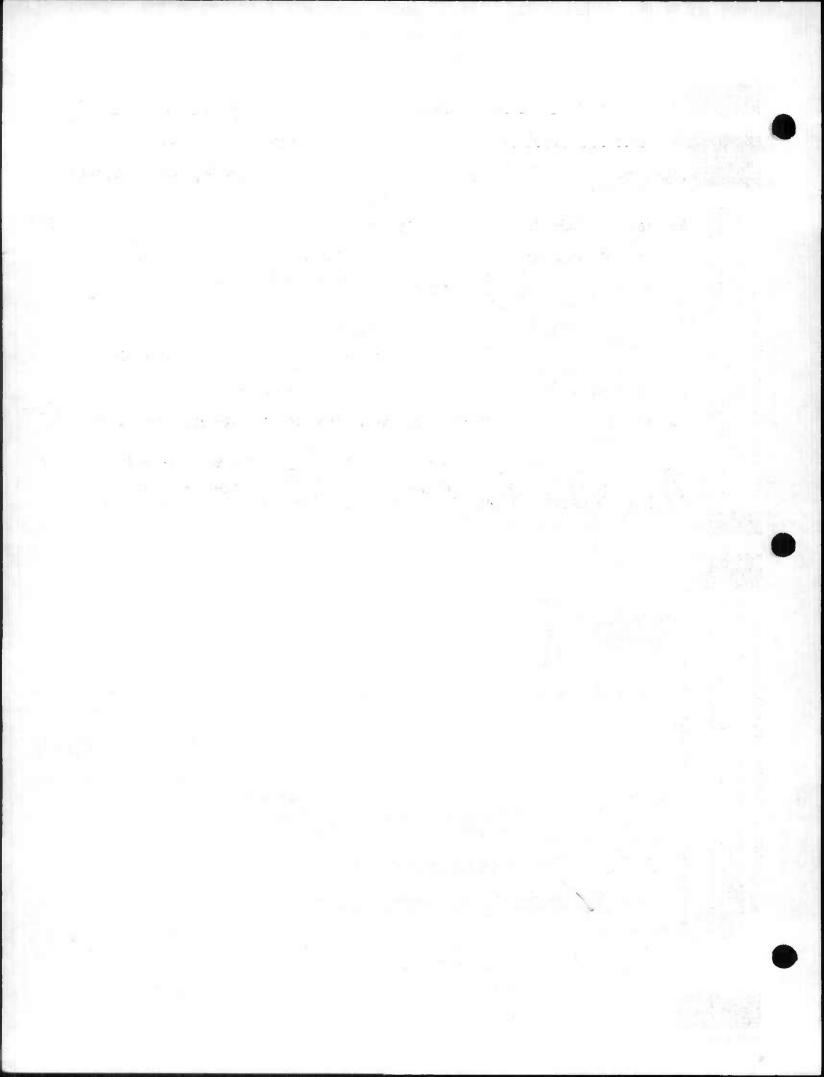


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Dhumba	1. Decedent'a Name (First, Middle	e, Last)		ertificate of	Douth	2. Pate of De Month		Vest 3	. Time of Death
hysician /Medical	MICHAE  4a. Fecllity Neme (If not Institution				4b City Town o	r Location of Death	26.19 4c. County	198 1	115 pm
xaminer	Levindale H		91)		Baltimo		N/A	or Death	
uneral irector	5. Social Security Number 216–48–3636	6. Sex 7.	Age (In yrs. last birthde) 64 Yrs.	Months Days			th y, <i>Year)</i> 1933	9. Birthplace Country) Mary 1	(State or Fore
A sa	Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or I	_ocation				10d.	Inside City Lim
to to	Maryland Balti	imore	Balti	more					1 🗆 Yes 2 🗆
or 28e-f a be notified Director	10e. Street end Number	more	Daici	10f. Zip Code			10g. Citizen of		
23a C	1801 Wentworth	n Road		212	234		USA	1	
Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	11. Meritel Stetus  1 Never Married 2 Marri 3 Widowed 4 Microced	12. Was Decede Armed Force XIX Yes 2 If Yes, Give Yeer or Date	□no '54-'56	. Wes Decedent of if Yes, specify Cub 1 ☐ Yes XX No		Specify Yes or No irto Rican, etc.)		ce - American I ck, White, etc. y: White	ndien,
event, the Medical is Be Completed	15. Decedent (Specify only highes	's Education	16a. Dec	edent's Usuel Occu	pation during most of w	orkina	16b. Kind of B	usiness/Indust	ry
mp Idm	Elamantary/Secondary (0-12)	College (1-4	or 5+)	e kind of work done DO NOT use retire			07 11		
Set S	17. Fether's Neme (First, Middle, I	Last)		Retail S		ame (First, Middle,	Cloth		
To Be	Samuel F Roche				Anna		maioon oungi		
umati umati	19e. Informant's Neme/Relationst		19b. Mai	ling Addrass (Stree			er, City or Town,	State, Zip Coo	(e) 2120
ar tra	Thomas Mooney	At	t'ny 409 W	lashingto	n Avenue	Suite 70	7 Towso	n, Mar	yland
T ten	20e. Method of Disposition XX Buriai 2 ☐ Cremetion	3 Demoval from Str	20b. Place of Disp cemetery, cri	oosition (Name of emetory or other pla	ace)	Date	20c. Location	City or Town,	State
ant: h	Donation 5 Other (Sp		Druid F	Ridge Ceme	etery 4	1/29/98	Pikesvi	lle, Ma	arylan
Uepan Import any In once.	23a. Part1. Enter the disease or shock, or heart failure. List	rhenton	ake	2. Name and Addr	Road Ba	Mitchell ltimore,	Marylan		
ysician and Medical saminer and Examiner	Immediate Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	a	Due to (or es e conse	onie				<	2mi
d by the attending physicia letached for use as the bur Physician/Medical	that initiated events resulting in death) Last  Pert II. Other significant condition	0.	Due to (or es e conse		iven in Pert I.		tobacco use co		10
the dett	Osjanu	Blain	Lynds	one		- 10	Yes 2□ No	3 Probabl	y 410 Unk
page 2 should t							an autopsy med?	availat	autopsy findin ble prior to etion of cause th?
						101	res 2 No	1 □ Y€	s 2 No
director Sirector	25. Wes case referred to medical examinar?  1  Yes 2 No	Hospital:		_ 0	har	eath (Check only o			
er: Alter this the funeral d cation: To	27. Manufer of Death Natural 5 Pending 2 Accident Investig	28a. Date of I (Month,		of 28c. Inju	4 LJ Nursing	Home 5 Resid	denca 6 Oth		
Certifi	3 Suicide 6 Could n 4 Homicide determi	ned 28e. Place of building,	Injury - At home, farm, s etc. <i>(Specify)</i>			City or Tov			
pe Fuel pletely me	29a. Certifier 1 Certifying (Check only one)	examiner: On the basis	st of my knowledge, dea of examination and/or i	th occurred at the t nvestigation, in my	lme, date end plac opinion, daath occ	ea, and due to the curred at tha tima,	cause(s) and ma data and place,	anner as stete and due to the	d. cause(s)
To the comple	29b. Signature and title of certifler	and manner	oldieu.	29c. Licen	se number		29d, Dete signe	d (Month, Day	Year)
To the	Don on	10011	N	7	44817	lere au	Anni	1 04	14 199

DHMH 16 Rev 6/95

Michael Roshe



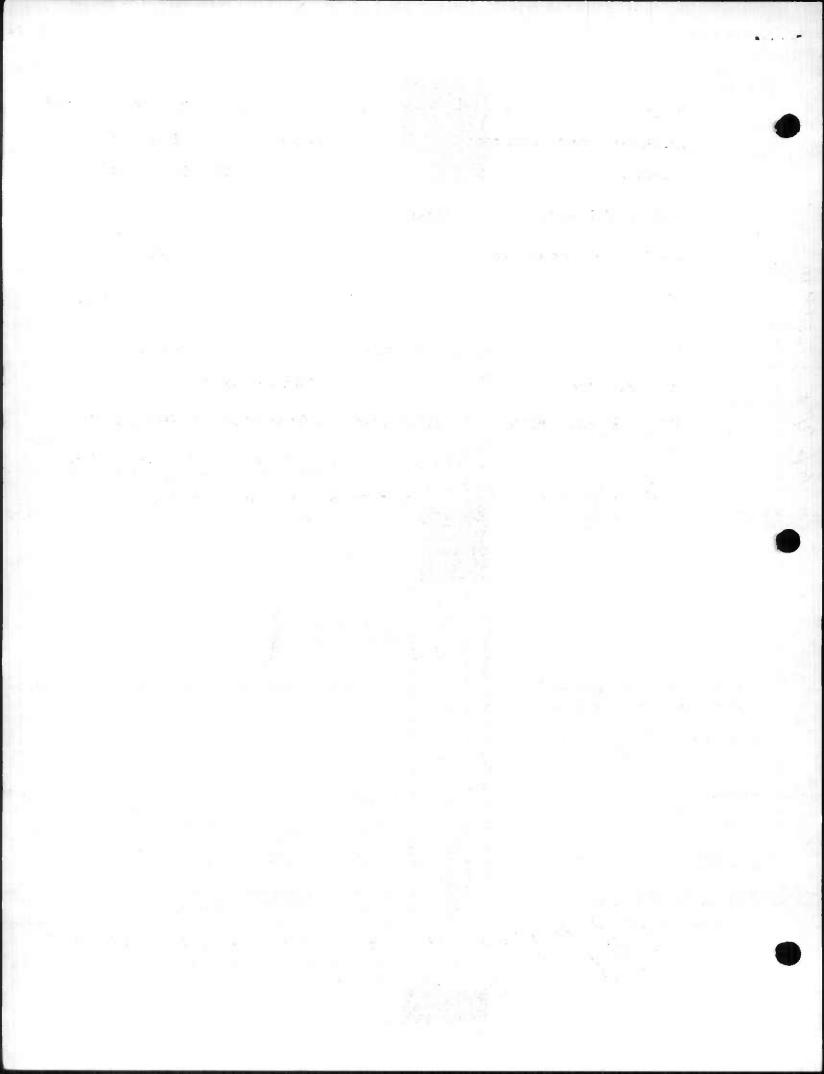
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month **Physician** 29, 1998 9:30 PM April Margaret Schafer /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore Towson Pickersgill Retirement Home If Under 1 Year 5. Social Security Number 6. Sax 7. Age (In vrs. lest birthdev) If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 12-27-1905 Birthplace (State or Foreign Country) **Funeral** Days Hours 1□M 20F Months Director 92 Maryland 217-46-1180 Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location r than "natural", or lients 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Baltimore Towson 1 ☐ Yes 2 🖾 No Director Maryland 10e. Streef and Number 10f. Zip Code 10g. Citizen of Whet Country? 21204 U.S.A. Room 211 615 Chestnut Avenue Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marifel Status 14. Raca - American Indien, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2√ No Specify: Aq Specify: 3 Widowed 4 □ Divorced Year or Dates: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Own Home 10 Years Homemaker Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) pes 1 and 2 should be 11 of Health and Mental H I Item 27 is marked off Be Carolyn Moore John P. Sack 2 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Pages 1 and 2 Betty M Koukol (Niece)
20a. Method of Disposition 1806 Buttonwood Drive Richmond, Virginia 23233 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State Department of I Important: If Its any Injury or of Burlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parkville, Maryland 5-2-98 Parkwood Cemetery of Funeral Service Licenses 22. Name and Address of Facility Leonard J. Ruck, Inc. J. Wayne Osterling 5305 Harford Road Baltimore, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, and only one cause on each line. 5305 Harford Road Baltimore, Maryland 21214 Approximata interval Between Onsat and Death **Physician** Immediate Cause (Final disease or condition resulting in death) cardiomyopathy noson: Artery disense /Medical lears **Examiner** to (or as a consequence of): Examiner Sequantielly list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disaase or Injury that initiated avants resulting in death) Last Due to (or as a consequenca of): physician and 8 Physician/Medical Due to (or as a consequence of): of Vital Records, P.O. Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? signed by 2 N/6 1 Yes 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? Completed 1 Yes 2100 this certificate 1 □ Yes 2 □ No Be 25. Was casa rafarred to medical examiner? 26. Place of Death (Check only one) Hospitai: 1 ☐ Yes 25 No Other: 4 Mursing Home 5 Residence 8 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Mannar of Death 28b. Tima of Injury 28d. Describe how Injury occurred Certification: 28c. Injury at / Work? Division Natural Accident 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 6 Could not be datermined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicida To the Hospital within 24 hours To the Funeral completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier (Check only one) 29b. Signature and the glasertitie 29d. Date signed (Month, Dey, Year)

State Registrar 30. Name and address of person who completed cause of the Riley

A. 31. Date filed (Month, Dey, Year)

MAY 0



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Day Yaar **Physician** John W. Sutton. Sr. April 30, 1998 1:25 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) Examiner | Forest muc
| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Months Days Hours Min. | Feb. 16, 1912 | West Virginia Mariner Health of Forest Hill 5. Social Security Number 6. Sex 1⊠ M 2□ F 9. Birthplace (Stata or Foraign 7. Aga (In yrs. last birthday) **Funeral** Months Yrs. 86 234-10-1428 **Director** Usual Rasidanca of Dacedant the Maryland 10a Stata 10h County 10c. City. Town or Location 10d. Insida City Limits 1 Yas 2 No Maryland Baltimore Directo Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mertial Hygiene.
Important: If Item 27 is marked other than "natural", or items 23a or imply or other traumatic event, its Modes is a market matter. 9548 Holiday Manor Road 21236 U.S.A. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 14. Raca - Amarican Indian, Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 11. Maritai Status Black, Whita, atc. 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 X No Specify: White Specify: À 3 X Widowed 4 □ Divorced Completed 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Aluminum Elamantary/Secondary (0-12) Collaga (1-4or 5+) Pipe Fitter Manufacturing Co. 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middle, Last) Luther Sutton Anastasia Byrnes 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) Fr. Stephen R. Sutton 9548 Holiday Manor Road, Baltimore, MD 21236 (son) 20b. Place of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - Cify or Town, Stata 1 Burial 2 Cramation 3 ARamoval from Stata Fairview Cemetery 5/2/98 4 ☐ Donation 5 ☐ Other (Specify) Fairview, W. VA 21. Signature of Funeral Service License 22. Nama and Addrass of Facility Schimunek Funeral Home, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final Cardiovascular disease a Atheroscleratio Ten years disaasa or condition rasulting in daath) Examiner Examine and fransi Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaasa or injury Ihat initiated avants rasulting in daath) Last Dua to (or as a consequence of): physician ar ion of Vital Records, P.O. Box 68760, 8 Physician/Medical Dua to (or as a consaquance of): 2 985 23b. Did tobacco usa contribute to the cause of death? Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 5 benga the det þ 24b. Wara autopsy findings availabla prior to complation of cause of daath? 24a. Was an autopsy parformad? Completed 1 Yas 2 No 1 ☐ Yes 2 No 25. Was casa rafarred to medical axaminar? 89 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 ☐ Rasidanca 6 ☐ Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Yaar) 28c. Injury at Work? 27. Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred Certification: ding 1 Natural 5 ☐ Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datarmined 3 Suicida 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

I Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical (Check only one) 29d. Data signed (Month, Day, Year) April 30, 1998. 29c. Licansa number 29b. Signatura and titla of certifia

State Registrar 31. Data filad (Month, Day, Year) MAY 0 1 1998

32. Registrar's Signatura

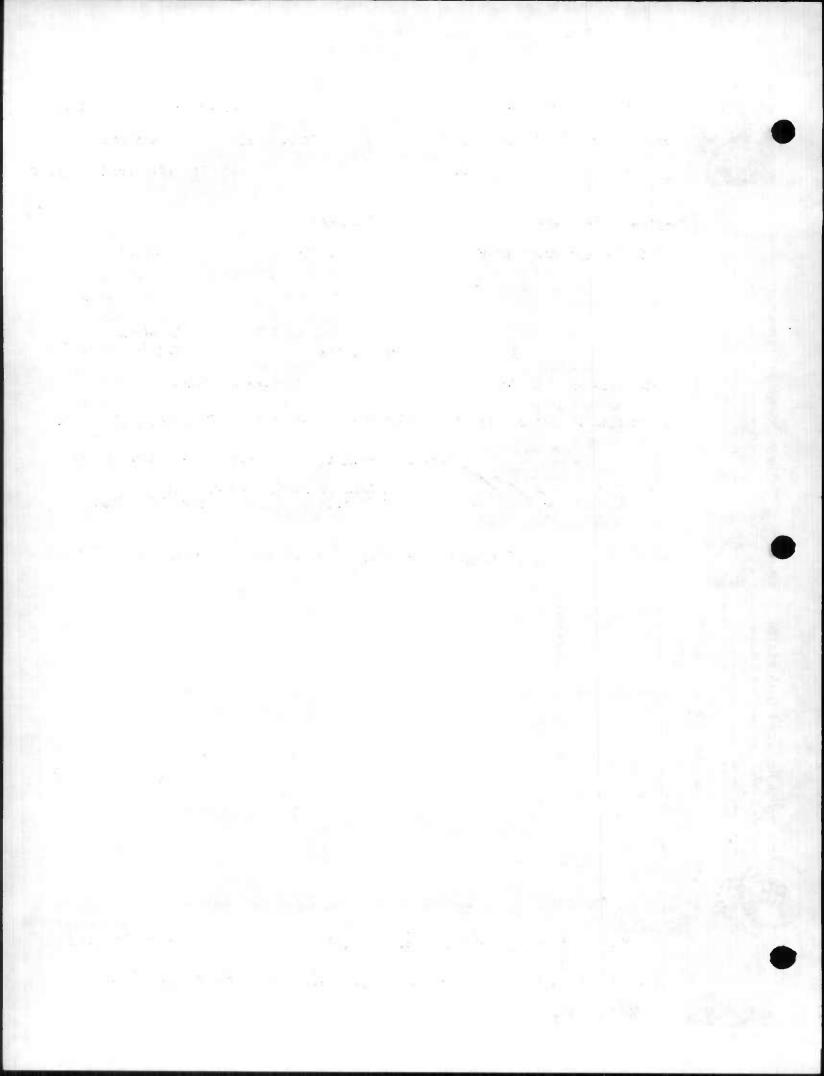
North

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

Wild

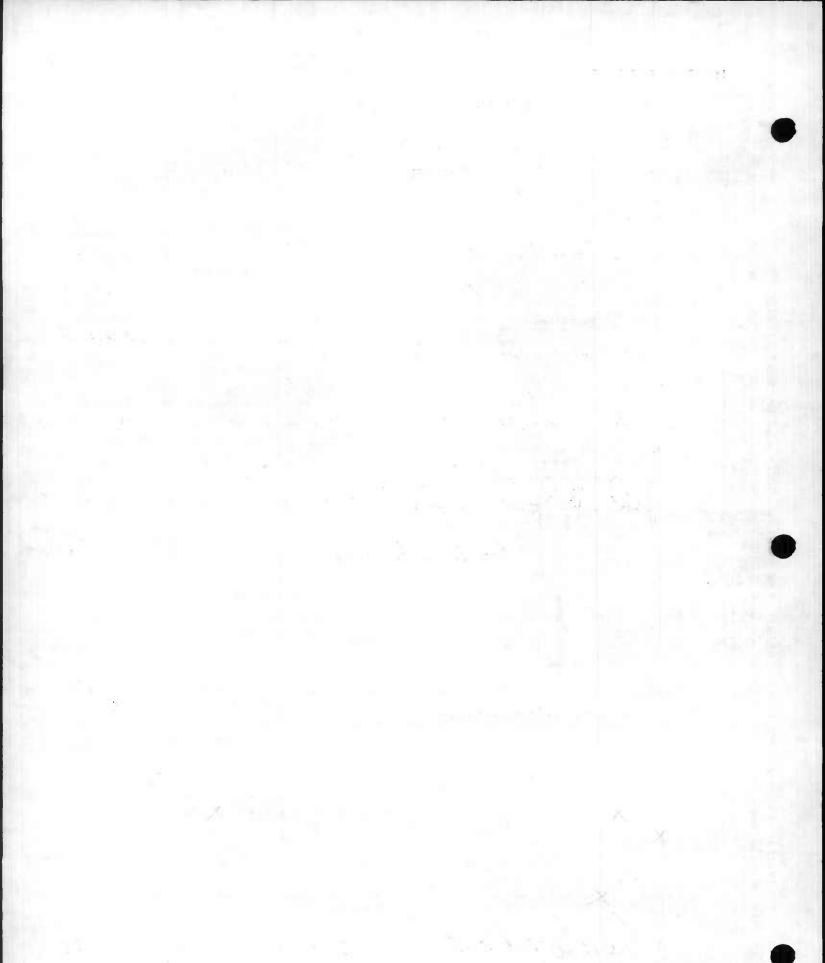
135522

Bel Air Maryland 21014



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

Proposed of Pacific Section 19 Name of road residuality of the Pacific Section 19 Name of road residuality of the Pacific Section 19 Name of road residuality of the Pacific Section 19 Name of road residuality of the Pacific Section 19 Name of Residual 19 Name of Res		Per FH Film G759 5-8-9		Certificate of			J. No.	3. Tima of (	) Death
Social Security Number   Social Security Numbe	hysician /Medical		Willie	Stephn		April	28, 19	98 11:00	
100. City, Town or Location  But Himself State  100. City Town or Location  But Himself City  But Himself State  101. Ze Code  102. City Code  102. City Code  103. White Decedent of Negocity Specify (Specify Yas or Negocity Flore)  113. Was Decedent of Negocity City Flore  113. Was Decedent of Negocity City Flore  114. Marcial State  115. Was Decedent of Negocity City Flore  115. Was Decedent of Negocity	neral sector	34 N. Ben- 5. Social Security Number 6. Sa 248-38-8403	talou Str.	March D	Balyin Balyin	none	(ear) 9.	A Birthplaca (Stata or	Foraigr
12 Was Depositions (For Print U.S. A)   12 Was Depositions (For Print U.S. A)   13 Was Deposition of Management of Magnitic Crown (Specify Vas or No. 14. Read-American Indian, Market Seeding (Specify Vas or No. 14. Read-American Indian, Market Seeding) (1948 2 (2016)   1948 2 (2016)			12						
Specific Discretion   Pract County	Direct	10e. Street and Number 3 U. N. Benta	lou Street	10f. Zip Coo		100	g. Citizen of Wha		
15. Decedent's flavourition (Specify contributings grate completed)  16. Decedent's flavourition (Specify contributings grate completed)  16. Decedent's flavourition (Specify contributings grate completed)  16. Memorary State of the state	by Funera	1 Nevar Marriad 2 Married	Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva	If Yas, specify (	-	pecify Yas or No- p Rican, etc.)	Black, 1	Whita, atc.	
19a. Informant's Namer Plastitionship (Tyte, Print)   19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, State, Zip Code)   24b. Major of Disposition   19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, State   25b. Did tobacco use contribute to the cause of 19b. Mailing Address (Streat and Number or Rurel Route)   19b. Mailing Address (Streat and Number or Rurel Ro	- and di	(Specify only highast grad	a complated) College (1-4or 5+)	(Giva kind of work do	ona during most of wor				lustr
20a. Mighod of Disposition   Salina   Contains   C	2	Dan Stephne	y Print)	10h Mailing Address (St	Lila	Step	ohney	ala Zin Code)	
23a. Polit Enter the disease, or comp Cations that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,  Approximate international properties of the propert	3	Sarah C. St 20a. Mathod of Disposition 1) Burial 2 Cramation 3 F 4 Donation 5 Other (Specify)	temoval from Stata  20b. Pla cert	34 N. B.	entalou piace)	Street Data 20	Balto	, red 212	23
24e. Was en eutopsy performad?  24b. Was en eutopsy performad?  24c. Was en eutopsy performad?  24c. Was en eutopsy performad?  1	edical Examiner	disaasa or condition rasulting in death)  Sequantially list conditions, if any, leading to immadiata ceuse. Enter Undarlying Cause (Disaasa or injury that initiated evants	Due to (or Dua to (or	es e consequence of):				SixM	nt
24e. Was an eutopsy performad?  24e. Was an eutopsy performad?  25. Was case referred to medical exeminer?  1	y Physician			ting in the underlying caus	a givan in Part t.				of death? Unknow
25. Was case referred to medical exeminer? 1   Yas   2   No	npieted b				199	24e. Was en performa	eutopsy ad?	completion of ca	indings o ausa
Continue   Continue	Se Cor				26. Ptece of Dea			1 🗆 Yas 2 🗆	No
29a. Certifier (Check only one)  29b. Data signed (Month, Day, Year)	H -	1 Yas 2 No  27. Menner of Deeth 1 Naturat 5 Panding 2 Accidant Invastigation	1 I inpatient 2 I E	28b. Time of tnjury 28c.	tnjury at Work?	28d. Describe how	v injury occurred		
the same of the sa		4 Homicide detarmined				City or Town,	Stata)		bar,
	edica	(Check only   Medical Exami	ner: On the basis of axaminetic	tedge, death occurred at the control and/or invastigation, in a	na tima, data and place my opinton, daath occu	, and dua to tha cau rred et the tima, dat	usa(s) and mann a and place, and	ar es steted. d dua to tha ceuse(s)	)
30. Name and address of person why completed cause of death (Itam 23a) (Type, Print)	2	296. Signature and title of certified	tut uns						
NUM COURTERFIELD 1111) It offnes Concer Clores 1300 mg 21223		30. Name and address of person who	mplated causa of death (Itam:	23a) (Type, Print) Agnes Concer	Center 90	Cator Bult	try 21	229	



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month IESIER 4b. City, Town, or Location of Deeth 1990 /Medical 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** Months Days Hours 1 ☐ M 2 ☒ F Yrs. Director 226 09 4342 June 12 1908 Danville Virginia Usual Residence of Decedent deeth with the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits "neturel", or items 23a or 28a-f show Maryland Prince George's Yes 2□No Bowie Director 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 16010 Excalibur Road 20716 by Funeral United States 12. Wes Decedent Ever In U,S Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours after a lent of Health end Mentel Hygiene. 1 ☐ Yes 2 ☑ No if Yes, Giva Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1☐ Yes 2√2 No Specify: White 3 Widowed 4 ☐ Divorced Completed the Medical 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Homemaker Own Home other 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Surnama) Be marked William W. Stephens Lula Allman 19a. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Straet and Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health e If item 27 is or other tra Marvin Smith 6810 Lamont Drive Lanham Maryland 20716 20b. Piece of Disposition (Name of cametery, cremetory or other piece)April 28 1998 20a. Mathod of Disposition

1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 20c. Location - City or Town, Stete 4 ☐ Donetion 5 ☐ Other (Specify) George Washington Cemetery Adelphi Maryland 21. Signature obFuneral Service Licenses 22. Name end Address of Fecility
Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23e. Pert1. Enter the disease, or complication in et caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heart feilura. List only one can on each line. Approximeta intervel Between Onset end Deeth **Physician** /Medical immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Diseese or injury thet initieted evants rasulting in deeth) Last P.O. Box 68760. Physician/Medical Pert ii. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings evellable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? page 2 certificate 1 ☐ Yes 2 ☐ No Division of Vital ano Hospital or Attending Physician: 25. Wes case rafarred to medical exeminer? 26. Piace of Deeth (Check only one) No Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 100 Inpatient 1 Yes Certification: 36 2 ER/Outpetient 3 DOA s efter death. Megnar of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturei 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be datermined 3 Suicide 28e. Place of injury - At homa, ferm, streat, factory, offica building, atc. (Specify) Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours e Medical tix certifying Physician: To the best of my knowledge, death occurred et tha time, deta and pleca, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, deeth occurred et tha time, data and placa, and due to the cause(s) end menner stated. 29e. Cartifier completely the 29b. Signeture end titla of certifier 29c. License number 29d. Date signed (Month, Dev. Year)

WASH.

32. Registrar's Signature

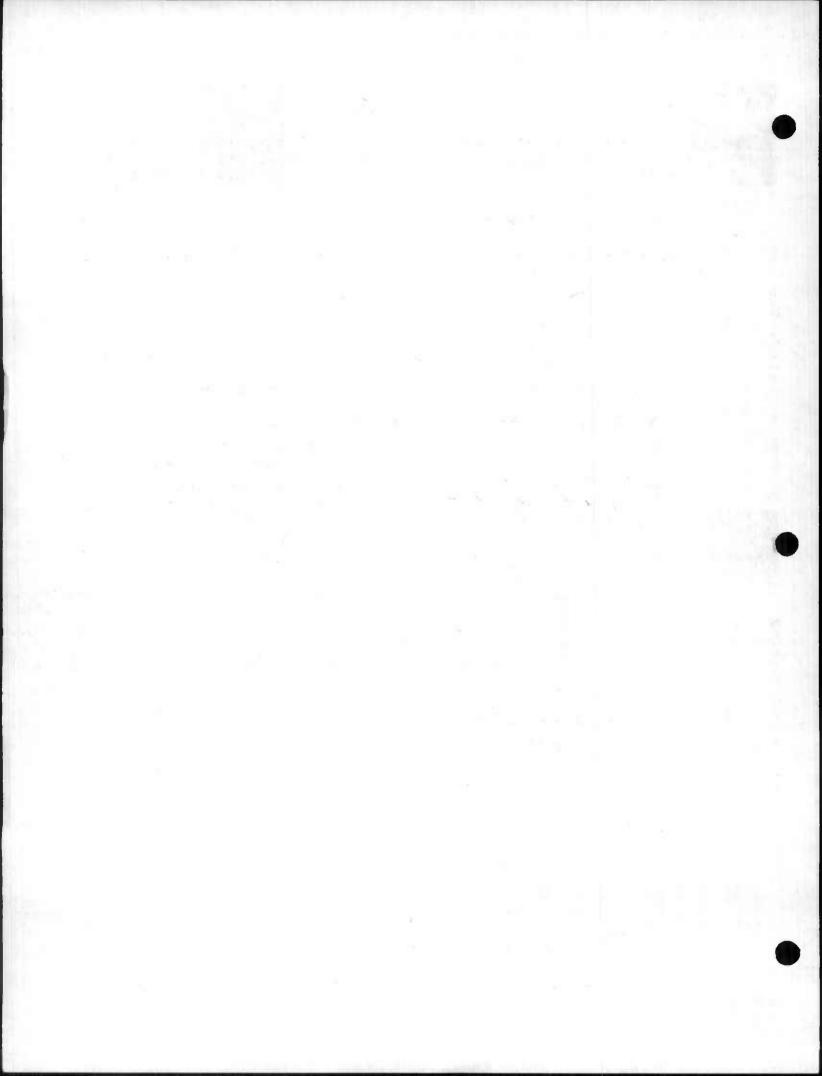
ADVIENTIST

30. Name end eddress of person who complated cause of deeth (item 23e) (Type, Print)

FON GIER

31. Dete filed (Month, Dey, Year)

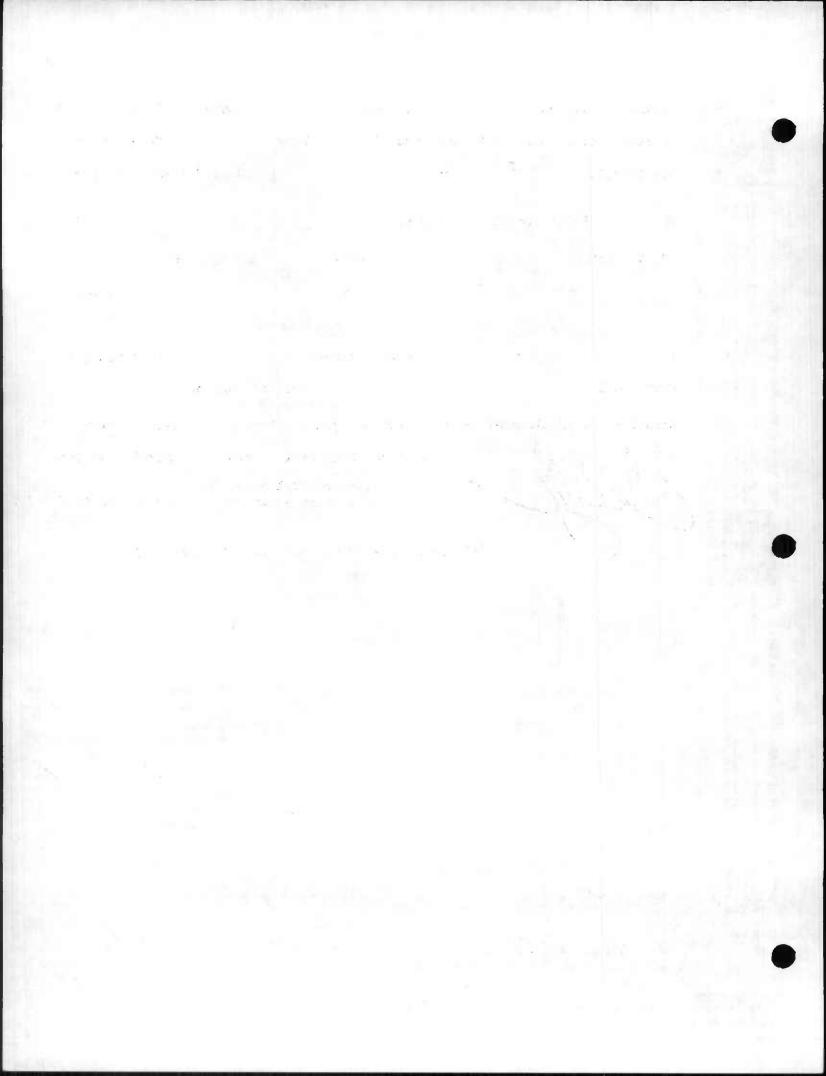
State Registrar



#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 8 13658

			Cert	ificate of	Death	R	eg. No.	13000		
	1. Decedent's Name (First, Middle, Las	st)				2. Data of Deat	h	3. Tima of Death		
Physician	Elsie Vivia	n	Sutpl	nin		April 2	Pay Yas	8:40 am		
" /Medical Examiner	4a Facility Nama (If not institution, give				4b. City, Town, or		4c. County of D	eath		
CAUTITICE	Mariner Health	Care of Great	er Laure	1	Laurel		Prince	George		
Funeral Director	5. Social Sacurity Number 6. S	ex 7. Age (In yr	5 Yrs.	If Under 1 Yea Months Deys	r If Under 24 Hrs	8. Date of Birth (Month, Dey Jan. 18,	Year) 9.1	Birthplace (Stete or Foreigr Country) Virginia		
lend w	Usual Residence of Decedent 10a. State 10b. County	10c. 0	City, Town or Loc	ation				10d. inside City Limits		
Sa-f sh otted		e George	Laurel	I				1X Yes 2□ No		
ifer death with the Mai r Items 23a or 28a-f si free results be received Funeral Director	10e. Street and Number 405 5th Street			10f. Zip Code 20707			0g. Citizen of What USA			
by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Evar In Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Datas:		as Decedent of Yes, specify Cu ☐ Yas 2 No	Hispanic Origin? (S ban, Mexican, Puerl Specify:	pacify Yas or No- to Rican, etc.)	14. Hace - A Black, W Specify:	merican Indian, Ihita, atc. White		
5 6 6	15. Decedent's Ed (Specify only highest gre	da completed)	(Give k	ent's Usual Occi ind of work don O NOT usa retir	e during most of wo	rking	16b. Kind of Busine	ss/Industry		
other than other than a vent, the west	Elementery/Secondery (0-12) 12 17. Father's Name (First, Middle, Last)	College (1-4or 5+)	Cler	ical Wo		me (First, Middla, I	Fuel (	Company		
A E S										
should by and Mental marked umatic e	Edwin Bayles					Johnson				
<b>高性即</b> 10	19a. Informant's Name/Relationship (				et en <i>d Number or R</i> u					
and oath we b	Elizabeth R. Klud				mery Stre					
nit. Pages 1 artment of H ortant: If Ner injury or oth	20a Method of Disposition 123 Burlay 2 Cremation 3 C 4 Documen 5 Comer (Speed)	Removal from State	Place of Dispos camatary, crame D Nation	etory or other pi		4/30	20c. Location - City Laurel,	or Town, State Maryland		
Physician /Medical Examiner	Immediate Caus (Final disasse or condition resulting in death)	CHNO		sthe mode of dy	andy Springlying, such es cardial	or respiretory err	est,	Approximate intervel Between Onset and Death		
executed in end ial-trensit	Sequentially list conditions,	bDue to	(or as a consequ	enca of):						
tificate be executed g physician end es the burial-trensit	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C	ance of):							
certificateding physise es the	resulting in death) Last	d	arios ory.		and the latest	1.				
death cert e attendin ed for use						001 5111				
by the tache	Part II. Other significant conditions of	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Part I.								
aw requires s been sign 2 should be pieted b						24a. Was a		tb. Were autopsy findings available prior to complation of causa of death?		
The laste he page						1 🗆 Y	es 2 E No	1 Yes 2D No		
certificate rector, pag	25. Was case referred to medical				26. Place of De	ath (Check only or	ne)			
T di di	examiner? 1   Yes 2   D No  27. Manner of Death 1   Manuary of Death	Hospital: 1 Inpatient 2 28a. Date of Injury (Month, Dey Year)	ER/Outpatient 28b. Time of Injury	28c. inj	ury at ork?		ence 8 Other (5 ow Injury occurred	Specify)		
The All refing P	2 Accident investigation 3 Suicida 6 Could not be 4 Homicide determined	28e. Placa of Injury - At	M 1 Yes 2 No					r Rural Route Number,		
edical C	0									
Ned agin										
To the comp	1 Spaller DZ4997 4/27/9									
	30. Neme and address of parson who	completed cause of death (It	em 23a) (Type, P	rint)	LAWE	LAUNE	und z	0707		
State Registrar	31. Data filed (Month, Day, Yeer)	82 Reginarar's Sig		•						



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day Frances Dorothy 28, 1998 April 10:14 p.m. 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Death Howard County General Hospital Columbia Howard If Under 24 Hrs. Hours Min. If Undar 1 Year 5. Social Sacurity Number 6 Sex 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 10 M 20 F Montha Daya 576-28-7111 84 Sept. 13, 1913 Tennessee Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2X No Howard Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3004 North Ridge Road #413 21043 USA 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 Ø No If Yas, Giva Yaer or Datas: Was Decedent of Hispanic Origin? (Specify Yes or Notif Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 18b. Kind of Buainass/Induatry 15. Dacadant's Education (Specify only highast grada complated) Elementery/Secondery (0-12) Collega (1-4or 5+) 12 Owner Employment Agency 18 Mother's Nama (First Middle Maiden Sumama) 17. Fathar's Nama (First, Middle, Last) Edward Gibson Clarice Gibson Burnett 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Tillman Smith/Husband 3004 North Ridge Road #413, Ellicott City, MD 21043 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Date 1 Burial 2 Cramation 3 Ramoval from State Baltimore Washington Cr. 5/1/98 Laurel, Maryland 5 Othar (Specify) 4 Donation uneral Sarvice Lice 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 lications that caused the death. Do not antar the mode of dying, such es cardiec or respiretory errest, me cause on each line. Approximete tntervel Between Onsat and Death Immediata Causa (F disaese or condition rasulting in death) Sequantially list conditions, if any, leading to Immediata causa. Enter Underlying Cause (Disaasa or Injury that Initiated avents rasulting in daath) Last monda 23b. Did tobacco use, contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings eveileble prior to complation of cause of deeth? 24e. Was en autopsy 1 Yas 2 No 1 Yaa 2 No 25. Wes case referred to medical axaminar? 26. Placa of Daath (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yaa 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manney of Daath

**Physician** /Medical Examine

**Physician** 

/Medical

Examiner

Directo

Funeral

p

Completed

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than "nature"; or itema 23s or 28s-f show any injury or other traumatic event, the Mentel Examinar must be notified.

altimore, Maryland 21215-0020

Examiner Physician/Medical by Completed

1 Matural

2 Accidant

3 Sulcide

29a. Certifiar

4 Homicide

(Check only one)

5 Panding

6 Could not be detarmined

investigation

physician and s the burial-transit 80 USB for signed by the a

law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

Be 10 Funer Funer To the I

Registrar

28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of 1 TYas 2 No 28a. Placa of tnjury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

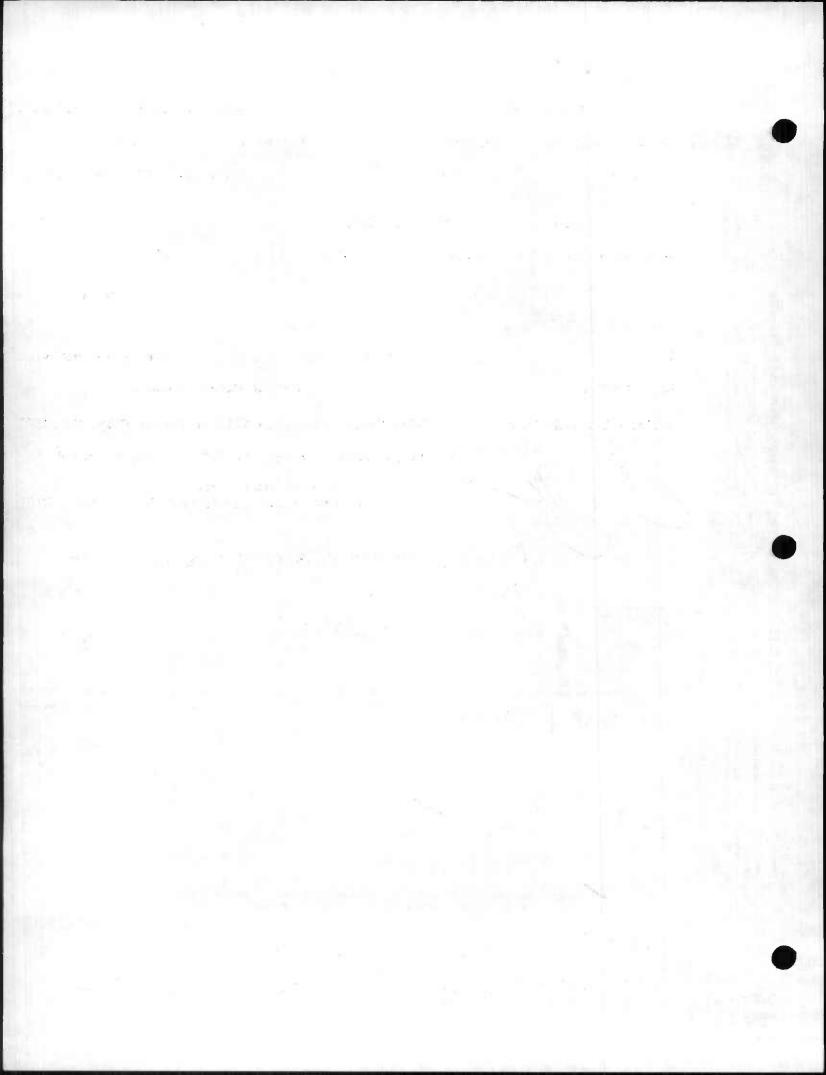
1 Certifying Physictan: To the best of my knowledge, death occurred at tha tima, data and place, and dua to tha causa(a) and mannar as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated.

29c. License number 29b. Signatura and titla of cartifia 30. Name and ederass of person who comple

ed cause of death (Itam 23a) (Type, Print)

29d. Data aigned (Month, Day, Year)

Micotl City



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 3. Time of Death adent's Name (First, Middle, Last) 12:20 4e Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth more 8. Date of Birth Month, Dey, Year 1918 Mary 7. Age (In yrs. If Under 1 Year 9. Il tholece (State or Foreign ountry) 5. Sociel Security Number 6 Sex last birthday) -18-6968 1 M 2 XF Months Deys Hours Min. Yrs. Usual Residence of Decedent 10b. County 10c. Cltv. Town or Location 10d. Inside City Limits Maryland 1 Yes 2 No timore 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 212 14. Race - American Indien, 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Appecity: Trican American Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) urse 0 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) 19e. Informent's Neme/Relationship (Type, Print) (daughter) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sur 92 Stra-Hodge Smith t. 0649 prot 20b. Plece of Disposition (Name of cemetery, premetery or other p 20a. Method of Disposition 20c. Location - City or Town, Stete tery. remetory or other plece) 1 XBurial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) DUT 21. Signale of Funeral Service Licanse 22. Name end Address of Facility Home 12/6 Jo 22 Ku seph 5 uneral Enter the purease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Baito. Md. Approximate Intervel Between Onset end Deeth Immediate Ceuse (Final disease or condition resulting in deeth) Multiple je/cme ea-Due to (or es e consequenca of): Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequenca of): Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the cause of death? 1 Yes 22No 3 Probably 4 Unknown severe a nemi & 24b. Were sutopsy findings avelleble prior to 24e. Wes en sutopsy completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA 1 Inpatient

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10e Stete

8

Director

Funeral

þ

Completed

Be

Director

ortant: if item 27 is marked other than "natural", or items 23a or 28a-1 show injury or other traumatic event, the Medical Examinal must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiana. Important: If Item 27 is marked other than any Injury or other teams.

the Maryland

with

daath

The law requiras that tha daath certificata be asscuted

Hda Strong Division of Vital Records, F.O. Box 68760,

Examiner physician and the burial-tran Physician/Medical 60 USB signed by the a Aq Completed paga 2 funeral director, Be 2 Certification:

After this cartificata has

or Attending Physician:

death.

aftar daatl Director:

24 hours a Hospital

To the I within 2

complately filled in by

Medical

25. Wes case referred to medical exeminer? 1 Yes 2 No

27. Manner of Deeth 1 Maturel 5 Pending investigetion 2 Accident 6 Could not be determined 3 Suicide 4 Homicide

1 Certifying Physicisn: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steled.

28a. Date of injury (Month, Dey Year) 28b. Time of

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 2 No 1 Yes

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

(Check only one) 29b. Signeture and title of certifier

29e. Certifier

29c. License number 37573 29d. Date signed (Month. Day, Year)

20212

30,1998

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Park Zibell MO 7220

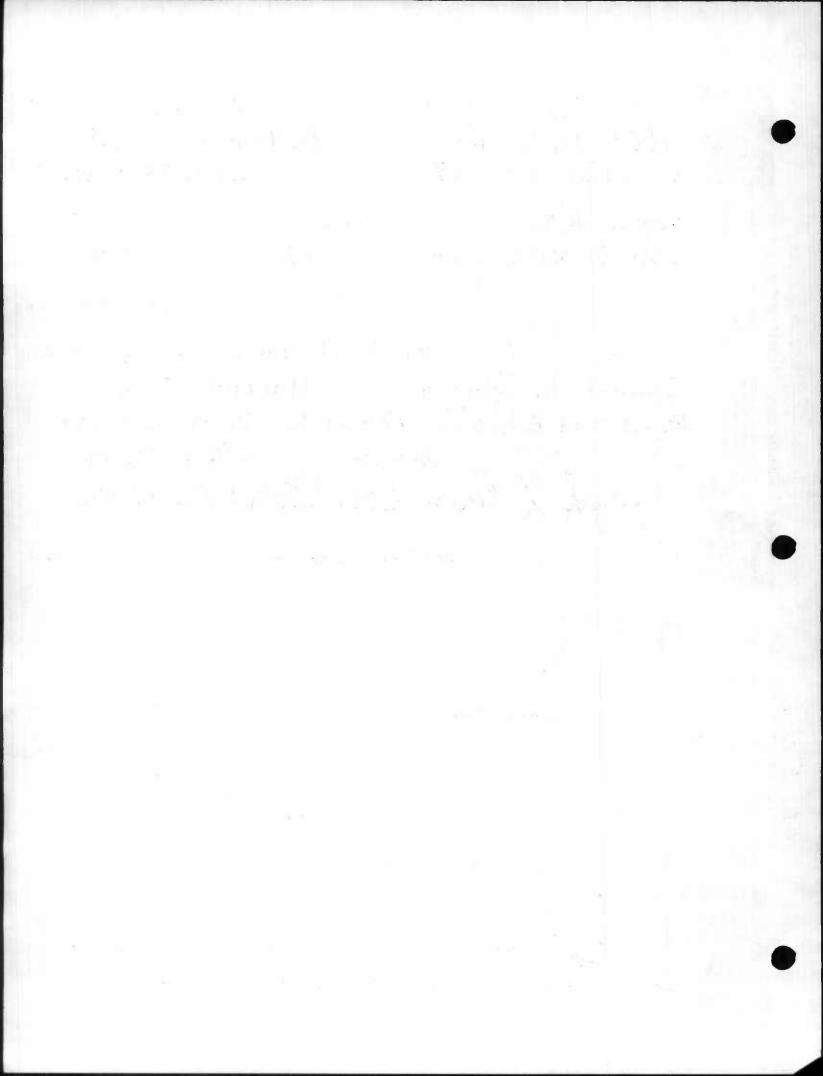
Heights

Drul Balt, mane MD

State Registrar

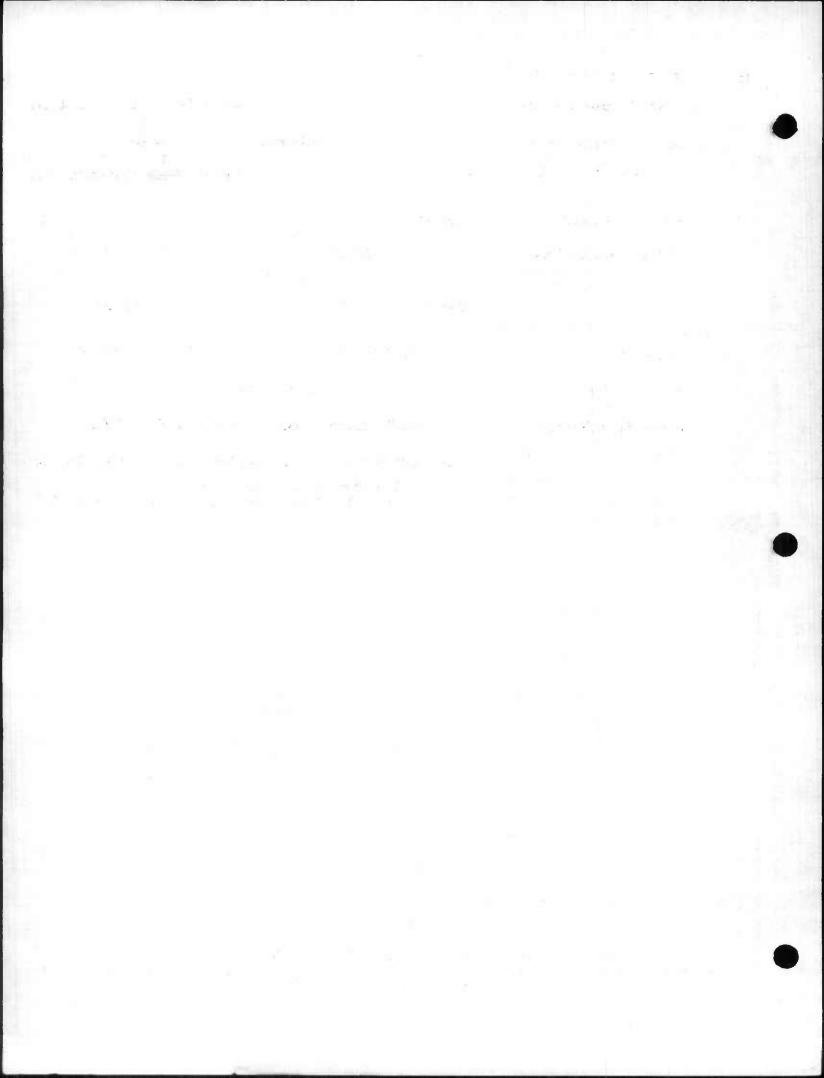
31. Dete filed (Month, Dey, Year) MAY 01

32. Registrer's Signeture chia Davidson fandage



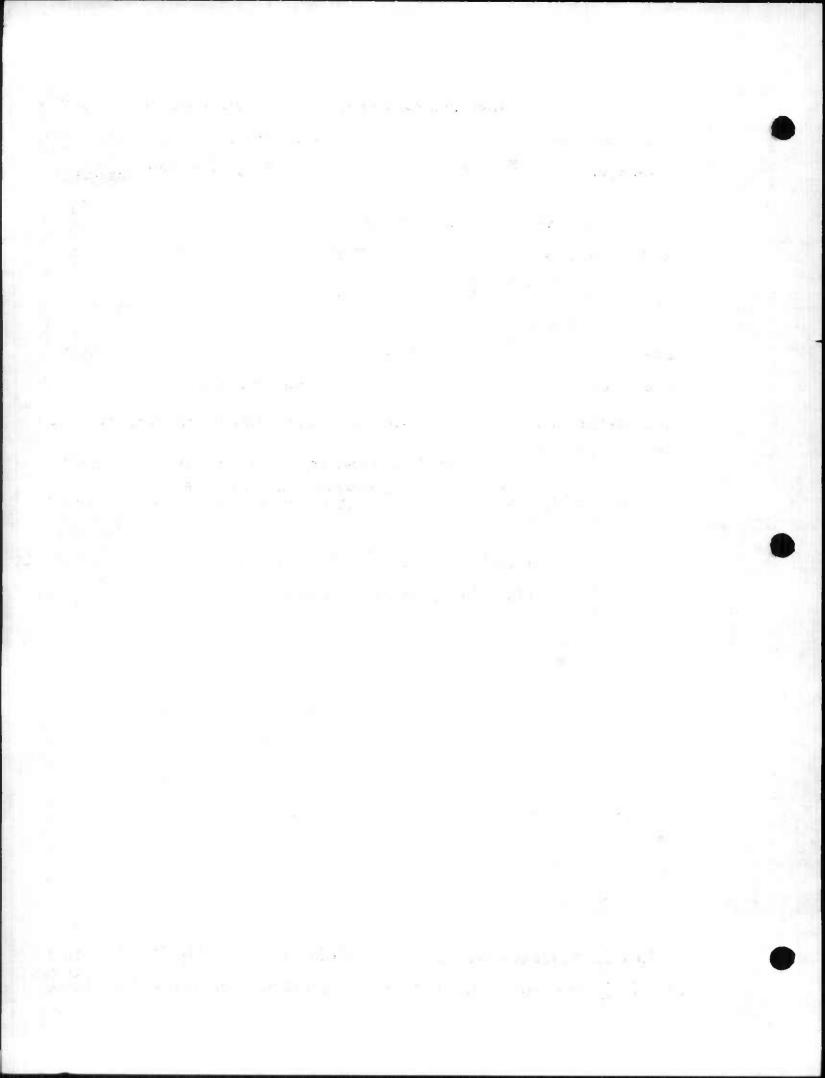
#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

	Item#8	per	- FH G759 5/	/12/98 EW	State	of Ma	-	-	rtment of I tificate of	Health and <i>Death</i>	Mental H	ygiene Reg. No.	8	136	71
	Physici /Medic		1. Decedant's Nam Daniel	•							2. Data of D Month APT 1 J		1998 <sup>ear</sup>		Tima of Death :00 am
	Examir		4a. Facility Nama (Including Name (Including Name Name Name Name Name Name Name Name	ursing l	***************************************	7. Aga	(In yrs. last bin		If Under 1 Yaar Months Days	4b. City, Town, of Columbia  If Undar 24 Hours Mi	S. 8. Data of B	Но	ward 925 9. Bi	irthplaca (	Stata or Foraign
L	Director		033-18-0 Usual Rasidance o		158 W 2017	7	2	Yrs.			Aug 1	.7, <del>91</del>	25 Ma	ssac	husetts
	show dat	L	10a. Stata	10b. County			10c. City, Town	n or Loca	ation						side City Limits
	with the Marylar a or 28a-f show Lbe notified at	ecto	Md 10e. Street and Nu	Howard			Laurel		10f. Zip Code			10a Citiz	an of What C		□Yas 27 No
	5 2 3	Funeral Director	10479 Gr		Road				20723			US			
020	72 hours after deal natural", or items ifical Examiner m	by Fune	11. Marital Status  1 Nevar Marr  3 Widowed		If Vac G	orcas?			as Decedant of I Yas, specify Cub ☐ Yas 2[X]No	Hispanic Origin? ean, Maxican, Pus Specify:	(Specity Yas or Narto Rican, atc.)		4. Race - Am Black, Wh Specify: Whi	ita, atc.	dian,
2-0	72 hox	ted	(Spec	15. Decedant's				Decede	ent's Usuai Occu	pation	nddaa		d of Businas		
Maryland 21215-0020	within lens. than	Completed	Elamantary/Seco	ondary (0-12)	1	/ (1-4or 5+	) Da		oreman	during most of w d)	orking	Dail	y News	spape	r
and	d be filed and other o event, it	Be	17. Fathar's Nama Manuel S		ast)					18. Mother's N Lydia	ama (First, Middi	la, Maiden S	Sumama)		
ary	d 2 should be fit and Mental ? T is marked of traumatic eve	2	19a. Informant's N		p (Type, Print)		19b	. Mailing	Addrass (Street	t and Number or i		ber, City or	Town, Stata,	, Zip Code	9)
≥.	s 1 and 2: 6 Health ar Nem 27 is other trau		Jayne Si		use					ch Road,	1				
Baltimore,	8022				B □Ramoval from	n Stata	_	_	ition (Nama of atory or other pla Veterans		Data 5/4/98		msvil		Maryland
Balti	permit. Pag Department Important: I any injury o once.		21. Signaturer of Fu			,		22. DO	Name and Addre	Funeral tt Ave.	Home, E	P.A.			-
ì	ألكيد		23a. Part1. Enter I shock, or hea	he disease, or our tallure. List o	omplications that nly ona causa on	caused to	ha daath. Do r							Appr	roximate vai Between
	Physician /Medical Examiner		Immediata Causa disaasa or condition rasulting in death)		a. My	OCA	abiAz		(NFA)	RCTION	٩			Onsa	at and Death
	B #	ner			Ver	ti	lua to (or as a c	consequ	ance of):	2001				-	3261
,	be executed sician and buriel-transit	Examiner	Sequentially list co if any, laading to in causa. Entar Unda Cause (Disease or that Initiated evants	enditions, nmadiata	b. V~		ua to (or as a		1	300					
Box 68760,	requires that the death certificete be execut een signed by the attending physician and hould be detached for use as the bunel-trat	edical	Cause (Disease or that Initiated evants rasulting In death)	injury S Last	c	Di	ua to (or as a c	conseque	ance of):						
	death e atter ed for u	siclar	Part II. Other signit	fcant condition	s contributing to d	death but	not rasuiting in	n tha und	dariying causa gi	van in Part I.	23b. Df	d tobacco u	se contribu	ts to the	cause of death?
, P.O	es that the de igned by the a be detached f	y Phys			bral						10	Yes 2	3 No 3 □	Probably	4 Unknown
Vital Records,	2 s c	Completed by Physician/M									24a. Wa	is an autops formed?	sy 24b	avallable	stopsy findings a prior to ion of causa ?
E R	는 함께	Con									10	Yas 25	No	1 🗆 Yas	2□ No
Vit.	Physician: The this certificate ral director, pag	Be	25. Was casa rafar axaminar?	-	Hospital:				- Ot	har	eath (Check only				
o	g Phy er this eral di	n: To	1 ☐ Yas 2 ☑ 27. Mannar of Deat	h	28a, Data (Mor	Inpatient of Injury		Tima of	3□ DOA Sinju 28c. Inju Wo	4 (ZI Nursing	Homa 5 Ra 28d. Describ			ecity)	
sion	Attending r death. ector: Afte by the fune	satio	1 Accident	5 Panding Invastiga	tion	nin, Day	rear) II	njury		Yas 2 No					
Division	af or Att	Certification:	3 ☐ Suicida 4 ☐ Homicide	6 ☐ Could no datarmir	ed 28a. Plac build	e of Injur ting, atc.	y - At homa, fa (Specify)	rm, stree	at, factory, office		28f. Location City or T	(Street and own, Stata)	l Number or i	<i>Rural R</i> ou	ta Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifiar (Check only one)	1 Certifying 2 Medical E	Physician: To the carniner: On the b	a best of a	xamination and	, daath d d/or inva	occurred at tha ti astigation, In my	ma, data and pla opinion, daath oc	ce, and dua to th curred at tha time	a causa(s) a a, data and p	and mannar opiace, and do	as stated. ua to tha c	causa(s)
	To th Withir Comp	W	29b. Signature and	title of certifier	VII.	100	1/1	n.S	29c. Licen	sa number		29d. Data	signed (Mon	nth, Day,	Year) 998
			30. Nama and addr	ass of person w	ho completed cau	isa of del	sth (Item 23a)	Type, P	TR.	UD.	22011	_ ,	327	PATO 21	NKSPI
	Sta		31. Data filed (Mon		32.	Registrar	's Signatura	- Rand	late						
	Registr	ar	W	AY 01 19	398		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-							



# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. 3 6 7 2 State of Maryland / Department of Health and Mental Hygiene

							tificate of	Death	Re	g. No.		
1	Physic	an	Decedent's Neme (First, Middle		one Elima	.b.+h	Cooling		2. Date of Death Month April 2	9, Day 199	Year	3. Time of Death 8:05 pm
9	/Medi		4e. Facility Neme (If not institution		ene Eliza	abetn		4b. City, Town, or L	_	4c. County		o:05 biii
7	Examiı	ner	17350 Quaker La		1001)			Sandy Spr		Montg		
	Funeral Director		5. Social Security Number 215–40–4945	6. Sex 1 M 2 F	7. Age (In yrs. last 87	birthdey) Yrs.	If Under 1 Yeer Months Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day June 30	<b>,1</b> 910	9. Birthpla Countr Maryl	ace (State or Foreign ry) and
	m M m		Usual Residence of Decedent  10e. State 10b. County		10c. City, To	own or Lo	cation				10	d. Inside City Limits
	Mary Feda	tor	MD Monto	omery	Sandy	y Spr	ina					1 ☐ Yes 2 ☐ No
	death with the Maryland one 28a or 28a-f show c must be notified at	al Director	10e. Street and Number 17350 Quaker La				10f. Zip Code 20860			g. Citizen of	What Countr	γ?
020	or its	by Funeral	11. Meritel Stetus  1 Never Married 2 Marr 3 Widowed 4 Divorced	Armed For	2 🖾 No		Vas Decedent of H I Yes, specify Cub	dispanic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- Dican, etc.)		ce - America ck, White, et y: White	tc.
50	72 ho	eted	15. Deceden (Specify only highes	t's Education	1	8a. Deced	lent's Usual Occup	pation during most of work	kina 1	6b. Kind of B	usiness/Indu	ıstry
121	selftin than	Completed	Elamentery/Secondary (0-12) Grade 12	College (1-	4or 5+)	llerk	OO NOT use retire	d)		U.S. P	ost O	ffice
d 2	Hygin Hygin and In		17. Father's Name (First, Middle,	Last)		OLCE II		18. Mother's Nam	e (First, Middle, M	COLUMN TO THE REAL PROPERTY.		11100
lan		To Be	Peter Tager					Mary Th	nompson		20.	
Maryland 21215-0020	公司等量		19e. tnformant's Name/Relations David Sealing /		1			and Number or Ru Tree Driv				
Baltimore,	80		20e. Method of Disposition  1 🖾 Burial 2 □ Cremation  4 □ Donation 5 □ Other (S)		tate		sition (Neme of natory or other place) S Cemete			oc. Location		
Balti	permit. Pag Department Important: I any injury o once.		21. Signature-of Funeral Service			DC DC	Name and Addre	ss of Facility Funeral I	Home, P.A			
			23a. Part1. Enter the discussion of shock, or heart fature. List	complications that ca	used the deeth. D			t Ave. La				/-4389 Approximate Interval Between
	Physician /Medical Examiner	ı	Immediata Cause (Finel disease or condition resulting in death)					rction				Onset end Death
Box 68760,	eath certificate be axecuted attending physician and I for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	6	Due to (or es	a conseq	uence of):	DISEASO	<u> </u>		2	Years
	the death cer y the attendir ached for use	Physician/N	Part It, Other significant condition	ns contributing to dea	ath but not resulting	g in the ur	nderlying cause giv	ven in Part I.	23b. Did tol	pacco use co	ntribute to t	the cause of death?
s, P.O	es that the de igned by the a be detached	by Phy							1 □ Ye	8 2,5 No	3 Probe	ably 4 □ Unknown
Records,	aw requii is been s 2 should	Completed k	U						24a, Was an perform	autopsy led?	com	e autopsy findings lable prior to spletion of cause eath?
E E		Con							1□ Ye	s 20 No	10	Yes 2□ No
Vital	Physician: The this certificate ral director, page	Be	25. Was cese raferred to medical examiner?	Hospital:			Ott	or	th (Check only one			
of	this aldi	1: 70	1 ☐ Yes 2 ♣ No 27. Manner of Death	1010		Outpatien	t 3 DOA 28c. Inju	4 Mursing H	ome 5 Resider			
ion	Attending or death.	atlor	1 Naturel 5 Pending		, Day Year)	Injury	Wor	rk? Yes 2 □ No		,,		
Division		Certification:	3 Suicide 8 Could r 4 Homicide determ	ined 286. Plece C	of Injury - At home, g, etc. (Specify)	, farm, stre	eet, fectory, office		28f. Location (Str. City or Town,		ber or Rurel	Route Number,
	Hospital or     24 hours after     Funeral Dir     letely filled in	edical (	29e. Certifier (Check only one) 15 Certifying 2 Medical I	g Physician: To the b Examiner: On the bas end menne	sis of examination	ige, death end/or inv	occurred at the tirestigation, in my o	me, date and place, pinion, death occur	and due to the carred at the time, da	use(s) and ma te end place,	anner es sta and due to t	ted. the cause(s)
	To the within 2 To the comple	Me	29b. Signeture and title of certifier				29c. Licens	e number	29	d. Dete signe	d (Month, D	ey, Year)
			Demi m	Hanno	m Ma		023	3124	a	pril	30	1998
			30. Name and address of person of Dennis M. H.	who complated cause	of death (Item 23)	a) (Type, i	Print)	Drive,	Rnek	isno	Mar.	20850
	Sta	te	31. Date filed (Month, Day, Year)	32. Re	gistra Signature	1 4	D.J.M	2.110	1-0 2:-0	7	1. 10.7 4	CHVIA
	Registr	ar	U IAIN	ע וססט ד	1 min min	1400m/	uniciano					



**Physician** /Medical **Examiner** 

Director

Funeral

2

Completed

Examiner

Physician/Medical

à

Completed

Be

0

Certification:

edicai

**Funeral** 

**Director** the Maryland 28a-f show r than "natural", or items 23a or 28a-f show deeth v hours efter Hygiene.

Baltimore, Maryland 21215-0020 12 should be filed w h end Mental Hygier 7 Is marked other ti

permit. Pages 1 end 2 st Department of Health end Important: If Itam 27 Is m any Injury or other traun pncs. **Physician** /Medical **Examiner** The law requires that the death certificate be executed attending physician and for use as the burial-transit Box 68760. 98 Records, P.O. been signed by the should be detached has certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica funeral tha filled in by completely

1. Decedent's Name (First, Middle, Last) CHARLES STARKEY, Jr 1998 4b. City. Town, or Location of Death 4a Facility Neme (If not institution, give street end number) 4c. County of Death BALTIMORE HOSPITAL CENTER HARBOR NA 8. Data of Birth Month, Day, Year)
JUNE 8, 1942 If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Deys M 2□ F 212-38-0046 55 Yrs Maryland Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Anne Arundel Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 304 Cresswell Road 21225 USA 12. Wes Decedent Ever in U,S.
Asped Forces?
1 Pyes 2 □ No
If Yes, Give
Yeer or Detes: 1960-64 14. Race - American Indien, Bieck, White, etc. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married 1 ☐ Yes 2X No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Plant Operator Public Utility 12 18. Mother's Nama (First, Middla, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Charles E. Starkey Elnora M. Hadley 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Raymond D. Starkey/son 304 Cresswell Rd. Baltimore, MD 21225 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 4/30/98 Baltimore, MD 21. Signature of Fu er N Service Licensee

Dawn F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23e. Part1. Enter the disaase, or complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shook, or heart failure. List only one cause on each line. Immediate Ceuse (Final disease or condition rasulting in death) PNEUMONTA Dua to (or as a consequence of) Sequentially list conditions, if any, laading to immadiata ceuse. Enter Underlying Cause (Disaase or Injury that initiated events resulting in daath) Last Dua to (or es a consaguance of) Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown HYPERTENSION

BRONCHIECTESTS

investigation

6 Could not be

24a. Was en autopsy performed? 26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

25. Was cese rafarred to medicel examiner? Hospital: 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 5 Pending

28a. Place of Injury - At homa, ferm, streat, factory, office building, etc. (Specify)

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and plece, end due to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signature and title of certifier

1 Yes 2 No

27. Mannar of Death

1 Matural

2 Accidant

4 Homicide

(Check only one)

3 Suicida

29a. Certifier

29c. License number AS2441614-AID

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

29d. Date signed (Month, Day, Year) APRIL 29, 1998

28f. Location (Streat and Number or Rural Route Number, City or Town, Stete)

2 No

28d. Describe how Injury occurred

3. Time of Death 6:48 PM

1 ☐ Yes 2 No

Approximata Interval Batween Onset and Death

1 MONTH

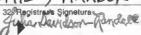
24b. Were eutopsy findings evailabla prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

30. Name and address of person who complated ceusa of death (Item 23a) (Type, Print)

SHIV KUMAR PATIL, HARBOR HOSPITAL CENTER 31. Date filed (Month, Day, Year)

Registrar



Marshall I. S. Wall The product of the state FAMILY OF BUILDING MTROM I DEL BURNERS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ( Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month 12/2/ BERRICE 24,1998 12:30AM 4b. City, Town, or Location of Deeth /Medical 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** FALLSTON HOSPITAL HARFORD GENERAL FALLS If Under 1 Year If Under 24 Hrs. 0 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** Deys Months Hours 180 05 5744 1□M 282 F BEUUSA) Yrs. APRIL 13 1913 Director MANIA Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ed other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director HARFORD ARYLAND BILAIR 10a. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code U.S.A 603 21014 DOOW Funeral 14. Reca - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Merried 2 Married Specify: WHIT 1 Yes 2⊠ No Specify: by 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) LARE 11 TIAIH 13282 GIVER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 12 should be the and Mental F is marked of SMITH ACHEY HARRY 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. informent's Neme/Reletionship (Type, Print) permit. Pages 1 and 2 Department of Health a Important: If them 27 is any Injury or ABIRDII MARTAN Date 20c. Location City or Town, Stete PAUL D. EnTERLINE GATREAL ORIVE 12001 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pieca) 20e. Method of Disposition APRIL 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) POUNTERSMATORY 25,1798 BALTMORE, MARYLOND 21. Signature of Funeral Service Licensee EVAN FURRAL CHAPEL - BELAIR, P.A. 22. Name end Address of Fecility 23a. Pert 1. Enter the disease, or complications instructured the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate the disease, or complications instructured the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate the disease, or complications instructured the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate the disease, or complications instructured the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner es e consequence of): gaskic physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequenca of): esn Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? s been signed by t should be detact 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evellable prior to completion of cause of deeth? Be Completed 24e. Wes en autopsy performed? certificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director. 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Hospitel: 1 inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 28c. injury et Work? 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

Division of Vital

Records, P.O. Box 68760

Inith,

Baltimore, Maryland 21215-0020

State Registrar

Sult Steinmeh 31. Dete filed (Month, Dey, Yeer)

MAY 0 1 1998

30. Name end eddress of person who

29b. Signature and little of our

29a. Certifier

MO

peted cause of deeth (Item 23e) (Type, Print)

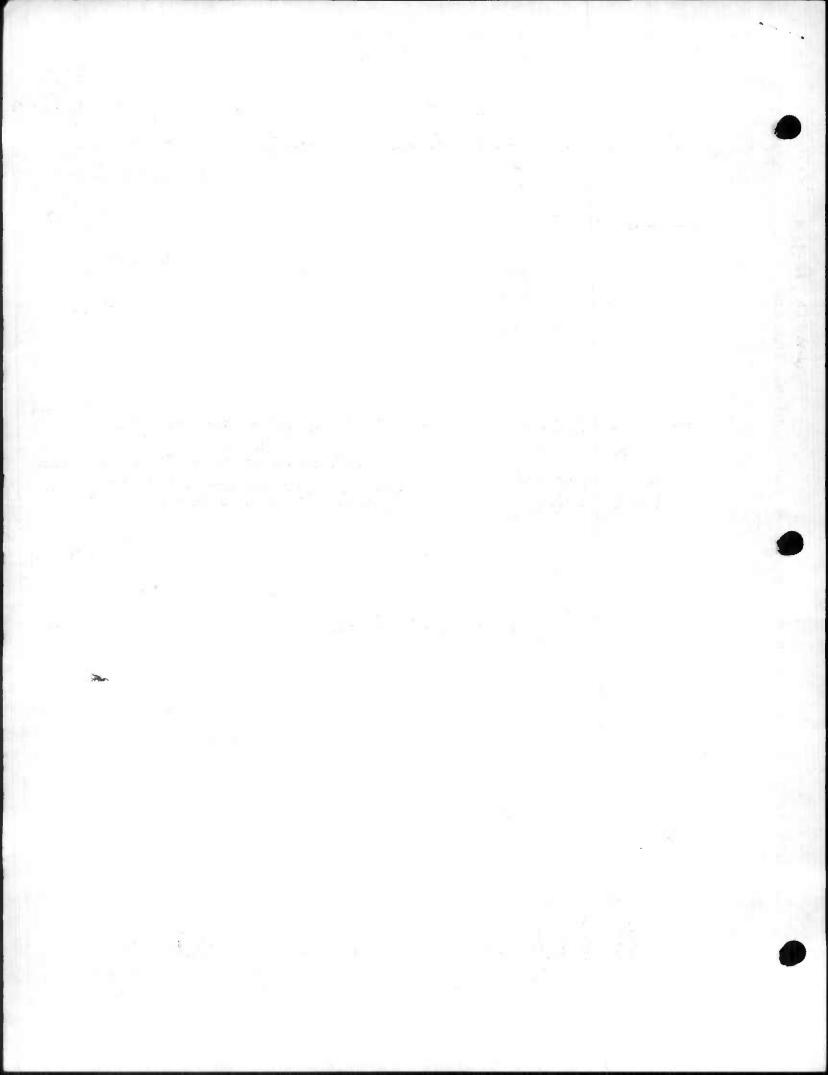
29c. License number

Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, dete end place, and due to the cause(s) and menner stated. 29d. Date signed (Month, Dey, Year)

2005 Kock

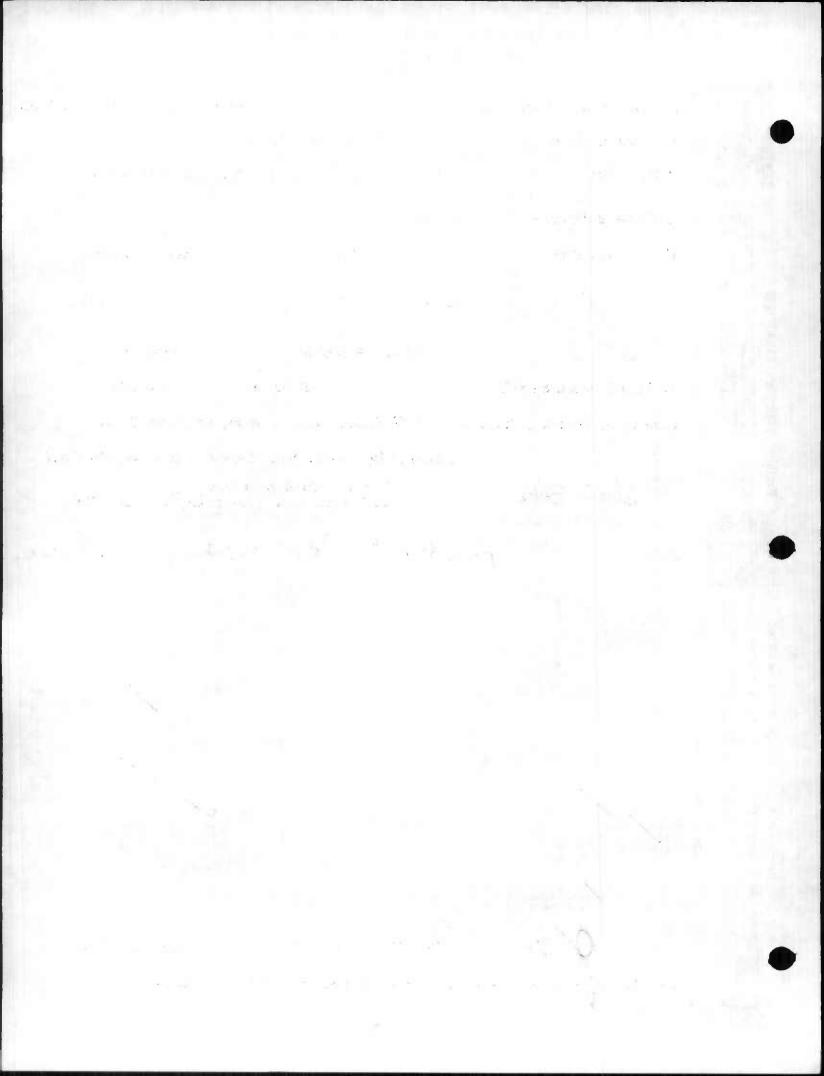
32. Registrer's Signeture Julia Davidson-Randall



## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				0011	illicate	3 01	Death		Reg.	. No.	1 5	010
Physician	Decedent's Name (First, Middle, L.							2. Date Mon	of Death	Day	Year	3. Time of Death
/Medical	Stanley John Sna							Apri	1		1998	4:50 A
Examiner	4a Fecility Neme (If not institution, g		)					n, or Location of	Death	4c. County		
	134 Hopkins Road			A fi fiath ato 12	If Under	1 Voor	Baltin		of Birth	Balti		
Funeral Director	5. Sociel Security Number 6. 008-07-2701  Usual Residence of Decedent	1 M 2 □ F 7. A	ge (In yrs. las 85			Deys		Min. (Mor	th, Day, Ye	1913	Vern	lace (State or Fore try) <b>Ont</b>
B ==	10a. State 10b. County		10c. City, 7	Town or Loc	ation			-			1	0d. Inside City Lin
sa-1 sh oritied a	Maryland Baltim	ore	Balti	imore	Tank 3	0.1			40:	GW		1 □ Yes 2 💢
Hygiene. ther than "satural", or items 23s or 28s-1 show ent, the Medical Examiner must be notified at e. Completed by Funeral Director	134 Hopkins Road	ı			10f. Zip	212				. Citizen of V	State	es
E S	11. Maritel Status	12. Was Deceden Apped Forces	?	13. W	/as Deced Yes, speci	ent of F ify Cubi	lispanic Origir an, Mexican, I	n? (Specify Yes Puerto Rican, e	or No-		<ul> <li>Americ</li> <li>k, White,</li> </ul>	an Indian, etc.
Ename Laure I by F	1 ☐ Never Married 3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 ☐ It Yes, Give Year or Dates:	TET TT	1	□ Yes 2	No	Specify:			Specify	W	ite
Mental Hygiene. rked other than "natural;, titic event, the Modical Exo To Be Completed by	15. Decedent's (Specify only highest g			16a. Decede	ent's Usua aind of wor ONOT us	k done	during most o	of working	16	b. Kind ot Bu	siness/Inc	dustry
f Health and Mental Hygiene. tem 27 is marked other than other treumatic event, the M To Be Comp	Elementary/Secondary (0-12)	College (1-4or	5+)	Claim					I	nsurar	nce	
ent, ent,	17. Father's Name (First, Middle, Las	st)					18. Mother's	s Name (First, I	Aiddle, Mai	iden Sumam	e)	
lenta iked ic ev	William Vincent	Snarski					Felec	ia		Plon	ska	
and Mental and Mental and Mental and Mental and Mental	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailing	g Address	(Street	and Number	or Rural Route	Number, C	City or Town,	State, Zip	Code)
Health a sem 27 is other free	Stanley J. Snars	ski, Jr./So	n	500₺	Susse	ex F	Road T	lowson,	Mary!	Land 2	1286	
of Health fitem 27 r other tr	20a. Method of Disposition		0000	e of Dispos	ition (Nam	ne of ther pla	ce)	Date	200	c. Location -	City or To	wn, State
int: If its	1 XBuriel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec							5-2-9	8 Ti	imoniu	m, Ma	aryland
Department of Important: If it any injury or once.	21. Signature of Funeral Service Lic	ensee		M	litche	ell-	ss of Facility -Wiedef	eld Hon	ne, In	nc.		24.04.0
	23a. Part1. Enter the disease, or co	mplications that cause	d the death.	Do not ente	r the mode	YORK e of dyin	K Koad	Baltin ardiac or respira	nore,	Maryl	and .	Approximate
nysician	shock, or heart tailure. List on	ly one cause on each	ine.					•			i	Onset and Death
Medical	Immediate Cause (Finat	DI	10 C.	tra-	15	1	anco	cnor	na		1	10490
xaminer	disease or condition resulting in death)	a/	Due to (or a								1	Jul
وَ			200 10 (0									
ing physician and e as the burial-transit Medical Examiner	Sequentially list conditions,	b	Due to (or a	s a consequ	ienca of):							
ian a	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying										1	
he bi	Cause (Disease or injury that initieted events resulting in death) Last	С	Due to (or es	s e consequ	ence of):						1	
ling physician and se as the burial-transi											1	
		0							4			-
he ed for	Part II. Other significant conditions	contributing to death	out not resulti	ng in the un	derlying ca	suse giv	ven in Part I.	231	o. Did toba	cco use co	tribute to	the cause of dea
igned by the ettend be deteched for us by Physician									1 Yes	20 No	3 Pro	bably 4 Unkr
d by								240	. Was on a	sufopsy	24b. W	ere autopsy tindin
been shou									performa	d?	00	allabte prior to mpletion of cause death?
page 2 should Completed										-2		
		_							1 ☐ Yes	21.WMD	31	Yes 20 No
medor Be	25. Was case referred to fiedical examiner?	Hospital: , ma			ef7.no	Ott	nae:	d Death (Check		- e Clos		4
To To	27. Manner of Death	28a. Date of Inj	ury 28	VOutpatient 3b. Time of	7.10	M	4 C Min	ing Home 50 28d. De	Contractor of Contractor	injury occur	all the later and the later had	77
	1 DNaturat 5 □ Pending	(Month, D	ay Year)	Injury	М	8c. Inju Wo 1 □	rk? ∣Yes 2. No	0				
			iun - At hom	e. farm. stre	et, factory	, office		28f. Loc City	ation (Street or Town, S	et and Numb State)	er or Rura	Il Route Number,
ther death, Director: After the In by the funera artification:	2 Accident investigati 3 Sulcide 6 Could not 4 Homicide determine	289. Place of it	tc. (Specify)	-,								
ther death, Director: After the tring to by the funeral trings artification:	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	building, e	of my knowle	edge, death	occurred 8	at the ti	me, date and	placa, and due	to the caus	se(s) and ma	nner as s	tated.
ther death, Director: After the tring to by the funeral trings artification:	2 Accident investigation of the could not determine 29a. Certifier (Check only one) investigation investin investigation investigation investigation investigation investi	building, e	of my knowle	edge, death	occurred a	in my o	opinion, death	placa, and due occurred at the	time, date	and place,	and due to	the cause(s)
at Directors After it and in by the funera and in by the funera Certification:	2 Accident investigation inves	Physician: To the best	of my knowle	edge, death	occurred a estigation,	Licens	se number	occurred at the	time, date	and placa,	and due to	Day, Year)
ther death, Director: After the tring to by the funeral trings artification:	2 Accident investigation of the could not determine 29a. Certifier (Check only one) investigation investin investigation investigation investigation investigation investi	Physician: To the best	of my knowle	edge, death	occurred a estigation,	Licens	opinion, death	occurred at the	time, date	and place,	and due to	Day, Year)
ther death, Director: After the tring to by the funeral trings artification:	2 Accident 3 Sulcide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of titles	Physician: To the best	of my knowled of examination tated.	odge, death n and/or invi	occurred a estigation,	Licens	se number	occurred at the	time, date	and placa,	and due to	Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Date of Death Month **Physician** m, 3.50 4c. County of Death 1AY LUR ONROY 25 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street and number) **Examiner** BALFINER Hospital Center ORHWEST anoal/shown 6. Sex 1 M 2 F If Undar 1 Yaar | if Under 24 Hra. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) Days Hours 92-114 Yrs Director 75 AMAICA Usual Residence of Decedent the Menyland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits pernit. Peges 1 and 2 should be filed within 72 hours effer death with the Meryla. Department of Heelth end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28s4 show any injury or other treumetic event, the Medical Examiner insust to not filed at Yes 2□No BALTIMBIE Director Mary land 10f. Zip Code 10g. Citizan of What Country? 21215 KUBIN 5511 JAMAICA, W. I. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yas, Give Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 Never Married Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Dlock p 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highast grada completed) 16b. Kind of Buainass/Industry MEDICAL Elamantary/Secondary (0-12) Collega (1-4or 5+) Electrician YEATS 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Violet AAL LOW EUBENO 19a. Informant's Name/Relationship Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorotter Boltmare, ded 21215 RUBIN laylow AUG 6511 20b. Place of Disposition (Name of cametary, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Spacify) 4/30/90 Cremptonia recount 22, Name and Addrass of Facility CHATUM-HARVIS 21. Signature of Funeral Service Licensee 23a. Part1. Enter the displace. Or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervel Batween Onsat and Death **Physician** /Medical · malignant fmmedlate Cause (Final archythma disease or condition resulting in death) Examiner Due to (or as a consequance of) attending physician and for use es the buriel-transit Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? been signed by should be detec 1 ☐ Yes 2 ☐ No 3 Probably 45 Unknown by 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ No certificate Attending Physicien: 25. Was casa referred to medical axaminar? Be 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 Sinpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Dascribe how Injury occurred Certification: After 5 Pending Investigation Natural Accident or Attending efter death. 1 ☐ Yas 2 ☐ No in by the 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At homa, farm, atreet, factory, office building, etc. (Specify) 4 I Homicide To the Hospital of Withing 24 hours of to the Euneral Dicompletely filled in fst Certifying Physician: To the best of my knowledge, death occurred at tha time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and dua to the cause(s) and manner stated. edicai 29a. Certifier 29b. Signature and title of cartifier 29c. Licanse number 29d. Date signed (Month, Day, Year) mella mo 120h

MORTHWEST HUSPITHS

CENTER

MUM

State Registrar

30. Name and address of person who complated cause of death (ftern 23a) (Type, Print)

BUNDER

1998

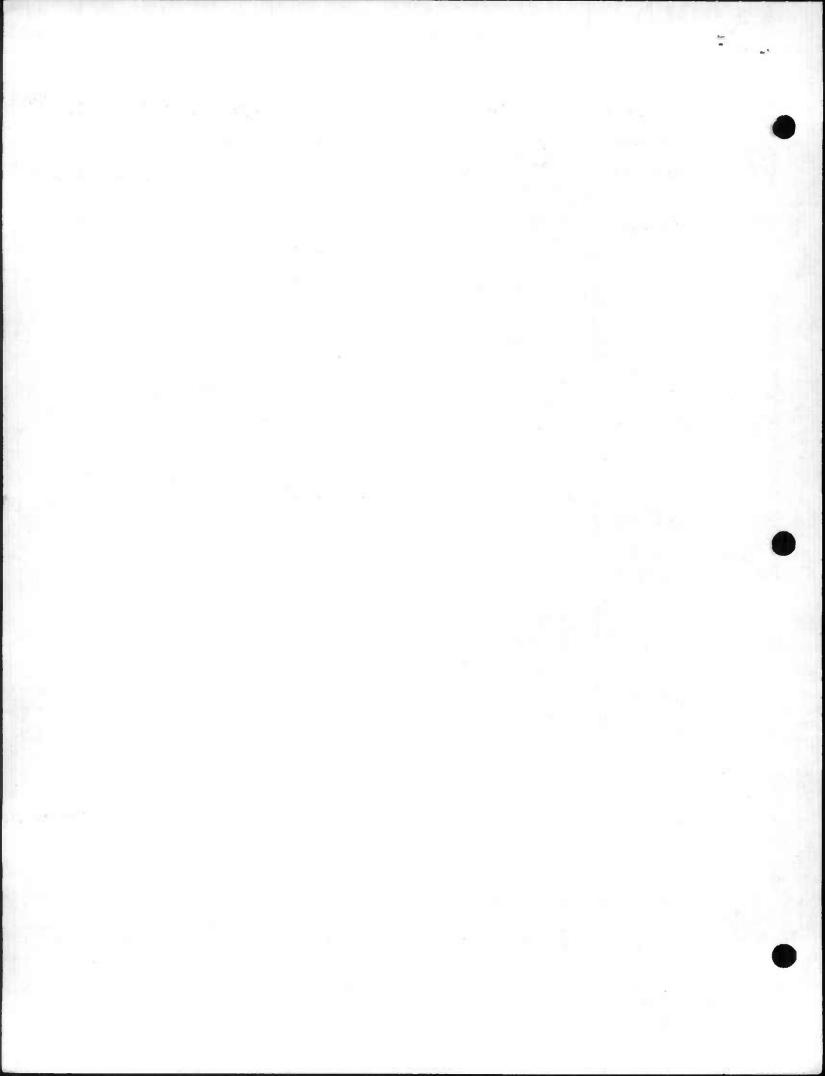
31. Date filed (Month, Day, Year)

MAY 01

MEHTA

32. Registrar's Signature

Julia Davidson-Randelle



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

P 41. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	 	Ĭ
Certificate	Reg. N	3

Physician	
/Medical	
Examiner	

**Funeral Director** 

2 iner must be n than "natural", or Item the Medical Examiner Hygiene. permit. Pages 1 and 2 should be file Department of Heath and Mental Hy Important: If iten 27 is marked other any Injury or other traumatic event

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician end the buriel-transit The law requires that the death certificate be executed 50 esn signed l pege 2 certificate

P.O. Box 68760, Division of Vital Records, Hospital or Attending Physician: 24 hours efter deeth.

Funeral Director: After this certifica filled in by • Funeral To the Hosp within 24 hor To the Fune completely fi

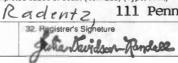
1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth BILLY RAY TOLBERT. SR. 09:10 AM APRIL 27, 1998 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth ROSEDALE FRANKLIN SQUARE HOSPITAL BALTIMORE | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | DE (Month Pey 1 Year) | 8 5. Social Security Number Birthplace (State or Foreign Country)
 VIRGINIA 7. Age (In yrs. last birthdey) 6. Sex 59 225-48-1356 Yrs. Usuel Residenca of Decedent 10e State 10h County 10c. City. Town or Location 10d. Inside City Limits HARFORD EDGEWOOD 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1909 CHIPPER DRIVE 21040 U.S.A. Funeral 14. Rece - American Indian, Bleck, White, etc. 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: WHITE by 3 ☐ Widowed 4 K Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER R & E HAULING 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be CLARENCE WILLIAM TOLBERT KEMP GENEVA HAVENS 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) BILLY RAY TOLBERT, JR./son 911 S. BOULDIN STREET BALTIMORE, MARYLAND 21224 20b. Plece of Disposition (Name of cametery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ Removal from State DULANEY VALLEY MEMORIAL 5/1/98 BALTIMORE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22 Name and Address of Eacility INC. FUNERAL HOME se 700 S. CONKLING STREET BALTO. MD 21224 23a. Pent1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth Immediate Cause (Final Circhosis disease or condition resulting in deeth) Due to (or es e consequence of): Examiner hronic alcoholism Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequenca of): Physician/Medical Due to (or es e consequence of): Pert It. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Probable Pancreatic Cancer à 24b. Were eutopsy findings evailable prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? Limited 1 Yes 2 □ No 17 Yes 2 No 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Yes 2 No Hospitel: 1 Inpetient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Placa of fnjury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) end menner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) APRIL 28, 1998 OCMF.

State Registrar

0

Stephen

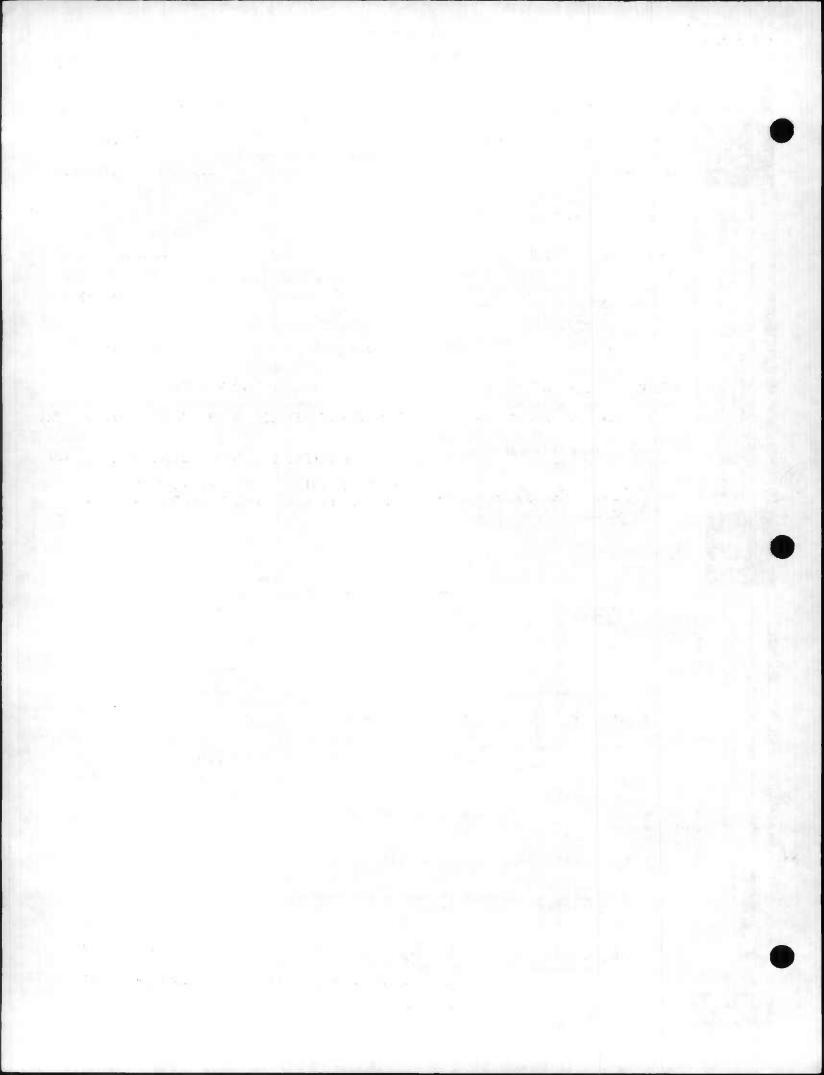
31. Dete filed (Month, Day, Year)



111 Penn Street, Baltimore, Maryland 21201

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

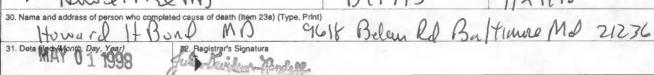
5.

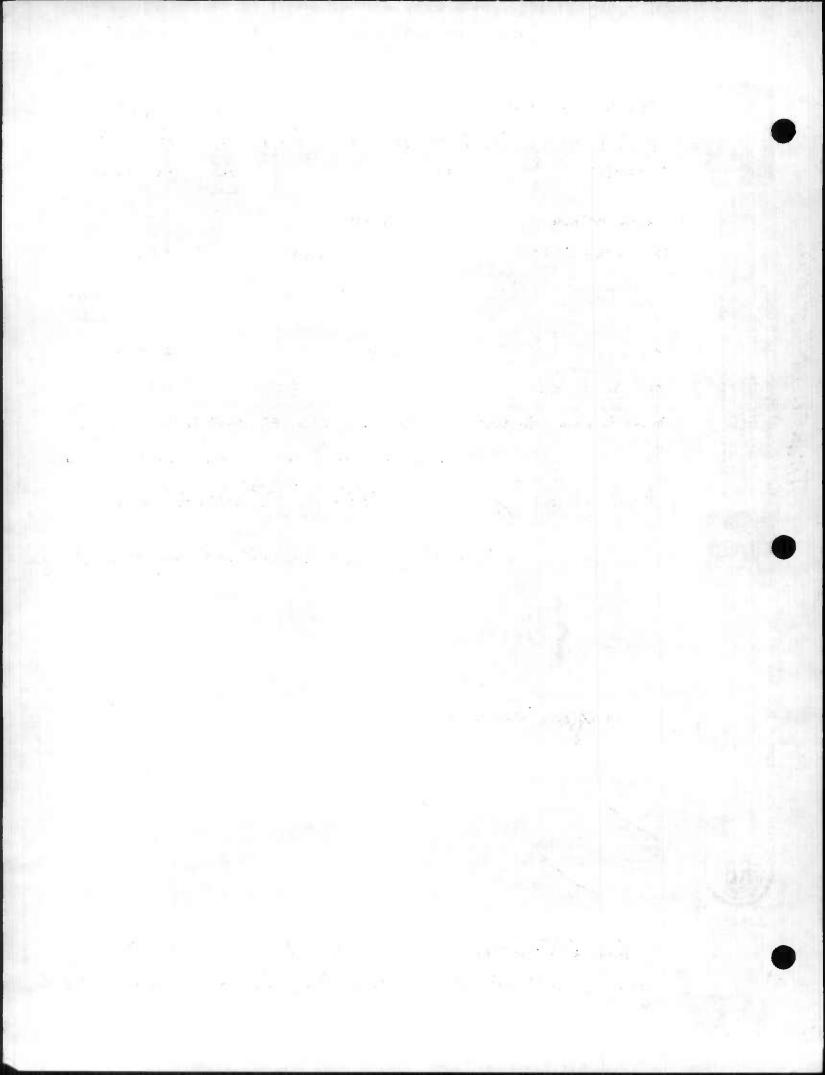


				Otato of It	viai y lai lu			Health and f Death	i mornar riy	Reg. No.9 8	136	78
	1. Deced	ent's Nan	na (First, Middla, La	est)		Ooran	route of	Dour	2. Data of D		3.	Tima of Death
Physician		Richa	rd L.	Tasker					AMonth.	28 10	198 6	2:52 pm
/Medical Examiner	4a Canill	ty Name (	(If not institution, giv	e street and numbe	or) - [	0	1 -	4b. City, Town, o	or Location of Dea	th 4c. County	of Death	T. Corpi.
	Fra	nkli	IN Squa	are Hos	spital	Cent	ter	KOSE	edale	150	ltime	de
Funeral		Sacurity 1 - 34 - 4		Sax 7. /	Aga (In yrs. las 59		Undar 1 Yaa onths Day		rs. 8. Data of Bi in. (Month, D	rth av, Year) 7,1938	9. Birthplaca (Country) MaryLav	(Stata or Foreign
Director			of Decedent		37				July 2	7,1750	margrar	ш
whow in	10a. Stat		10b. County		10c. City, 7	Town or Location	on				100	nside City Limits
be noticed	Mary.		Baltimo	re		Balti						☐ Yas 2 No
or Here 23s or 28s-f show camber must be notified at	10e. Stre	Dank	umber Lar Mill 1	Poad		1	Of. Zip Coda	21236		10g. Citizan of		
r tems 23a	70		Lat Mille 1	12. Was Deceder	nt Ever in II S	12 Was	Dacedent of	f Hispanic Origin?	(Specify Ves or N	U.S.A	e - Amarican In	dian
Flun	11. Marit		riad 2 Married	Armed Forces	s?	If Ya	s, specify Cu	uban, Mexican, Pu	erto Rican, atc.)		ck, Whita, etc.	
103	3 UV	Vidowed	4 Divorced	If Yas, Giva Yaar or Datas	s:	10	Yes 20 N	lo Spacify:		Specify	v: Whi	te
of, the Medical Exa		(Spe	15. Decedent's Ed			16a. Decadent'	's Usual Occ	cupation na during most of w ired)	vorking	16b. Kind of B	usinass/Industry	'
	Elema	ntery/Sec	ondary (0-12)	Collega (1-4o	or 5+)	Mana		ired)		Railro	nad	
event, me la		th grans	(First, Middla, Last,	)		Macraco	ger	18. Mothar's N	lama (First, Middle			
ic eve		hn t	1. Taske	r				Hazel	Ι. Ι.	Holmes		
raumatic event, the M traumatic event, the M To Be Comp	19a. info	rmant's N	lame/Ralationship (	Typa, Print)		19b. Mailing A	ddress (Stre	eet and Number or	Rural Routa Numi	bar, City or Town,	, State, Zip Code	a)
any injury or other tra	Be	etty	L. Byus	(sister)				illa, El	izabeth	Town, PA	17022	
or oth		hod of Dis Burial 2	sposition	Ramoval from Stat	ta cam	ca of Dispositionatary, cramato	ory or other p		Data		- City or Town, 5	
lury			5 ☐ Other (Specif		Mead	lowridg			5/1/98	Elkridg	se, Mary	lland
any injury	21. Sign	atura of F	uneral Sarvica Licer	nsaa Am		22. Na	chimul	drass of Facility nek Funer	ral Home,	Inc.		
	23a Pa	16 Polar	the diseases or com	lace of		9	705 B	elair Rd.	Raltin	anto MD	21236	
sician					ad the death	Do not entar th	na mode of d	tving such as pard	liac or raspiratory	arrast.		roximate
_	sho	ock, or had	art failura. List only	ona cause on aach	ad tha daath. i lina.	Do not entar th	na moda of d	dying, such es cerd	liac or raspiratory	arrast,	App	roximate rval Between at and Death
	Immedia	ita Causa or conditio	(Final			-	na moda of d	tying, such es cerd	liac or raspiratory	arrast,	App Intai Ons	rval Between
iner	Immedia disaase resulting	ita Causa	(Final		Due to (or e	-	na moda of d	Ohs tu	liac or raspiratory	arrast,	App Intai Ons	rval Between
ner	Immedia disaase resulting	ita Causa or conditio	(Final			-	na moda of d	tying, such es cerd	liac or raspiratory	arrast,	App Intai Ons	rval Between
iner xaminer	Immedia disaase resulting Sequant if any, le	ita Causa or condition in deeth)	(Final on on onditions, mmediata		OPD Due to (or e	-	na moda of d	tying, such es cerd	liac or raspiratory	arrast,	App Intai Ons	rval Between
iner Examiner	Immedia disaase resulting Sequant if any, le cause. I	ita Causa or condition in deeth) ially list condition ading to in Enter Und- Disaasa on ted avant	(Final on onditions, mmediata lerlying r injury is		Due to (or a	s a consequent	na mode of d	tying, such es cerd	liac or raspiratory	arrast,	App Intai Ons	rval Between
nal-transit ral-transit Examiner	Immedia disaase resulting Sequant if any, le cause. I	ita Causa or condition in deeth) ially list co ading to in Enter Und	(Final on onditions, mmediata lerlying r injury is		Due to (or a	S a consequen	na mode of d	tying, such es cerd	liac or raspiratory	arrast,	App Intai Ons	rval Between
rial-transit	Immedia disaase resulting Sequant if any, le cause. I	ita Causa or condition in deeth) ially list condition ading to in Enter Und- Disaasa on ted avant	(Final on onditions, mmediata lerlying r injury is		Due to (or a	s a consequent	na mode of d	tying, such es cerd	liac or raspiratory	arrast,	App Intai Ons	rval Between
clan/Medical Examiner	Immedia disaase resulting Sequant if any, le cause. I	ita Causa or conditi- in deeth) ially list co ading to in inter Und Disassa on ted avant in death)	onditions, mmediata lerly ing r injury is Last	b  c  d  contributing to death	Due to (or a Dua to (or a Dua to (or a but not resulting	s a consequents a consequents a consequents	na mode of d na mode of d nce of):	Ohs tue	iac or raspiratory	arrast,	App Intain Ons	et and Death
by the attanonty physicien and included for use as the burlet-transit and the standard for	Immedia disaase resulting Sequant if any, le cause. I Causa (I that initing rasulting	ita Causa or conditi- in deeth) ially list co ading to in inter Und Disassa on ted avant in death)	onditions, mmediata lerly ing r injury is Last	b  c  d  contributing to death	Due to (or a Dua to (or a Dua to (or a but not resulting	s a consequents a consequents a consequents	na mode of d na mode of d nce of):	Ohs tue	lac or raspiratory	Inuy De	Applintain Ons	et and Death
igned by the attanding physician and be deteched for use as the bunkt-transit by Physician/Medical Examiner	Immedia disaase resulting  Sequant if any, le cause, I cause, I that initie rasulting	ita Causa or conditi- in deeth) ially list co ading to in inter Und Disassa on ted avant in death)	onditions, mmediata lerly ing r injury is Last	a	Due to (or a Dua to (or a Dua to (or a but not resulting	s a consequents a consequents a consequents	na mode of d na mode of d nce of):	Ohs tue	23b. Dic	d tobacco uae co	Aconomic Aco	cause of death?
by Physician/Medical Examiner	Immedia disaase resulting  Sequant if any, le cause, I cause, I that initie rasulting	ita Causa or conditi- in deeth) ially list co ading to in inter Und Disassa on ted avant in death)	onditions, mmediata lerly ing r injury is Last	b  c  d  contributing to death	Due to (or a Dua to (or a Dua to (or a but not resulting	s a consequents a consequents a consequents	na mode of d na mode of d nce of):	Ohs tue	23b. Dic	d tobacco use co	Applintain Ons  Accur  Applintain on the application of the applicatio	cause of death?  4 Unknown  utopsy findings a prior to tion of causa
hes been signed by the attanding physicien and 59.2 should be deteched for use as the burat-transit 59.2 should be deteched for use as the burat-transit 59.2 should be deteched by Physician/Medical Examiner	Immedia disaase resulting  Sequant if any, le cause, I cause, I that initie rasulting	ita Causa or conditi- in deeth) ially list co ading to in inter Und Disassa on ted avant in death)	onditions, mmediata lerly ing r injury is Last	b  c  d  contributing to death	Due to (or a Dua to (or a Dua to (or a but not resulting	s a consequents a consequents a consequents	na mode of d na mode of d nce of):	Ohs tue	23b. Dic	d tobacco uae co	Applintation of the service of death	cause of death?  4 Unknown  utopsy findings a prior to tion of causa
mp 2 should be detected for use as the burst-transit unit with the property of	Immedia disaase resulting  Sequant if any, le cause. I Causa (I that initis rasulting)  Part II. O	ita Causa or condition in deeth) ially list or ading to is Enter Und Disease on Ited avant in death)	onditions, mmediata lerly ing r injury is Last	b  c  d  contributing to death	Due to (or a Dua to (or a Dua to (or a but not resulting	s a consequents a consequents a consequents	na mode of d na mode of d nce of):	Ohs tue	23b. Dic	d tobacco use colyes 2 No	Applintation of the service of death	cause of death?  4 Unknown  utopsy findings a prior to tion of causa?
To Be Completed by Physician Medical Examiner	Immedia disaase resulting  Sequant if any, le cause. If Cause (I that initie rasulting)  Part II. O	ita Causa or condition in deeth) ially list or ading to in- inter Undo lisaasa on tated avant in death) ther signi	onditions, mmediata lerying r injury ls Last	a	Due to (or a Dua t	s a consequent s a co	na mode of d  ca of):  ca of):  rlying causa	given in Part I.  26. Plece of E	23b. Dice 1 Check only 1 Peeth (Check only 1 P	d tobacco use collyes 2 No san autopsy formad?	Applintation of the second of death of the second of the s	cause of death?  4 Unknown  utopsy findings a prior to tion of causa?
It denotificate has been signed by the attanding physicien and the standing physicien and the standing physicien and the standing physicien and the standing physician Medical Examiner	Immedia disaase resulting  Sequant if any, le cause. If Cause (I that initie rasulting)  Part II. O	ita Causa or condition in deeth) ially list or ading to in- inter Undo lisaasa on tated avant in death)	onditions, mmediata erry lng r injury is Last	a	Due to (or a Dua t	s a consequents a consequents a consequent s a cons	ace of):  ca of):  rlying causa	given In Part I.  26. Plece of E Other: 4   Nursing	23b. Dice 1 Check only 1 Peeth (Check only 1 P	d tobacco use collyes 2 No	Applintation of the second of death of the second of the s	cause of death?  4 Unknown  utopsy findings a prior to tion of causa?
To Be Completed by Physician Framiner	Immedia disaase resulting  Sequant if any, le cause. If Cause (I that initie rasulting)  Part II. O	ita Causa or conditi- in deeth) ially list or ading to in- inter Undo Disaasa on atted awant in death) ther signi	onditions, mmediata envirage injury is Last	a	Due to (or a Dua t	s a consequents a consequents a consequent s a cons	ace of):  ca of):  rlying causa  DOA  28c. In W  1	givan In Part I.  26. Plece of I Other: 4 Nursing injury et Vork?	23b. Did 23b. Did 24a. Wa par  1 □  Deeth (Check only g Homa 5 □ Res 28d. Dascribe	d tobacco use colly yes 2 No s an autopsy formad?  Yas 2 No cone) sidenca 6 Otto	Applintation of the state of th	cause of death?  4 Unknown  ulopsy findings a prior to tion of causa 1?  s 2 No
The first linear freedor, page 2 should be deteched for use as the burst-transit and transit and trans	Immedia disaase resulting  Sequant if any, le cause. I Causa (I that initis rasulting  25. Was exam  1 1 2 1 3 1 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ially list or ading to in death)  ially list or ading to include the Undo lisease on atted avant in death)  ther significant or a significant in death)  case rafe increase or a significant or a	onditions, mmediata lerry Ing r injury Is Last liftcant conditiona	a	Due to (or a Dua t	s a consequents a consequents a consequent s a cons	ace of):  ca of):  rlying causa  DOA  28c. In W  1	givan In Part I.  26. Plece of I Other: 4 Nursing injury et Vork?	23b. Dice 1 24a. Wa par 1 Deeth (Check only g Homa 5 Res 28d. Dascribe 28f. Location 28f. Location	d tobacco use collyes 2 No san autopsy formad?	Applintation of the state of th	cause of death?  4 Unknown  ulopsy findings a prior to tion of causa 1?  s 2 No
Certification: To Be Completed by Physician/Medical Examiner	Immedia disaase resulting  Sequant if any, le cause, I causa (I that initis rasulting)  Part II. O	casa rafa langer	onditions, mmediata environ injury is Last inflicant conditions of the conditions of	b	Due to (or a  Dua to (or a  Dua to (or a  Dua to (or a  Dua to (or a  Dua to (or a  Dua to (or a)	s a consequent s a co	ace of):  ca of):  ca of):  rlying causa  DOA  A  fectory, office	givan In Part I.  26. Plece of I  Other: 4   Nursing injury et Vork?   Yas 2   No	23b. Die 23b. Die 24a. Wa par  1 Deeth (Check only g Homa 5 🗆 Res 28d. Dascribe 28f. Location City or Tr	d tobacco use co	Applintation of the second of	cause of death?  death of death of death?  death of death of death?  death of death of death?  death of death of death?  death of death
Finance of the trial catificate has been signed by the attanding physician and the trial t	Immedia disaase resulting  Sequant if any, le cause. I Causa (I that initia rasulting  25. Was exam  1 1 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1	ially list coading to indeeth) ially list coading to indeeth) ially list coading to indeeth in	onditions, mmediata environ injury is Last inflicant conditions of the conditions of	b	Due to (or a Dua t	s a consequent s a co	ace of):  ca of):  ca of):  rlying causa  DOA  A  fectory, office	givan In Part I.  26. Plece of I  Other: 4   Nursing injury et Vork?   Yas 2   No	23b. Die 23b. Die 24a. Wa par  1 Deeth (Check only g Homa 5 🗆 Res 28d. Dascribe 28f. Location City or Tr	d tobacco use co	Applintation of the second of	cause of death?  death of death of death?  death of death of death?  death of death of death?  death of death of death?  death of death
Interpretors that certificate has been signed by the attanding physicial control of the lune at the burner of the property of	Immedia disaase resulting  Sequant if any, le cause. If Cause (I that initis rasulting)  25. Was exam 1 1 27. Menr 1 2 4 1 1 2 1 4 1 1 2 1 4 1 1 2 1 4 1 1 2 1 4 1 1 2 1 4 1 1 2 1 4 1 1 2 1 4 1 1 2 1 4 1 1 1 2 1 4 1 1 1 2 1 4 1 1 1 1	casa rafa ininer?  casa rafa ininer?  casa rafa ininer?  casa rafa ininer?  casa rafa ininer?  casa rafa ininer?	onditions, mmediata environ injury is Last inflicant conditions of the conditions of	b	Due to (or a Dua t	s a consequent s a co	a mode of d  ace of):  ca of):  ca of):  rlying causa  28c. In  W  1  fectory, office  curred et the igetion, in my	givan In Part I.  26. Plece of I  Other: 4   Nursing injury et Vork?   Yas 2   No	23b. Die 23b. Die 24a. Wa par  1 Deeth (Check only g Homa 5 🗆 Res 28d. Dascribe 28f. Location City or Tr	d tobacco use colly yes 2 No s an autopsy formad?  Yas 2 No cone) sidenca 6 Ott how injury occur (Street and Num. own, Stata) a causa(s) and m	Applintation of the second of	cause of death?  d Unknown  ulopsy findings a prior to tion of causa 1?  s 2 No

State

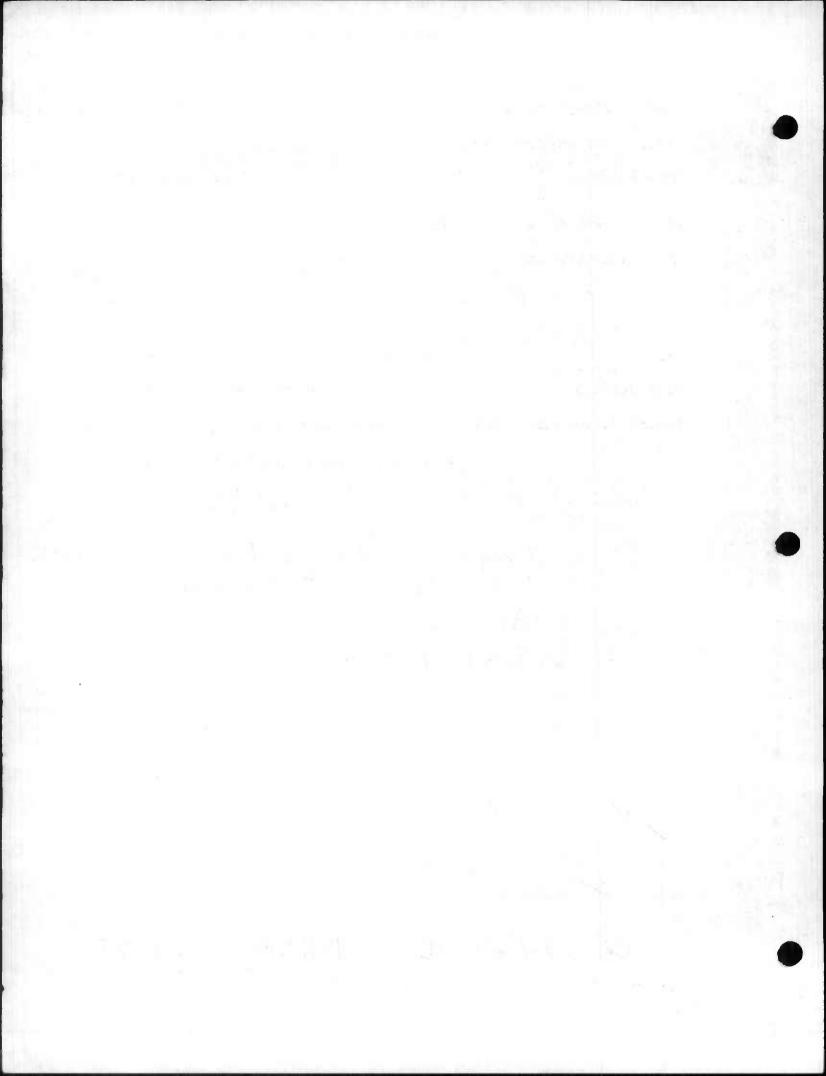
Registrar





# Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

				laryland / Dep <i>Ce</i>	ertificate of		Reg	j. No.	3619
Physic /Medi		Decedent's Name (First, Middle, Louis Anthony					2. Dete of Deeth Month April 2	Dey 1998	3. Tim f = th
Examine Funeral Director		069-12-4686	edical Cen		Months Deys		8. Data of Birth (Month, Dey, Y	Anne Arur  Anne Bin  (ear)  9. Bin  Co  3, 1916 Nev	ndel hplece (Stete or Foreig
show		Usual Residence of Decedent  10a. Stata 10b. County		10c. City, Town or L	ocation				10d. Inside City Limit
with the Maryler to or 28a-f show	Director	MD Anne A	cundel	Shady Sic	10f. Zip Code		100	. Citizan of What Co	1 ☐ Yes 2ÔXN
eth with	rai Di	1516 Cedarhurst		Щ	20764		τ	JSA	
72 hours efter deeth with the Maryland naturel', or items 23s or 28s-f show dicel Examiner must be notified at	by Funeral	11. Maritel Stetus  1 □ Nevar Married 2 ② Married  3 □ Widowed 4 □ Divorced	FVes Give	?	Was Decedent of If Yes, specify Cub  1 ☐ Yes 2 ☐ No	Hispanic Origin? (Sp pan, Mexican, Puerto Specify:	pecify Yas or No- o Rican, etc.)	14. Race - Ame Bleck, Whit Specify: [n	
within ene. than "	Completed	15. Decedent's (Specify only highest of Elementary/Secondery (0-12)	Education trada completed) College (1-4or	(Give	DO NOT use retire	during most of work	king	Sb. Kind of Business	
od la bo	To Be	17. Fathar's Name (First, Middle, La. Vito Tummillo	st)				ne <i>(First, Middle, Me</i> n Marie Tr		
N 0 0 2		19e. Informent's Name/Relationship				t end Number or Ru	ral Route Number, C	City or Town, Stete, 2	
ages 1 end 3 ent of Health it: If frem 27 i		Dorothy E. Tumm:  20e. Method of Disposition  1 Marial 2 Cremation 3  4 Donetion 5 Other (Special Control of Special Control of Control o	☐Removei from State	20b. Plece of Disposemetery, cre	osition (Name of metory or other ple	eca)	Date 20	de, MD 20 c. Location - City or	Town, Stete
permit. Page Department of Important: If i any injury or once.		21. Signeture of Euneral Service Lie  22. Pert1. Entar tha disease and coshock, or heart feillura. List on	0000 // /	// 2	2. Nama and Addr	W Funoral	Homo D	ownsville A.	
deeth certificate be executed  We altending physician and a for use as the buriel-transit  Afor use as the buriel-transit	n/Medical Examiner	Immediate Causa (Finel disease or condition resulting In deeth)  Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting In death) Lest	. Corg. Meta	Due to (or es e conse	Hear Prostu quence of):				Intervel Between Onset end Deeth
the d	Physician/M	Part II. Other significant conditiona	contributing to death I	out not resulting in the u	underlying cause gi	iven in Part I.		. /	to the causa of death
e law requires hes been sign ge 2 should be	Completed by Pt						1 ☐ Yes  24e. Wes en operforme	eutopsy 24b.	Were eutopsy findings eveileble prior to complation of causa of death?
Physician: The this certificate ral director, pag	To Be (	25. Wes case referred to medical examiner?  1 Yes 2 No	Hospital:	ent 2 ER/Outpatie	nt 3 DOA Ot	hor	th (Check only one)		
Rending Physician: deay. mor: After this certific y the funeral director,	Certification: T	27. Manner of Deeth  1 Whaturel 5 Pending 2 Accident Invastigeti	28e. Dete of Inju (Month, De		of 28c. inju	ry et ork?  Yes 2 No	28d. Describe how	ce 6 □Other (Spe injury occurred	city)
S - Z D		3 ☐ Suicide 6 ☐ Could not determine	d 286. Piece of in building, e	jury - At home, farm, st c. (Specify)			City or Town, :		
To the Hepphalae within 24 Heurs atte	edical	29e. Certifier (Check only one)  1 Cartifying F 2 Medical Exe	hyalcian: To the best minar: On the basis o end manner st	of my knowiedge, deet of examination and/or in lated.	h occurred et the ti vestigation, in my	ime, date and piece, opinion, deeth occur	end due to the ceu- rred at the time, dete	se(s) end menner es e and place, and due	steted. to the cause(s)
To the within To the Comp	Me	29b. Signatura and title of certifier	m/Kall	e sud	29c. Licen	412.16	L	1. Data signed (Mont) 1-30-72	8
		30. Name and address of person who	completed cause of	deeth (Item 23a) (Type,	Print) + West	- St. e	Anna poi	lis, Md	?e
Sta Registr		31. Dete flied (Month, Dey, Year) MAY 0 1 199	32. Regist	rar's Signetura  Davidson-Ran	dell		1		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 3. Time of Death 1. Decedent's Nama (First, Middle, Last) Dete of Death **Physician** STEPHEN VERONICK TUTI /Medical 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street and number) 4c. County of Death **Examiner** TOWSON BALTIMORE GILCRIST CENTER If Undar 1 Yaar 8. Data of Birth (Month, Day, Nov • 28 Birthplaca (State or Foreign Country)
 PA 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1**X**) M 2□ F Months Deys Hours 74 Yrs 208-16-5234 Director Usual Rasidanca of Decedant with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits Itsm 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, the Medical Examinar must be notified at Md. Baltimore Nottingham 1 ☐ Yas 2X No Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3901 Hannon Court 21236 USA permit. Pages 1 and 2 should be filed within 72 hours after death begartment of Health and Mental Hygiene. Important: If Itsm 27 Is marked other than "natural", or Items 23. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-ff Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian. Black, Whita, atc. 1X Yes 2 □ No ff Yas, Giva Yaar or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White þ 3 ☐ Widowed 4 Divorcad Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Longshoreman Timekeeper 12th 18. Mothar's Nama (First, Middle, Maiden Surname) 17. Fathar's Neme (First, Middle, Last) Nicholas Veronick Mary Pratco P 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. fnformant's Name/Ralationship (Type, Print) 3901 Hannon Court Baltimore MD. 21236 C.Jay Boyce/friend 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramovel from State 4 Donation 5 Other (Specify) any Injury or o Oak Lawn Cemetery 5/2/98 Baltimore Md. 22. Name and Addrass of Facility 21. Signatura of Funeral Service Licenses Connelly Funeral Home of Essex plications that causad that ona causa on aach lina. 23a. Part1. Enter ha disaesa, or complishock, or haart failura. List only or Do not enter ma mode of dying. Such as cardiac of respiratory arest. 21221 Approximata Intarval Batween Onset and Deeth Physician stage Obstructive lung desease Immediata Causa (Final diseasa or condition rasulting In daath) /Medical **Examiner** Examiner requires that the death certificate be executed Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasuiting in daath) Last Dua to (or as a consequence of): Physician/Medical Due to (or as a consequence of): ergnich 23b. Did tobacco use contributa to the cause of death? Part ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 3 Probably 4 Unknown 1 Yes 2 No disease Completed by 24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy hes 1 ☐ Yas 2 ☐ No 1 Yas 2 No certificate Be 25. Was casa rafarrad to medical axaminar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) OL 1□ Yes 25 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28c. Injury et Work? 28d. Dascribe how Injury occurred 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of Certification: After 1 Natural
2 Accidant 5 Panding s after death. 1 Yas 2 No investigation 6 Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 4 Homicida Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier Medical within 24 hor To the Fune completely fi (Check only one) To the 29b. Signature and title of certif 29d. Data signed (Month, Day, Year) 29c. Licansa number usa of death (Itani 2%) (Type, Print)

6701

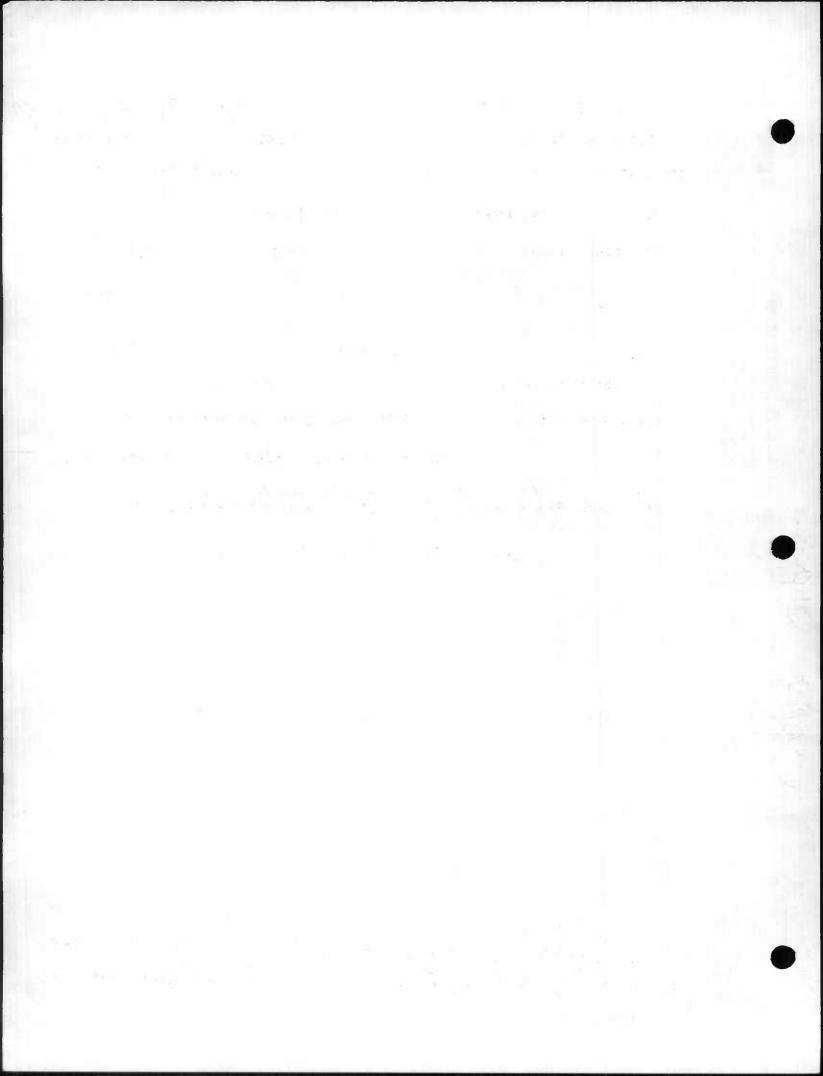
32. Registrar's Signatura

100

MAY 0 1 1998

1. Charles St.

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle 2. Date of Deeth Month **Physician** /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of D Examiner If Under 24 Hrs. 8 5. Social Security Number If Under 1 Year 6. Sex 8. Data **Funeral** 18 Months Days 1 M 2 X F **Director** the Meryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ehow traumatic event, the Medical Examiner must be notified at Baltimore 1 ☐ Yes 2 No Director Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò death with петв 23а Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 MNo If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritel Status Raca - American Indian, Bleck, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 6 1□Yes 2NNo ò Specify: White 3 Widowed 4 □ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT, use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) 8 yRS OM 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Be Hausmar 19a. Informant's Name/Ralationship (Type, Pnnt) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1 eanor 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete any injury or 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 8800 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heer failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediata Cause (Final disease or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed g physician and as the buriel-trens Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in daeth) Lest Records, P.O. Box 68760. Physician/Medical sequence of): ettending p is certificate hes been signed by the elificator, page 2 should be deteched is Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 Probably 454-Unknown Be Completed by 24b. Were autopsy findings evailable prior to completion of cause of daath? 24a. Was en autopsy performed? 1 ☐ Yes 2K No 1 ☐ Yes 2 ☑No of Vital or Attending Physician: 25. Was case referred to medical 26. Place of Death (Check only ona) Other: 1 Yas 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Homa 5 ☐ Residanca 6 ☐ Other (Specify) After this In by the funeral 27. Manner of Death 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred Division 1 Natural 5 Pending invastigation death. 1 Yes 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospitai Medical 1. Certifying Phyeician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2. Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Certifier completely (Check only one)

29c. License number

(Itam 23a) (Type, Print)

32. Registrar's Signatura

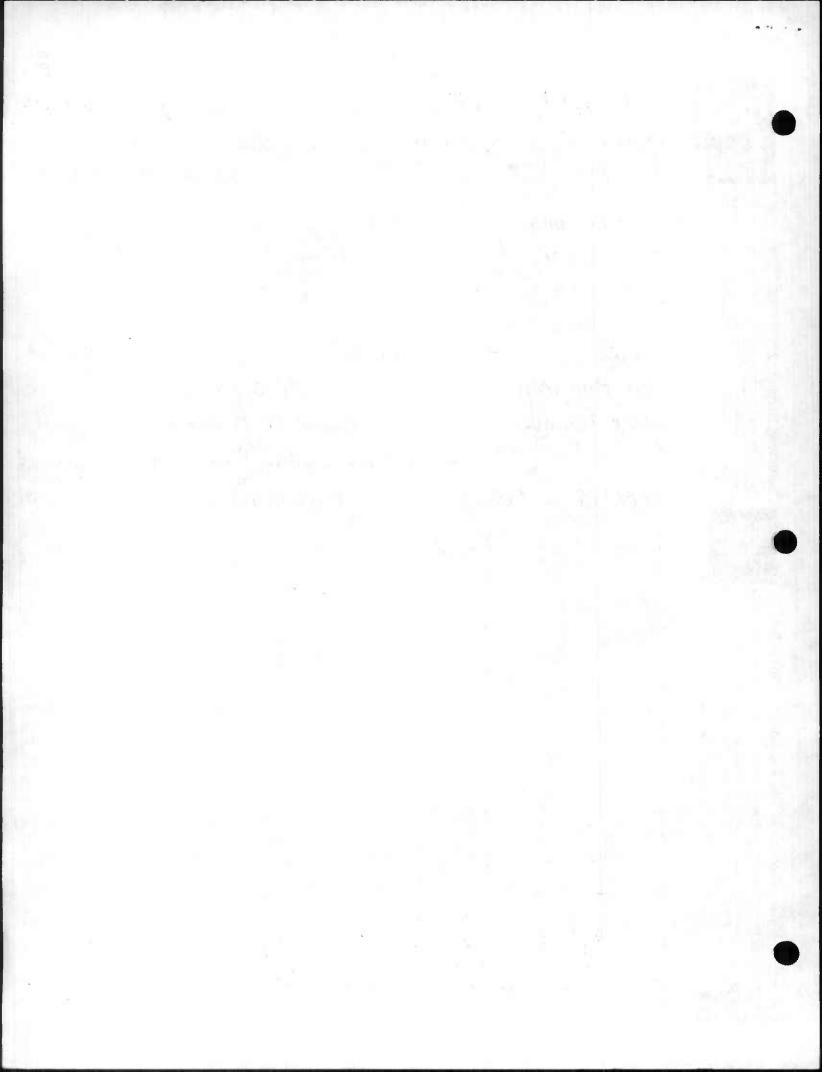
29d. Dete signed (Month, Day, Year)

State Registrar

29b. Signature and title of/cert

31. Date filed (Month, Day, Year)

30. Name and addrass of



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Deeth April 28, Day 1998 **Physician** Daniel Wilson Waldroop 12:00am /Medical 4e Facility Neme (If not institution, give street and number) Prince George General Hospital 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cheverly Prince George If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 408–50–1681 If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** M 2□ F Months Days 71 Yrs. May 17,1926 Tennessee Director Usual Residence of Dacedent the Maryland 19b. County 10c. City. Town or Location 10d Inside City Limits r 28a-f show Landover 1 Yes 2 No Prince George Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with Department of Health and Mental Hygiana. Important: if item 27 is marked other than "natural", or items 23a or any Injury or other traumatic event, the Modical Examples must be none. 2504 Markham Lane 20785 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 1942-50 Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 € No Specify: Specify: White by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elamantary/Secondary (0-12) Guard Security 18. Mothar's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Be Naboth E. Waldroop Emile Reynolds 20 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2504 Markham Lane, Landover, MD 20785 19a. Informant's Na*me/Relationship (Type, Print)* Erma Massey Waldroop—Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) Data 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Metro Crematory Baltimore, MD 4/29 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility 21. Signature of Funeral Service Licensee Hardesty Funeral Home, P.A. 23e. Part1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or haart failure. List only one cause on each line. Approximate Intarval Between Onset and Death Physician chronic obstructive pulmonery Leave Immediate Cause (Final disease or condition resulting In death) /Medical Examiner Dua to (or as a consequence of): Examiner physician and the burial-transit the death certificate be axecuted Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury that Initiated events resulting in daath) Last Dua to (or as a consequence of): ision of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of) 88 980 23b. Did tobacco use contribute to the cause of death? Part II. Other elgnificant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 1 2 100 2 No 3 Probably 4 Unknown Alcoholum by 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Completed certificate has b lirector, page 2 s 1 Yes 2 No 1 □ Yes 2 □ No Attending Physician: 25. Was cese referred to medical examiner? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 / Impatient 1 Yes 2 No 2 2 ER/Outpetient 3 DOA this funaral 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 27. Manner of Death 28b. Time of 28c. Injury at Work? Certification: 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) Hospital or At 24 hours after Funeral Direc 4 Homleida 12 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and due to tha ceusa(s) and manner as stated. 29a. Cartifier Medicai

State Registrar

24 Fur

0

31. Dete filed (Month, Day, Year)

(Check only one)

DON H.

29b. Signeture and title of certifier

32. Ragistrar's Signature Julia Savidson Bandace

MI

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

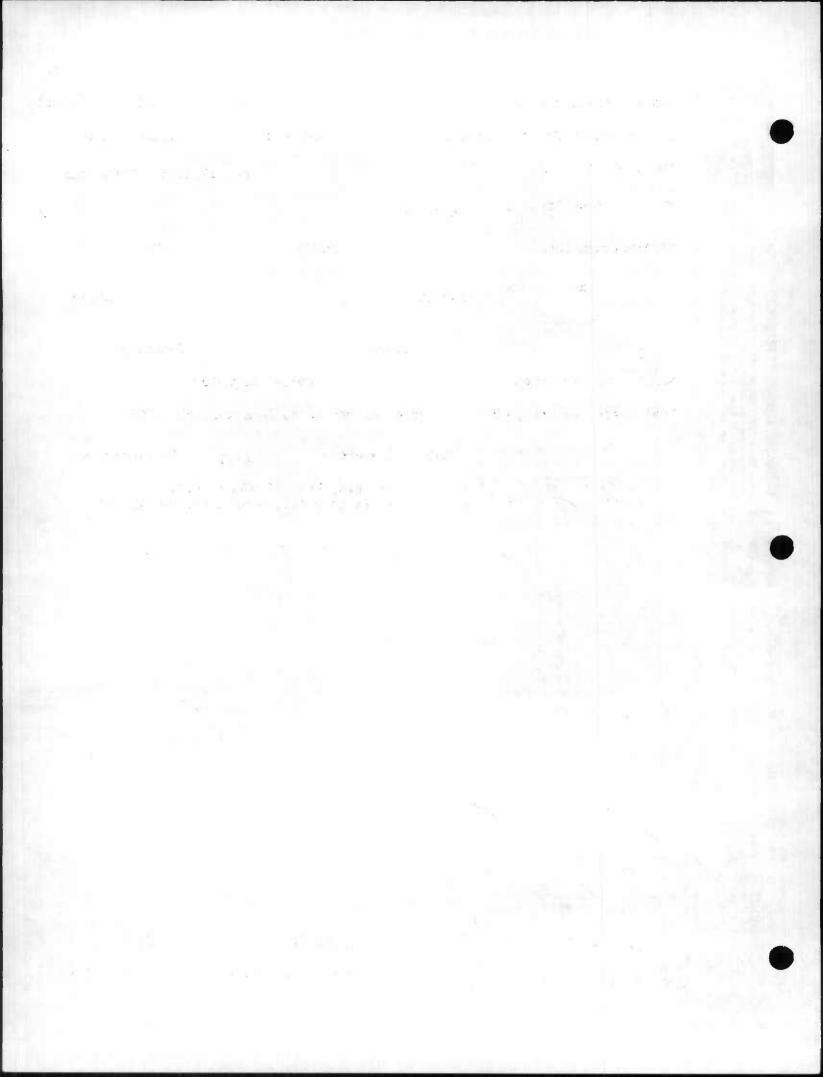
30. Name and address of person who complated causa of death (Item 23a) (Type, Print)

DON H. YASLONOVITC, NO 7YOY EXECUTIVE PL, HUOZ PERBRUSIC NO 2070 6

29c. License number

325079

29d. Date signed (Month, Day, Year)



98-2371-005 jhm **JASON** 

Baltimore, Maryland 21215-0020

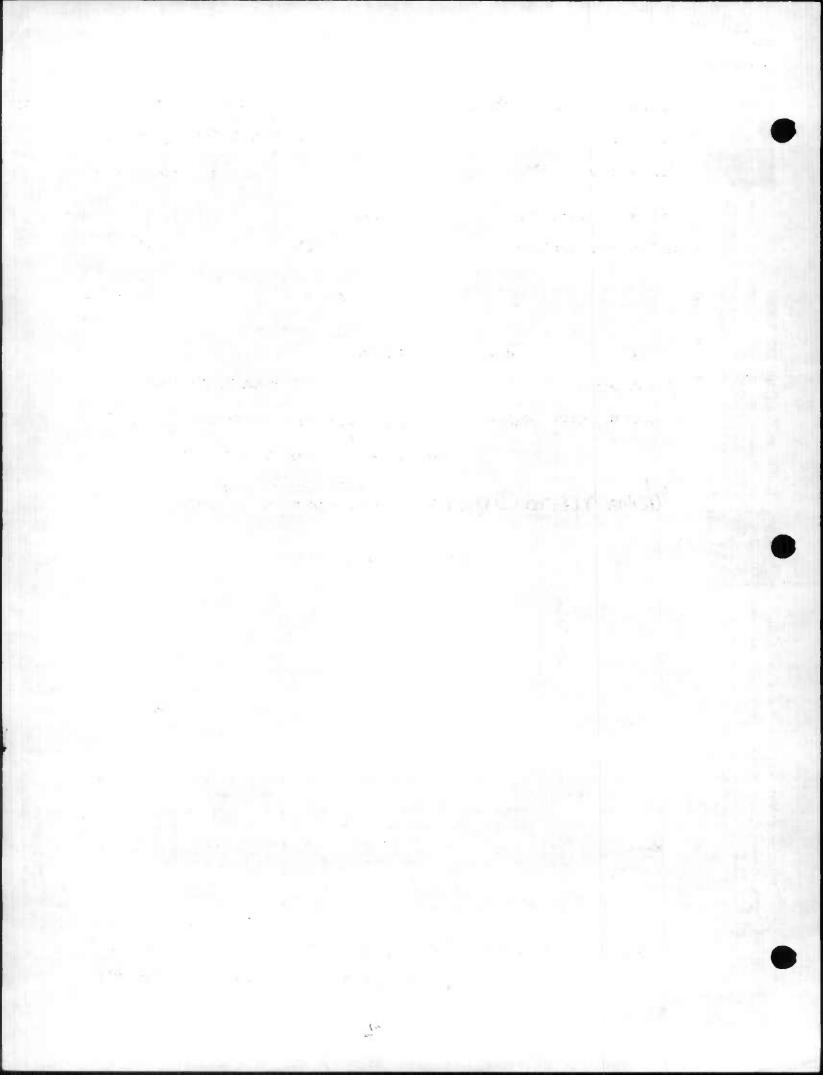
Division of Vital Records, P.O. Box 68760,

## Please Type or Print In Black Indelible ink. Assure All Copies Are Legible.

n SON WELLS	5	State of Marylan		partment of ertificate of			giene 98		3683	
	1. Decedent's Name (First, Middla, L	ast)	2. Dete of Dec	eth	3. Time of Deeth					
Physician	JASON D.	WELLS	APRIL 2	27, 1998	Year	21:16 PM				
/Medical Examiner	4a Facility Name (If not institution, g	A COMPANY OF THE PARTY OF THE P	Location of Death	ocation of Death 4c. County of Death						
Funeral Director	5. Sociel Security Number 6. 215-04-8747	Sex 7. Aga (In yrs.	lest birthda Yrs.	(y) If Under 1 Year Months Day		8. Dete of Birt (Month, De June 20	, 1981	leca (Steta or Foraign try) yland		
H show	Usuel Residence of Decedent  10a. Stete 10b. County  Maryland Balti	more 10c. Cit			11	0d. Inside City Limits 1 ☐ Yes ②\ONo				
nent of Health and Mental Hygiene. Int: If item 27 is marked other than "natural", or items 23s or 28s-f show int or other traumatic avent, the Medical Examiner must be notified at into or other traumatic avent, the Medical Examiner must be notified at Into or other traumatic avent, the Medical Examiner must be notified at Into or other traumatic avent.	10e. Street and Number 4049 Compass Run	Lane		10f. Zip Code	21074		10g. Citizen of W USA	het Coun	try?	
	11. Marital Stetus  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 1 No If Yes, Give Yaer or Detes:	,S. 1	3. Was Decedant of If Yes, specify Cu	Hispanic Orlgin? (S Iban, Mexican, Puerl Specify:	pecify Yas or No- o Rican, etc.)	Bleck	k, White,	marican Indian, /hite, etc. Vhite	
ygiene. Ner than "natural, the Medical.	15. Decedent's to (Specify only highest g	Education rade completed) College (1-4or 5+)	16e. Dec (Gi life	cedent's Usuel Occ va kind of work don DO NOT use reti	upetion a during most of wor red)	rking	16b. Kind of Bu	sinass/Inc	lustry	
Son Siene	10	N/A	S	tudent			N/A			
Mental Hy rked oth tic avent	17. Fethar's Nama (First, Middle, Las Jon W. Wells	t)			ne (First, Middle, ah D. Gl		Maiden Sumema) adkowski			
atth and N 27 is ma or trauma	19a. Informent's Neme/Raletionship Deborah D. Wells	Steta, Zip 210								
	20a. Method of Disposition Burial 2 Cremetion 3 4 Donetlon 5 Other (Spec		Date L-98							
hysician /Medical	21. Signatura of Funeral Sarvice Licensee  22. Name and Address of Fecility Lassahn Funeral Home 7401 Belair Rd. Baltimore, Md. 212 23a. Perii. Enter tha disease, or complications that cabed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Immediate Cause (Finel									
ixaminer e	disease or condition resulting in death)	b	es e cons	equence of):	ries					
physicials the burned edical	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest	cDue to (o								
at the death certified by the attending etached for use a Physician/M	Part II. Other significant conditions	contributing to deeth but not res	23b. Did tobacco usa contributa to the cause of death?							
been signed by the should be detached leted by Physic			1 Yes 22(No 3 Pe			pably 4 Unknown				
page 2 should l							en autopsy med?	eva	ere eutopsy findings hileble prior to ripletion of cause deeth?	
	25. Wes case referred to medical				00 Di ( D	157		1.5	Yas 2 No	
s certific director.	exeminer?	Hospitel: 1 Inpatient 2	ER/Outpat	ient 3 DOA	Mhan	oth <i>(Check only o</i> lome 5 ☐ Resid		r (Consid	4 COPPE	
eral d	27. Menner of Deeth	28e. Dete of Injury	28b. Tima	of 28c. In			now injury occurre		SCENE	
a the death.  I Director: After this certification by the tuneral director.  Certification: To Be	1 Neturel 5 Pending 2 XAccident investigati 3 Suicide 6 Could not determine	De Place of Injuny At he	Automobile accident 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 10722 York Roac							
edical Ce		hystolan: To the best of my knominer: On the bests of exemine and manner stated.	wiedge, de				ceuse(s) and me	nner as st		
W	29b. Signeture end title of cartifier	A Madis	M		nse number		29d. Dete signed			
	30. Name and address of person who				et, Balti	more, Ma	ryland :	2120		

State Registrar Stronen 5, 31. Dete filed (Month, Dey, Year) 0 1 1998

32. Registrer's Signeture who Twidson Randall



**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notified at

Directo

Funeral

à

death with the Merylend

filed within 72 hours efter

Hygiene.

permit. Pages 1 end 2 should be fite Department of Health end Mentel Hy Important: If Itam 27 is marked oths any Injury or other traumest

other

Baltimore, Maryland 21215-0020

attending physician and for use as the buriel-trans 98 ed by the a signed by t After this certificate has been si funeral director, page 2 should to Hospital or Attending PI n 24 hours efter death. The Funeral Director: After the Funeral Director of the funeral

the death certificete be executed

The law requires that

Physician:

Box 68760.

P.O.

Division of Vital Records,

Physician/Medical Examiner p Completed Be Certification: To

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Heate

			-			
	Chronic	Rena	failur	24a. Was an autopsy performed?	24b. Were autopsy finding evailable prior to completion of cause of deeth?	
	Dinbete	2			1□ Yes 2XNo	N/A 1 □ Yes 2 □ No
25.	. Wes case referred to medical			26. Place of	Death (Check only one)	
	examiner? 1 Yes 2 No	Hospitat: 1 Inpatient 2	☐ ER/Outpetient 3☐	ng Home 5 Residence 8 Ott	her (Specify)	
	Manner of Deeth  Neturel 5 Pending Accident investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury et Work? 1 🗆 Yes 2 🗆 No	28d. Describe how injury occu	rred
	3 Suicide 6 Could not determine		home, farm, street, fact cify)	28f. Location (Street and Num. City or Town, State)	ber or Rural Route Number,	
29	a Certifier 1 Certifying F	hyeicien: To the best of my kr	nowledge death occurr	ad at the time, date and n	lace, and due to the cause(s) and m	anner as stated

(Check only one)

| Check only one)

29b. Signature and title of pertifier Stoui

MrD.

29c. License number 28035 29d. Date signed (Month, Day, Year) April 15, 98

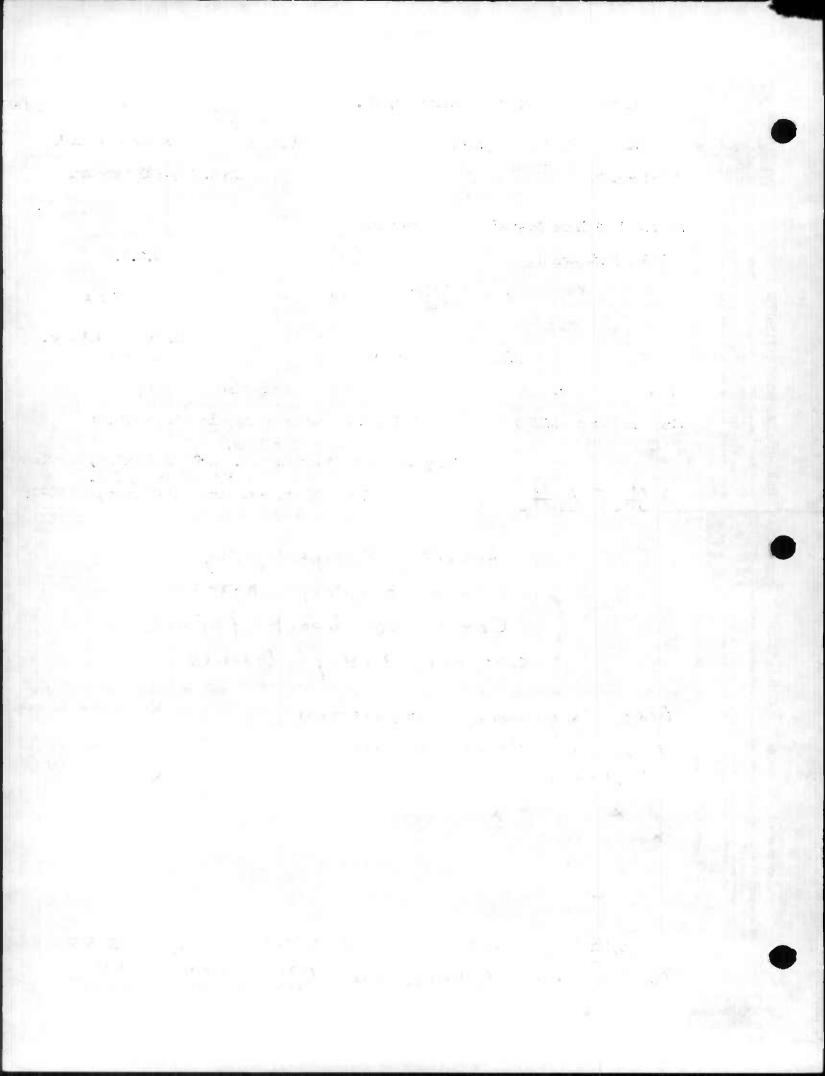
30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)
Basi'r man mad F. Kol)'a, MD.

9135 Pisrataway Rd. Minton, mp 20735

State Registra

31. Date filed (Month, Pay Year) 1998 32. Registrar's Signature your dawden harded

within 2



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth April 16, Day 1998 Clara Estelle Bryant 6:30 AM 4b. City, Town, or Location of Deeth 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Charles County Nursing Center Charles LaPlata If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Deys Hours Min. (Month, Dey, Oct 7, 7. Age (In yrs. last birthday) 9. Birthpiace (Stata or Foreign 1□M 2□xF 578 80 8411 Yrs Virginia Usuel Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☐ No Charles Waldorf 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4007 Brewster Lane 20601 United States 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 Never Memed 2 Married 1 ☐ Yes 2 ☐ No If Yas, Give XX Yeer or Detas: 1 ☐ Yes ZONo Specify: Specify: 3 XWidowed 4 ☐ Divorced White 18e. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) 6th College (1-4or 5+) Housewife Home Maker 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Melden Sumema) Horace P. Fitzgerald Clara S. Johnson 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Leonard R. Bryant (SON) 4007 Brewster Lane, Waldorf, Maryland 20601 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☐ Buriai XX Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Lee Crematory April 17, 1998 Clinton, Maryland 22. Nama and Addrass of Facility Lee Funeral Home, Inc 6633 Old 21. Signature of Funerel Service Lipper Alexandria Ferry Road, Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Betw Onset end Deeth immediete Ceuse (Finel disaesa or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yss 2 No 24b. Were autopsy findings avelleble prior to completion of cause of death? 24e. Wes an autopey parformed? 20 No 1 ☐ Yes 1 ☐ Yas 2 ☐ No

**Physician** /Medical **Examiner** 

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

r 28a-f show a notified at

ក់

Funeral

þ

Completed

Be

2

r than "natural", or items 23s or the Medical Examiner must be a

marked other

riportant: If item 27 ny injury or other tr

The Maryla

72 hours after

Pages 1 and 2 should be filed within

Baltimore,

and Mental

ъ

Estelle Dryon

Physician/Medical Examiner been signed by the attending physician and should be detached for use as the burial-transit ð certificate has t director, page 2 s Certification: To After this funeral after death.

Division of Vital Records.

Hospital or Attending Physician:

To the Hospital c within 24 hours at To the Funeral D completely filled

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Was cesa referred to medical axaminer? 1 Yes 2 No 27. Menner of Death

5 Pending investigetion 6 Could not be determined

APR 2 % 1998

28a. Dete of injury (Month, Day Year)

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. injury at Work? 1 ☐ Yes 2 ☐ No

Other: Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Plece of Deeth (Check only one)

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

29e. Certifler

1 Naturel

2 Accident

3 Sulcide

4 | Homicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner steted.

29b. Signatural and title of certific

29c. License number

29d. Dete eigned (Month, Dey, Year)

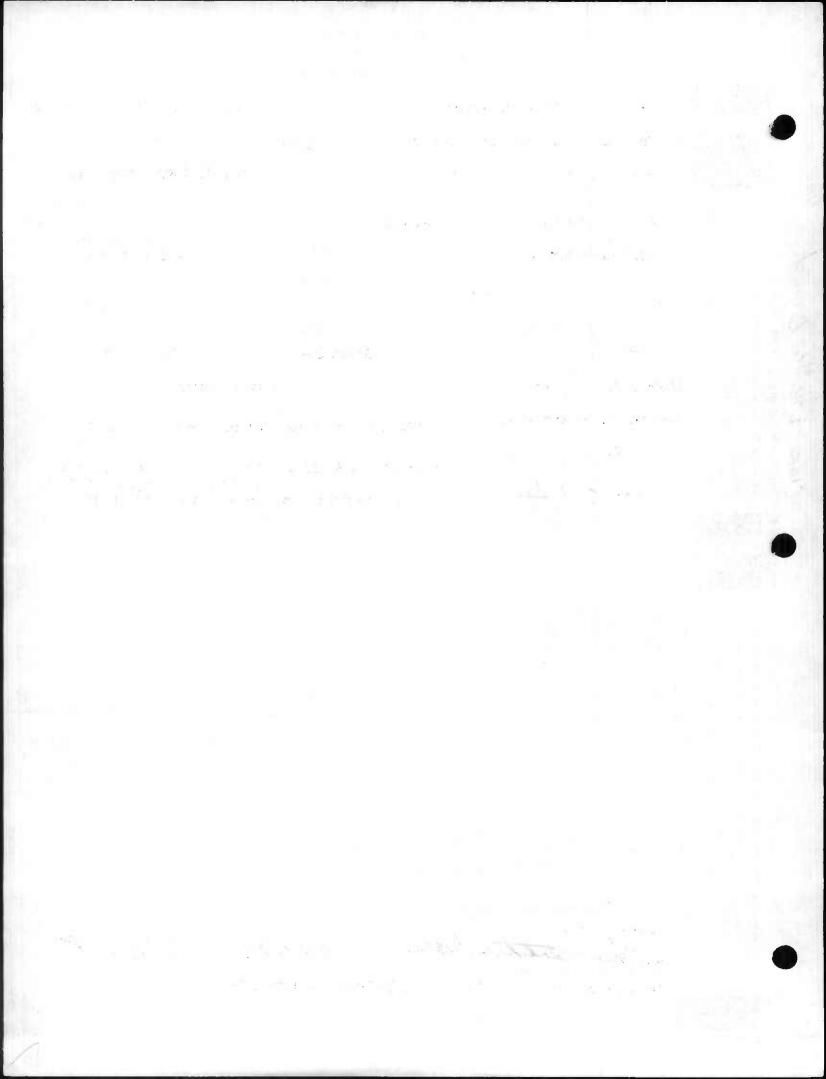
30. Nama and address of parson who completed cause of deeth (item 23e) (Type, Print)

10200 LaPlata Road, LaPlata , Md Paul Pritchett, M.D. 31. Date filed (Month, Dey, Year)

State Registrar

edicai

32. Registrer's Signeture Walin Davidson Randall



State of Maryland / Department of Health and Mental Hygiene 2 12505

					Cert	ificate	of L	Death			Reg. No.	100	000
		1. Decedent's Neme (First, Middle	Last)							Date of De	ath		. Time of Death
Physici		Aaron T. Bra	dlev.							Month ril 1	3, 1998	Year	3:25 PM
_/Medic		4a Facility Name (If not institution,					41	b. City, Town					
Examir	ner	The second secon						Clint				e Geor	ne's
		Southern Maryla 5. Social Sacurity Number		/Im uma	last birthday)	If Under 1	Vear 1	If Under 24		Date of Rid			(State or Foreign
Funeral			1.XX 2□ F		Yrs.		Days		Min.	Date of Birl (Month, Da leb 25	y, Year)	(-OHOTOV)	
Director		238 33 8791		30					F	eb z	, 1900	NOLUI	Carolina
pu a		Usual Residence of Decedent  10a. State 10b. County		10c. City	y, Town or Loca	ation						10d.	Inside City Limits
aryle	_		ce George's		mple Hi								1 ☐ Yes 2 No
M Th	ctc	MD ETTH	PIC III.										
\$ 50 E	- E	10e. Street and Number	Law Chwoot			10f. Zip 0	Code				10g. Citizen of \		
th w	ai	6204 Dale Bar	ton Street			2	0748	3			United	States	
72 hours efter death with the Marylend natural; or itema 23a or 28a-f ahow peal Examinat must be needed at	Funeral Director	11. Marital Status	12. Was Decadant E Armed Forces?	ver In U,	S. 13. W	as Decede	nt of His	spanic Origin n, Mexican, F	? (Specify	Yes or No	- 14. Rac	e - American ck, White, etc.	Indian,
or ite		Never Married 2☐ Marrie	d 1 Yes 2 XN	0					uerto mice	arr, <del>0</del> 10./			
ors o	by	3 Widowed 4 Divorced	If Yes, Give Year or Dates:		11	□ Yes 🖹	XNO	Specify:			Specif	wh.	ite
"natural",	8	15. Decedent'	Education		16a. Decede	nt's Usual	Occupa	itlon			16b. Kind of B	usinass/Indusi	lry
in 72	et	(Specify only highas	grada completed)		(Give ki	ind of work O NOT use	dona d	uring most o	f working				
d within 72 hours eff giene. or then "natural", or	Completed	Etementery/Secondary (0-12)	College (1-4or 5-	+)	Healt						Melwood	Horti	g Center cultrual
d 2 should be filled the end Mentel Hygis 77 is marked other traumatic event, the		17. Father's Nama (First, Middle, L	ast)		Heart	i cai	- 14		Name /F	rst, Middle	Maiden Suman		
d de b	Be		_										
should be nd Mente marked umatic ev	2	Reese Gale Brad								an Der			da) 2815
end end is m		19a. Informant's Name/Ralationsh									er, City or Town,		00/
12 E		Reese Gale Brad	ley, Sr.		500	Soutr	Ca	rolina	. Ave	, Spei	ncer, No	orth Ca	rolina
of Heal		20a. Method of Disposition	20b. P	lace of Disposi	tion (Name	e of	۵)		Date 20c. Location - City		City or Town	Stata	
0 = = 0		1 Burial 2 Cremation			_		1/1	0/00	Frankli	» N C			
Departmen Important: any injury	-	4 Donation 5 Other (Specify) Rowen Memori 21. Signature of Funeral Memorians 22. Name ar							4/1	.0/90	LIGIKII	II, N.C	•
permit. P Departm importar any injur		21. Signature of uneral	1)/		22.	realite and	Addida		Lee E	unera	al Home		
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. ACUTE		NAL FA		E						nset and Death
-001	9			,	,								
petr	盲		U	SEVERE DEHY DRATTON  Due to (or as a consequence of):									
o end	Examiner	Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Disease or Injury											
be e icier buni		Ceuse (Disease or Injury	. LIVET									1	
rificete be executed ng physicien end es the bunel-trensit	edicai	that initiated events rasulting in death) Last		o (or as a consaquence of):									
2 00	Me		a ACQUIT	LET,	IMM	UNO	,0	EF .	SYN	ORO	NE		
death cer e ettendin ed for use	an		<b>—</b> 0.										
0 00	Physician/M	Part II. Other significant condition	s contributing to death bu	not res	ulting In the und	derfying ca	use giva	an in Part I.		23b. Did tobacco use contribute to the cause of deat			
res that the designed by the e	hy									1 🗆	Yes 2 Tho	3 Probat	ly 4 Unknow
ned e	by F								_				
requires that the peen signed by th hould be detache											an autopsy		eutopsy findings
	ete									pend	med?		ble prior to letion of cause
8 8 2	Completed											1000	. /
The sete h	00									1 🗆	Yes 2 No	1 U Y	es 2 No
certificete	Be	25. Was case referred to medical						26. Place o	f Deeth (C	heck only	one)		
	0	1 ☐ Yas 2 ☑ No	examiner? 1 ☐ Yas 2 ☑ No Hospital: 1 ☑ Inpatient 2 ☐ ER/			3 DO	A Othe	er: 4 🗆 Nurs	ing Home	5 🗆 Rasi	dence 6 🗆 Oti	ner (Specify)	
a Physer this seral d		27. Manner of Death	28a. Date of Injur (Month, Day	Vaari	28b. Time of	28	c. Injury	at	280	. Describe	how injury occu	rred	
tending P	음	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investig		roar/	Injury	М		Yes 2□No	0				
Attending or deeth.	Certification:	3 ☐ Suicide 6 ☐ Could n	ot be 28e. Place of Inju	ry - At he	ome, farm, stre	et, factory.	office		281		Street and Num	ber or Rurel R	loute Number,
or / Biter Dire	Tie	4 Homicide	building, etc.	(Specif	y)	,,				City or To			
To the Hospital or Attent within 24 hours efter deet To the Funeral Director: completely filled in by the		20a Codific	Dhualata - T- //	L may 1 1	uda de - d - d		4 4la = -1	a data == 1	nlage :- '	due to the	anuncial 4	annor or state	nd .
Hos 14 ho Fund tely t	edical	(Check only 2 Medical E	Physician: To the best of xaminer: On the basis of	exemina	wiedge, death tion and/or inve	occurred a estigetion,	t tha tim in my op	ia, date and pinion, death	occurred	aue to the et the time,	date and place,	and due to th	e cause(s)
the the		one)	and manner state	ed.							and Description	4 /44==================================	Maarl
To To	2	29b. Signature and title of certifier				29c.	License	number			29d. Date signe	eu (Month, Da	y, Tear)

DO052023

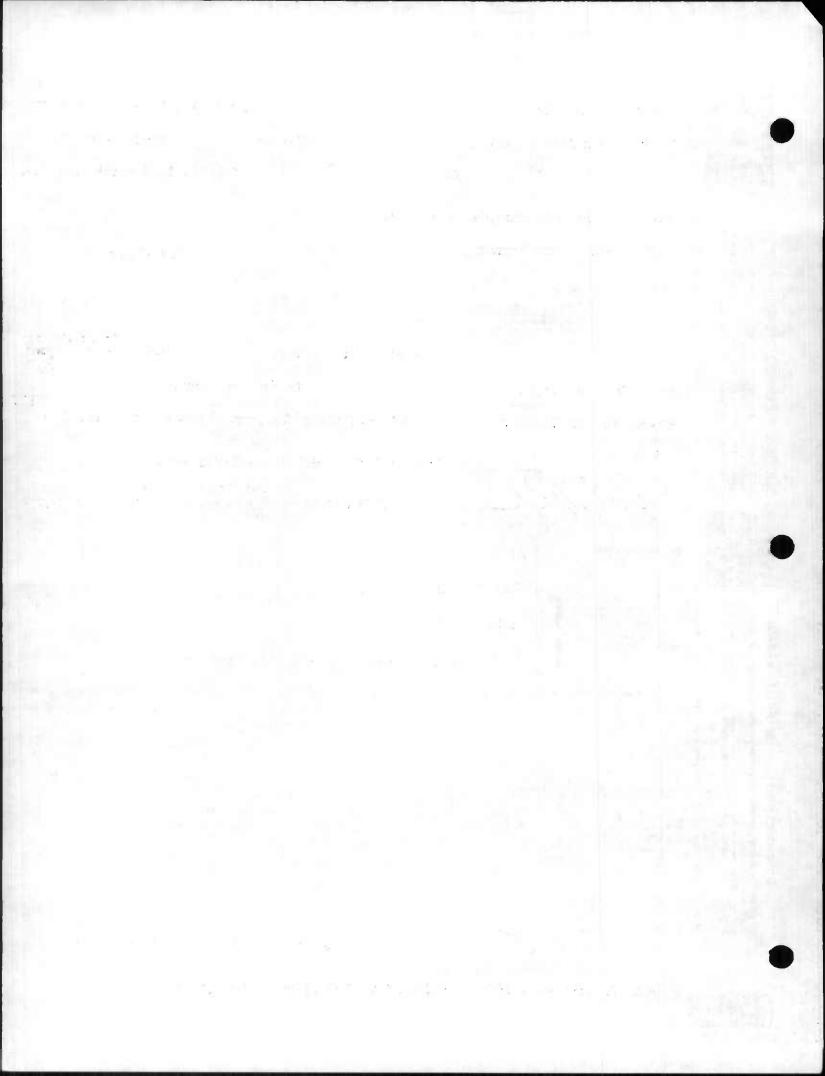
10403 Hospital Dr. #103 Clinton, Md. 20735

State Registrar

> maronero

Maria Romero, M.D. 31. Date filed (Month, Day, Year) APR 2 2 1998

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** MARY JEANNE BOURNE 3:52AM 4 21 /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ATLANTIC GENERAL HOSPITAL BERLIN WORCESTER if Under 24 Hrs. If Under 1 Yeer 5. Sociel Security Number 9. Birthpiece (State or Foreign Country) 7. Age (In yrs. last birthdey) **Funeral** 1□M AF Deys Hours 579-18-8208 88 **Vrs** Director Usuet Residence of Decedent the Maryland 10s State 10b. County 10c. City, Town or Location 10d. inside City Limits MD. WORCESTER OCEAN PINES OxYes 2□No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? then "natural", or literus 23a or the Medical Examiner must be n 195 OCEAN PARKWAY 21811 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American indian, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus hours after 1 Yes 25 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married 1 ☐ Yes 26 No þ Specify: WHITE 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within Eiementery/Secondery (0-12) Coilege (1-4or 5+) HOMEMAKER OWN HOME 8028-81-6 marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be and Mental 2 CHRISTIAN F. JACOBSEN MARY DIERKEN 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. informent's Neme/Reletionship (Type, Print) important: If item 27 is any injury or other tran once. ROBERT F. BOURNE 195 OCEAN PARKWAY BERLION MD, 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete ê 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removei from State 4 Donetion 5 ☐ Other (Specify) SALISBURY CREMATORY SALISBURY, MD. 22. Neme end Address of Facility ULLRICH FUNERAL HOME BERLIN, 23a. Pert1 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, euch as cardiac or respiratory errest shock, or heart feilure. List only one cause on each line. **Physician** immediete Cause (Finei diseese or condition resulting in death) /Medical SED515 Examiner Oue to (or es a consequence of) Examinet signed by the attending physician and I be detached for use as the burial-transit law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): Bourne Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24e. Wes en eutopsy performed? 24b. Were autopsy findings evalleble prior to completion of cause of death? 2 1 No 1 □ Yes 2 □ No certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica 25. Wes case referred to medical exeminer? 1 ☐ Yes 2 ☑ No 26. Pieca of Deeth (Check only one) Hospitel: 1 inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pieca of tnjury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide within 24 hours a To the Funeral C completely filled 29e. Certifier 11 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end mannar as steted. Medical 2 Medical Examinar: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) and menner steted. To the 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year)

Dry SICIEN

(7h m Con D 32. Registrer's Signeture

Julia Davidson

30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)

Robert Dunk (Thomas Arix)

State Registrar 31. Dete filed (Month, Dey, Year)

DHMH 16 Rev 6/95

0352

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death APRIL **Physician** Collier 18, 1998 1745 -sther · /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Min 1 □ M 2 F Months Deys Hours Yrs. 212 -40-8796 Usual Residence of Decedent Director - 41 mary/gad the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryla Depertment of Haaith end Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28af show any injury or other treumsite event, the Medical Example must be not that 1 Yes 2 No Worklester Director Pocomoke City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ted 2185/ States by Funeral . Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race -Race - American Indien, Black, White, etc. 1□ Yes 2X No 1 Never Married 2 Married Specify Specify: 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) Coilega (1-4or 5+) Guidance Counsper 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) JOHNSON Cottman levsie Jesse STHER 19b. Malling Addrass (Straet and Number or Rural Route Number, City or Town, State, Zip Code) 19a. tnformant's Neme/Relationship (Type, Print) 20b. Place of Disposition (Name of cemetery, crematory or other place) Peconche Cory md 212
Date 20c. Location - City or Town, Stata Mills md 21851 daughter 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) 25/98 Polombie City INSLEY MEM 22. Name and Address of Facility 21. Signatura of Funaral Sarvice Licenses WHAR40A Settly E. Wharlow 22171 wharks 1

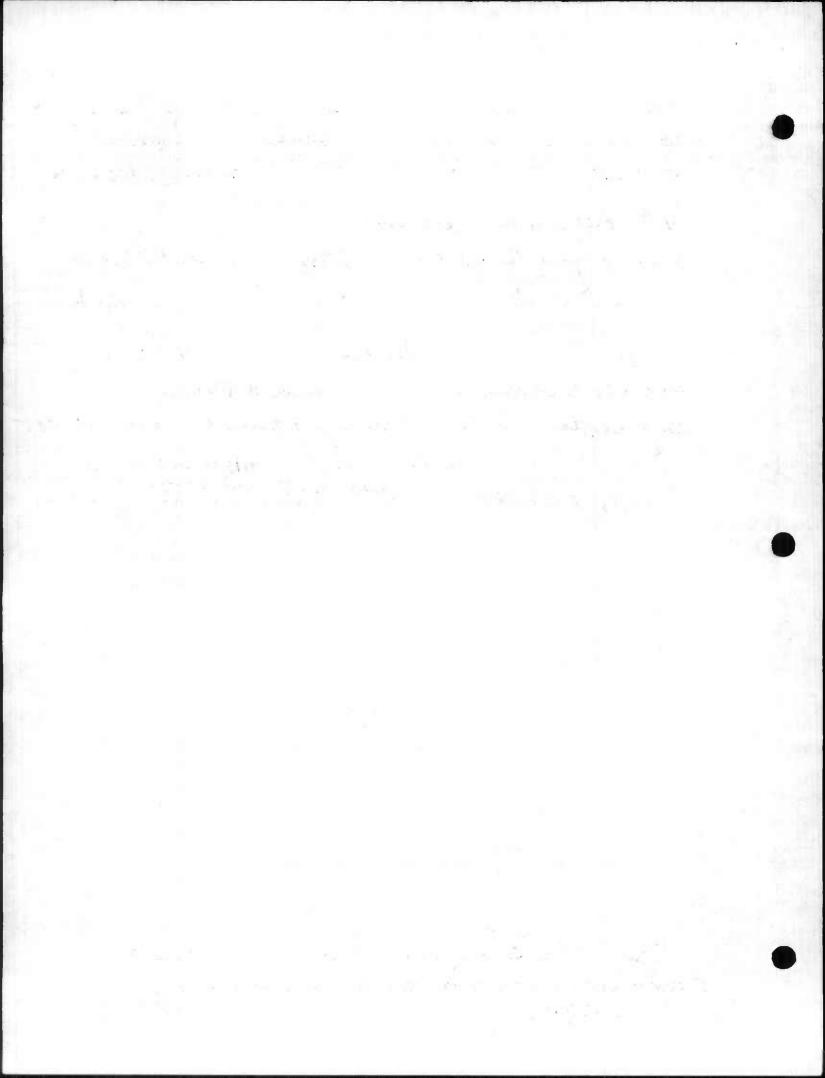
23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. hapten rel Accomme, VA 2-3301 Approximata Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final cardiomy upa Thy (Dyears disease or condition resulting in death) Examiner Examiner arrhythma cardiac physician end the burial-transit Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaase or Injury that initiated avants resulting in death) Last Due to (or as a consequanca of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequança of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown hypothypordism þ 24b. Were autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy hypoparathyroidisin 1 Yes 1 Yes 2□ No 2 No certificate or Attending Physicien: 25. Was case refarred to medical examiner? Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Date of tnjury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 28c. tnjury at Work? After 5 Pending Investigation 1 Natural To the Hospital or Attending within 24 hours effer death.
To the Funeral Director: Afte completaly filled in by the fun 1 Yes 2 Accident 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifier 29c. License number 29d. Date signed (Menth, Dey, Year) 29b. Signatura and title of contilled 98 E 28050 30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print) PRMC\_ 100 E. Carroll St. Salisbury, MD 21801 B hartes Jr MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Spelia Davidson Registrar APR 2 3 1998

EN THE ST And the second of the second We have the second below the second belo

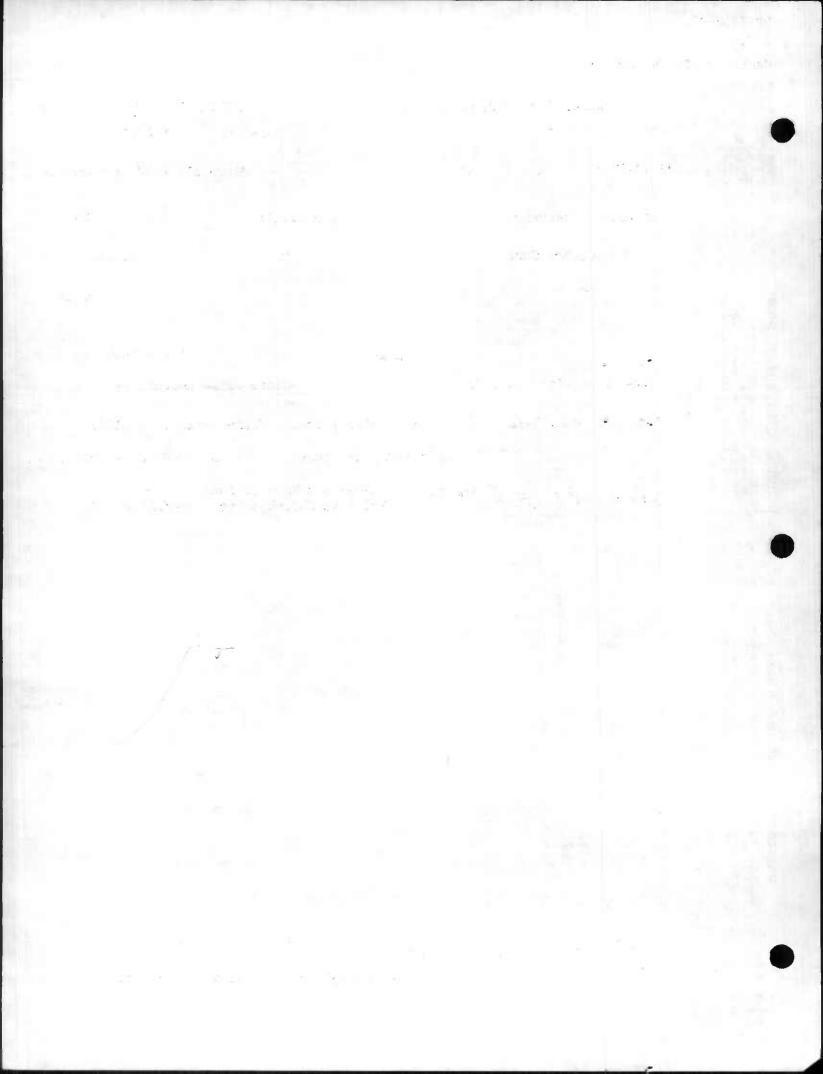
State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Neme (First, Middle, La	est)					10	2. Dete of De			3. Time M Deal	
Physicia /Medic		ELIHU	WISE			CRO	PPER	SR	Month O4	12	Yeer 98	1012	
/ivied Exami		4e. Facility Neme (If not institution, give	ve street end number)					own, or Lo	cation of Deeth		nty of Death		
		PENINSULA RGIONA	L MEDICAL C	ENTER			SALIS	BURY		WIC	OMICO		
Funeral Director			Sex 7. Age (	In yrs. iest birthd 55 Yrs	Month	der 1 Yeer ns Deys		24 Hrs. Min.	8. Dete of Bir (Month, De 10–28–	th y, Year) 42	Coun	lece (State or Follitry)	
within 72 nours are roeun with the Maryland ene. than 'naturel', or items 23a or 28a-f show the Modical Evanther, must be reliting at	tor	10e. Stete 10b. County  ACCOR	te	Oc. City, Town or	Location						1	0d. Inside City Li	
280	Director	10e. Street and Number	7,540	MOLP	10f.	Zip Code				10g. Citizen o	of Whet Coun	itry?	
N N		35056 Du	1 Tay Co	0 /1		22	2 265			1101 4.	1 5-	4-	
ms 2	Funeral	11. Menitel Stetus	12. Was Decedent Eve	er in U,S. 1	3. Wes De	cedent of	Hispanic Or	igin? (Spe	ecify Yes or No Rican, etc.)	14. R	lece - Americ	an indian,	
ours after death with the Marylandel, or Rems 23s or 28s-f show Examined must be multiple at	þ	1 ☐ Never Married 21 Married 3 ☐ Widowed 4 ☐ Divorced	1 Never Married 2 Married 1 Yes 2 No					n, Puerto	Rican, etc.)	Spe	city: Bl	etc.	
should be nied within 72 hours Ad Mental Hygiene Hygiene Than "naturel", marked other than "naturel", imatic event, the Medical Exe	Completed	15. Decedent's E	ducation	16a. De	cedent's U	suel Occu	pation	at of work	in a	16b. Kind of	Business/Inc	dustry	
jiena. r than "natur	ple	(Specify only highest gra Elementery/Secondery (0-12)	College (1-4or 5+)			kind of work done during most of working DO NOT use retired)			ing	NA	+5/+		
The State St	Con	[[		- P	aint	5~				45	GOUT	-	
s I am 2 should be lied with theath and Mental Hygiena. tem 27 is marked other than other treumatic event, the the	Be	17. Father's Neme (First, Middle, Last	")	•			18. Moth	er's Neme	(First, Middle.	Meiden Sum	eme)		
marked	10	LORENZO S. (	RUPPER, 5	R			Lu	a l	Flet	chan			
and is m		19e. Informent's Neme/Reletionship (		19b. M	eiling Addre	ess (Stree	t end Numb	er or Run	ai Route Numb	er, City or Tov	vn, State, Zip	Code)	
Health em 27 ther tr		DURIS CRAPTER	WIFE	2 35	256	Roy	ment	Tous	Isand 4	v. Hol	enter	VA 233	
0		20e. Method of Disposition 1 ☐Buriel 2 ☐ Cremetion 3 ☐		20b. Plece of Di- cemetery, of	sposition (A	Veme of or other pie	ece)	1	Dete	20c. Locatio	n - City or To	wn, Stete	
nent of I		4 Donetlon 5 Other (Special		Withou	m	cen		4	418/00	with	400/ 1	.A .	
Department Important: If any injury o		21. Signeture of Funerel Service Licer	nsee			end Addr	ess of Fecili	ity	JERN Home				
8 = 3		Keith E. Wharton 22171 Wharton Rd Accompany											
rysician							ing, such es	Carolac (	or respiretory a			Approximete intervei Between Onset and Deet	
/Medical xaminer	Jer	Immediate Ceuse (Final disease or condition resulting in death)	e. ARTERIOS		CARD	OIOVA					-	intervel Betweer Onset and Deetl	
hysician /Medical xaminer	i Examiner	diseese or condition resulting in deeth)	e. ARTERIOSO	CLEROTIC	C CARD	OIOVA of):						intervei Between	
/Medical as the private of special as the burial-fransit	edicai	diseese or condition	e. ARTERIOSO Du b	CLEROTIC te to (or es a con	C CARD	DIOVA:						intervei Between	
/Medical and bhysiclan and as the brital-transit	edicai	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	e. ARTERIOSO Du b	CLEROTIC ne to (or es a con ne to (or es a con	C CARD	DIOVA:						intervei Between	
/Medical and bright-fransit as the bright-fransit	edicai	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	e. ARTERIOSC Du b	CLEROTIC e to (or es a con e to (or es a con e to (or es e cons	sequence o	DIOVA.	SCULAI	R DIS	SEASE		contributa to	intervei Between	
Medical xaminer as the prival-transit	by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	e. ARTERIOSC Du b	CLEROTIC e to (or es a con e to (or es a con e to (or es e cons	sequence o	DIOVA.	SCULAI	R DIS	23b. Did	tobacco use Yes 2□ No	3 ☐ Prot	o the cause of de	
x speen signed by the attending physician and 2 should be detached for use as the burial-transit	by Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. ARTERIOSC Du b	CLEROTIC e to (or es a con e to (or es a con e to (or es e cons	sequence o	DIOVA.	SCULAI	R DIS	23b. Dld	tobacco use	3 Prot	Intervel Betweer Onset and Deet	
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. ARTERIOSC Du b	CLEROTIC e to (or es a con e to (or es a con e to (or es e cons	sequence o	DIOVA.	SCULAI	R DIS	23b. Dld	tobacco use Yes 2 □ No en eutopsy rmed?	24b. We	o the cause of de bably 4 Unk	
ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	e. ARTERIOS( Du b	CLEROTIC te to (or es a con te to (or es a con te to (or es e cons te to (or es e cons	c CARC sequence o sequence o sequence o	DIOVA.	SCULAI iven in Pert	R DIS	23b. Did	tobacco use Yes 2□ No en eutopsy med?  Yes 2 No	24b. We	o the cause of de bably 4 Unkerse eutopsy findinallable prior to mpietion of cause death?	
certificate has been signed by the attending physician and inector, page 2 should be deteched for use as the burial-transit	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions of HYPERTENSION  25. Wes case referred to medical exeminer?  1 N Yes 2 No	e. ARTERIOS( Du b	CLEROTIC te to (or es a con te to (or es a con te to (or es e cont to tresulting in the	c CARC sequence o sequence o sequence o e underlying	DIOVA.  of):  of):  g cause gl	SCULAR  iven in Pert  26. Piece	R DIS	23b. Dld 1 24a. Wes	tobacco use Yes 2 □ No en eutopsy med?  /es 2 ☑ No	24b. We ave con of the state of	o the cause of de bably 4 Unking the prior to mpletion of cause death?	
This certificate has been signed by the attending physician and map rail director, page 2 should be detached for use as the burial-transit and page 2.	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions of HYPERTENSION  25. Wes case referred to medical exeminer?	e. ARTERIOS( Du b	CLEROTIC te to (or es a con te to (or es a con te to (or es e cont to tresulting in the	sequence of sequen	DIOVA.  ori):  ori):  g cause gi	SCULAR  iven in Pert  26. Piece ther: 4 □ No	R DIS	23b. Dld 1 24a. Wes perfo	en eutopsy med?	24b. We ever corror of the Cherr (Specify	o the cause of de bably 4 Unking the prior to mpletion of cause death?	
death.  the this certificate has been signed by the attending physician and been signed by the time as the burial-transit by the timeral director, page 2 should be detached for use as the burial-transit by the times.	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions of HYPERTENSION  25. Wes case referred to medical exeminer?  1 N Yes 2 No  27. Menner of Deeth	e. ARTERIOSC  Du  b  Du  c  Du  d  Hospitei: 1 Inpatient  28e. Dete of injury (Month, Dey Y.)	CLEROTIC te to (or es a con te to (or es a con te to (or es e cons to tresulting in the to (or es e cons to tresulting in the 2 SER/Outpa 28b. Time Injur At home, ferm,	sequence of sequen	DIOVA.  of):  of):  g cause gi  DOA Ot  28c. Inju Wo 1	SCULAR  iven in Pert  26. Piece ther: 4   No	R DIS	23b. Did 1	en eutopsy med?  (es 2 No No No No No No No No No No No No No	24b. We ave color of a 1 Dther (Specif)	o the cause of de bably 4 Unking the prior to mpletion of cause death?	
death.  the this certificate has been signed by the attending physician and map of the this certificate has been signed by the attending physician and property the funeral director, page 2 should be detached for use as the burial-transit and property.	Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions of HYPERTENSION  25. Wes case referred to medical exeminer?  1 Neturel 5 Pending investigation   1 Neturel 2   Accident 3   Suicide 4   Homicide   Homicide   Lest   Could not be determined   Lest   Le	e. ARTERIOSC  Du  b  Du  c  Du  d  Pontributing to death but r  28e. Dete of injury (Month, Dey Y)  28e. Pieca of Injury 28e. Pieca of	clerofic le to (or es a con le t	sequence of sequen	DOA Of 28c. Inju Wo	sculal  26. Piece ther: 4 Ne iny at ork? Yes 2	R DIS	23b. Dld 1	en eutopsy med?  Yes 2 A No No No No No No No No No No No No No	24b. We ave color of the color	o the cause of debelly 4 Unknown under eutopsy finding allable prior to mpletion of cause death?  Yes 2 No	
deeth.  ctor: After this certificate has been signed by the attending physician and y the luneral director, page 2 should be detached for use as the burial-transit  a p	To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest  Pert II. Other significant conditions of the con	e. ARTERIOSC  Du  b. Du  c. Du  d. Sontributing to death but re  sontributing to death but re  28e. Dete of injury (Month, Dey Young)  28e. Pleca of Injury building, etc. (applicant To the best of miner: On the bests of experience of the property of the	clerofic le to (or es a con le t	sequence of sequen	DIOVA.  of):  of):  g cause gli  28c. inju Wo 1   coory, office	sculal  26. Piece ther: 4 Ne iny at ork? Yes 2	R DIS	23b. Did 1 24a. Wes perfo  1 Check only of me 5 Resid 28d. Describe I 28f. Location (City or Too	en eutopsy med?  Yes 2 A No No No No No No No No No No No No No	24b. We ave con of a surred  There (Specify curred	o the cause of de bably 4 Unkild Unki	
death.  The funeral director, page 2 should be detached for use as the burial-transit and large.	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest  Pert II. Other significant conditions of the con	eARTERIOS( Du b	e to (or es a conse to (or es e conse conse to (or es e conse to (or es e conse to (or es e conse to (	sequence of sequen	DIOVA.  of):  of):  g cause gli  28c. inju Wo 1   coory, office	26. Piecether: 4 North N	R DIS	23b. Did 1 24a. Wes perfo  1 Check only of me 5 Resid 28d. Describe I 28f. Location (City or Too	en eutopsy med?  Yes 2 No No No No No No No No No No No No No	24b. We ave colored to the Control of the Control o	o the cause of de bably 4 Unkild Unki	
death.  the this certificate has been signed by the attending physician and map of the third tries of the burial-transit and property the tuneral director, page 2 should be detached for use as the burial-transit and property.	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest  Pert II. Other significant conditions of HYPERTENSION  25. Wes case referred to medical exeminer?  1  Yes 2 No  27. Menner of Deeth 1  Neturel   Deeth   Neturel   Netur	e. ARTERIOS( Du b. Du c. Du d.   contributing to death but r contributing to death contributing to death contributing to death contributing to death contributing to death contributing to death contributing to death contributing to death contributing to death contributing to death c	CLEROTIC te to (or es a conse to (or es e conse	sequence of sequen	DIOVA.  DIOVA.	26. Piece ther: 4 No	R DIS	23b. Did 1 24a. Wes perfo  1 24a. Wes perfo  1 25c. Reski 28d. Describe I 28f. Location (: City or Tox end due to the ed at the time,	en eutopsy rmed?  Yes 2 No No No No No No No No No No No No No	24b. We ave colored to the Control of the Control o	o the cause of de bably 4 Unk de la Unit de	



	ERICK DUNN  It  1. Decedent's Name (	emsL 23 pa First, Middle, Las	rt I,27 pe	MEO (	-759	Jertifičatě	of l	Jeath	2. Date of Dee Month	Reg. No.	3. Time of Dear		
Physician /Medical	James Frederick Dunn, Sr.								APRIL	27, 19			
Examiner	4a Facility Name (If n	ot institution, give NY COUR	street end number	7)			4	b. City, Town, or Lo WALKERSV			y of Deeth DERICK		
Funeral Director	5. Social Security Nun 209–40–322	25 19	x 7. A	ge (In yrs. 46		Months Months	1 Year Days	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, De) March 2	, Year) 1, 1952	9. Birthplece (Stete or Fore Country) 1952 Pennsylvani		
ned at	Usuel Residence of D 10e. Stete 1 Maryland	0b. County	erick	10c. Cit	y, Town	or Location	la1ke	ersville		10d. Inside City Lin			
23e or 28e-1 s at be notified al Director	10e. Street and Numb	er Coloney	Court			10f. Zip	Code	21793			Whet Country? U.S.A.		
al, or items 23s or 28s-f show Examiner must be notified at by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced		12. Was Deceden Armed Forces 1 ☐ Yes 2 X If Yes, Give Yeer or Dates	? No	13. Was Decedent of If Yes, specify C			ispanic Origin? (Spe in, Mexican, Puerto Specify:	cify Yes or No- Rican, etc.)		ce - American Indian, ick, White, etc.		
natural adical		5. Decedent's Edi			16e. Decadent's (Give kind		dent's Usual Occupation kind of work done during most of work DO NOT use retired)		16b. Kind of Bus		iness/Industry		
than the M	Elementary/Second	Manager			e retired	,		Restaurant  ddle, Meiden Sumeme)					
工艺	17. Father's Neme (First, Middle, Last)												
To To	Edward	Patrick	Dunn, J	Dunn, Jr.				Clara	Marie 1	Rosenberry			
Department of Haelith and Important: if them 27 Is my any injury or other traum paces.	20e. Method of Dispos	Dunn,	Wife Removel from Stete	0	10 Pleca of I		ey (			lle, MD 20c. Location			
caminer b	diseese or condition resulting in death)		e. HYPERTRO			onsequenca of):							
rsician and e burial-transit cal Examiner	Sequentially list cond if any, leading to imm cause. Enter Underly Cause (Disease or Inj	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.											
2 0	thet initiated events resulting in deeth) Las		d	Due to (or es e consequenca of):									
ed by the attending phy detached for use as the Physician/Medi	Pert II. Other significa	ant conditions co	ntributing to death	but not res	ulting in	the underlying ca	ause giv	en In Pert I.	-	olid tobacco use contribute to the cause o			
be det													
2 should				- }						en eutopsy rmed?	24b. Were autopsy findin evelleble prior to completion of cause of death?		
paga Com									12(1	res 2□No	1/2 Yes 2□ No		
is cartificata director, par Fo Be Co	25. Wes case referred examiner?	to medical	Hoenital:				Oth	26. Plece of Deeth					
T T	27. Menner of Deeth	activation of the state of the						Other: 4 Nursing Home *XXResidence 6 Other (Specify)  Niury et 28d. Describe how Injury occurred Vork?  Yes 2 No					
rs after death.  st Director: After t led in by the funara  Certification:	3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined							28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
within 24 hours after d To the Funeral Direct complately filled in by Medical Certifi	29a. Certifier 1 (Check only 2)	Certifying Phy Medicat Exam	sician: To the bes iner: On the basis and manners	of examine	wledge, tion end	deeth occurred of for investigation,	ot the tin	ne, dete end plece, pinion, deeth occurr	end due to the ded et the time, d	ceuse(s) end m date end placa	enner es steted. , end due to the ceuse(s)		
E PE		e of cartifier				29c	. Licens	e number		29d. Date sign	ed (Month, Dey, Year)		

Julia Shirden Andre



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg No. 2. Date of Death 3. Time of Death 1 Decedent's Name (First Middle Last) **Physician** 425 MATIDE DENNIS pril /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Neme (If not institution, give street end number) Examiner SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys 1 M 2 F 78 Yrs. 2-27-1920 222-03-7209 LEWES, DELAWARE **Director** Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. tnside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Modinal Exeminer must be notified at 1 ☐ Yes 2 No Directo DELAWARE SUSSEX LEWES 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number RD# 7 BOX E-1000 19958 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ZÃNo If Yes, Give Year or Dates: 14. Rece - American Indian. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status Bleck, White, etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 XNo Specify: Specify: WHITE ģ 3 XWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) NYLON MAUFACTURING Il Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) LABORATORY TECHNICIAN 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) should be ind Mental if RACHEL HENDRICKS DELMER LODGE 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) and 19a. Informent's Name/Relationship (Type, Print) Pages 1 and 2 s ment of Health an DOUGLAS W. BROCKWAY/NEPHEW 1622 SAVANNAH ROAD, LEWES, DELAWARE 19958 20b. Place of Disposition (Neme of 20c. Location - City or Town, State 20a. Method of Disposition HENLOPEN MEMORIAL PARK 1 Burial 2 □ Cremation 3 □ Removal from State 0 Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) 4/21/98 LEWES, DELAWARE 22. Name and Address of Facility MELSON FUNERAL SERVICES, LTD. ia LONG NECK ROAD, MILLSBORO, DELAWARE 19966 e. or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory errest, and only one cause on each line. Approximete Intervel Between Onset and Deeth Physician /Medical immediate Ceuse (Final Examiner Examiner onestive Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physician Physician/Medicai the 60 980 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. 1 ☐ Yes 2 ☐ No 3 ☐ Probably Wunknown p 8 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes en autopsy Completed 1 ☐ Yes 1 ☐ Yes 2 ☐ No Lecurant m torava, 25. Was cese referred to medicel examiner? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 10 1 Yes 2 No 2 ER/Outpatient 3 DOA funeral 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: After or Attending 1. Netural 5 ☐ Pending 1 ☐ Yes 2 ☐ No investigetion 2 ☐ Accident after deat Director: the Funeral Dire. 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicida

State Registrar

To the Hosp within 24 ho To the Fune completely fi

Medical

222-03-

naude Dennis

**DHMH 16 Rev 6/95** 

29e. Certifier

29b. Signature and title of certifier

30. Name and address of person who con

31. Date filed (Month, Dey, Year)

MD

MA

32. Registrer's Signature Sulia Sairdson-Randall

pleted ceuse of death (item 23a) (Type, Print) 614-D

1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

42522

m, my 21801

29d. Dete signed (Month, Dey, Year)

Section 1 24 Page ALCOHOLD SALE 

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 2. Data of Death Month DONALD Ε. FOX APRIL 1998 0735 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth 9916 GOLF COURSE RD OCEAN CITY WORCESTER If Under 1 Year 5. Social Security Number If Undar 24 Hrs. 7. Aga (In yrs. lest birthday) 9. Birthplace (Stata or Foraign Country) Days 1 MM 2□ F Months Hours 166-20-2802 Yrs Usual Rasidance of Dacedant 10b. County 10c. City, Town or Location 10d. Insida City Limits WORCESTER CITY OCEAN 1 Yas 2 No 10a. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 21842 9916 GOLF COURSE RD. USA 12. Wes Dacedant Evar in U,S. Armed Forcas? Value Vas 2 D No W I ] Yas Give Yaar or Datas: Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Bieck, Whita, atc. 1 Naver Married 200 Marriad 1 ☐ Yas 2 No Specify: Specify: WHITE 3 ☐ Widowad 4 ☐ Divorced 16a. Dacedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementary/Secondary (0-12) Collaga (1-4or 5+) YNC - US NAVY USG 17. Fether's Nema (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Sumama) HENRY FOX CATHERINE REIDINGER 19a. informant's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Numbar, City or Town, State, Zip Coda) RITA M. FOX 9916 GOLF COURSE RD. OCEAN CITY MD. 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta Burial 2 Cramation 3 Ramoval from State 4 ☐ Donetion 5 ☐ Othar (Spacify) ARLINTON NAT'L. CEM. ARLINGTON, VA. 22. Nama end Addrass of Facility ULLRICH FUNERAL HOME BERLIN, MD., 21811 Enter tha disease, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset end Death Melanome Immediate Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, laading to immadlate causa. Enter Underlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as e consaguance of): Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No

**Physician** /Medical **Examiner** 

**Physician** 

/Medical

**Examiner** 

10a. Stata

MD

**Funeral** 

Director

28a-f show

6 deeth with

r than "natural", or items 23a

permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. I mortant: If flem 21 is marked other than "natural", or fler any injury or other traumatic event

Baltimore, Maryland 21215-0020

be notified at

Director

Funeral

Completed by

Be 2

the Maryland

buriel-trans physician for use es the deteched page 2 should be detect After this certificate has director, spital or Attending Phys nours efter death. neral Director: After this y filled in by the funeral di

The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records,

Attending Physician:

Physician/Medical Examiner

Medical Certification: To

Be Completed by 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 140 Othar: 4□ Nursing Homa 5 → Tesidanca 8 □ Othar (Specify) 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28a. Place of Injury - At homa, farm, straat, fectory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 D Homicida 29a. Certifier Exertifying Physician: To tha bast of my knowladga, daath occurred at the tima, data and place, and due to tha causa(s) and mennar as statad. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signatura and title of cartifia 29c. Licensa number

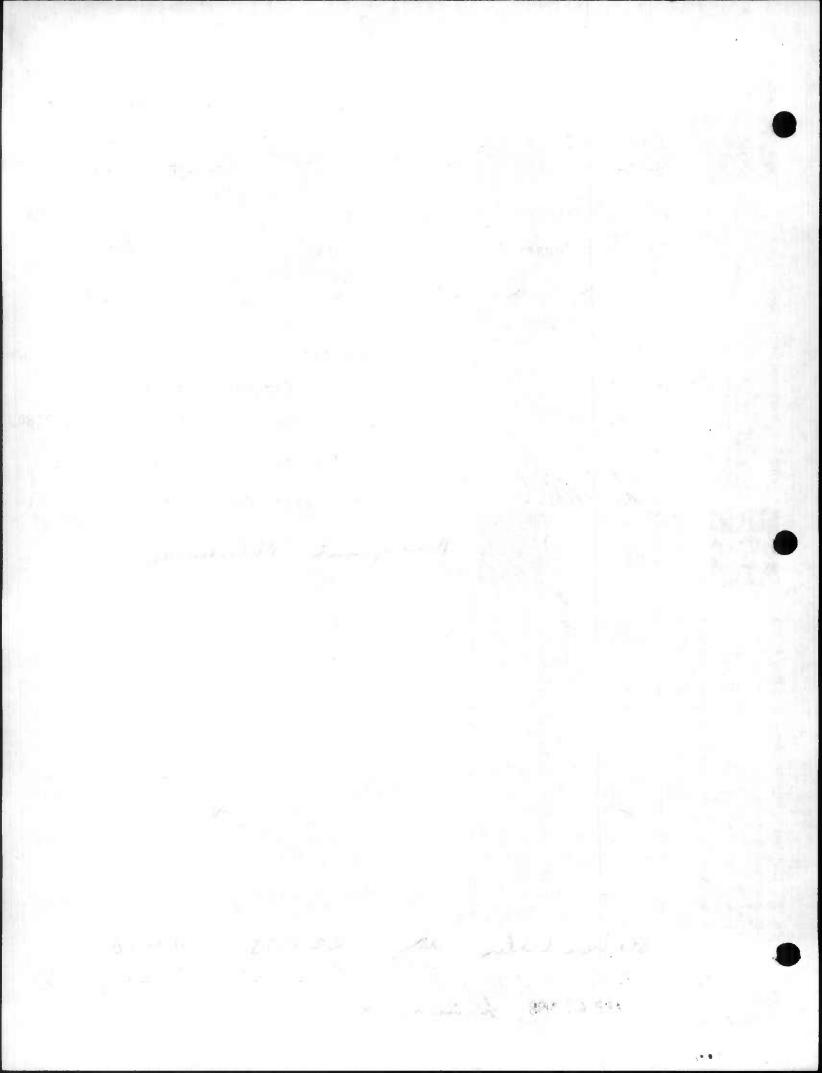
29d. Date signed (Month, Day, Year) 4-21-98

causa of death (Item 23a) (Type, Print)

32. Registrar's Signatura

State Registrar

To the Hospital o within 24 hours of To the Funeral Di completely filled is



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 2. Dete of Death 1 Decedent's Name (First Middle Last) Month **Physician** OTIS GAHM, JR APRIL 1998 9:05PM ORVILLE 21 /Medical 4b. City, Town, or Location of Deeth 4e Facility Name (If not institution, give street and number) 4c. County of Death Examiner 818 COPLEY AVENUE WALDORF CHARLES Hours Min. 8. Dete of Birth JUNE (Month, Day, Year) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1⊠M 2□ F 283-26-6945 67 Yrs. 06-16-1930 Columbus, OH Director Usuel Residence of Decedent r 28a-f show 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits the Maryler FL Broward Tamarac 1 Yes No Directo 9316 NW 60th Street 10g. Citizen of Whet Country? 101, Zip Code permit. Pages 1 and 2 should be filed within 72 hours after death with I Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or Herns 23a or is in highly or other treumatic event, the Wedical Evantines must be in page. USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14∑ Yes 2 □ No If Yes, Give Year or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3X Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Master Sgt. Electronicstech U.S. Air Force 18. Mother's Name (First, Middle, Meiden Sumame) 17. Father's Name (First, Middle, Last) 8 Orville Otis Gahm, Sr. Orda Lucille Davidson 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) Sandra J. Leach/Daughter 818 Copley Ave. Waldorf, MD.20602 20a. Method of Disposition
1 □ Burial 2 ☐ Cremation 3 □ Removel from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Metropolitan Crematory4-23-98 4 ☐ Donation 5 ☐ Other (Specify) Alex. VA. 21. Signetare of Funerel Service Licensee 22. Name and Address of Fecility AREHART-ECHOLS FUNERAL HOME P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical LIVER CANCER WITH METATASIS TO LUNG MP. Examiner Due to (or as a consequence of): Examiner sician end bunel-transit certificate be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last Due to (or es e consequence of): P.O. Box 68760. physician Physician/Medical Due to (or as a consequence of) the 88 use 23b. Did tobacco use contribute to the cause of death? Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ 24e. Wes an eutopsy performed? 24b. Were autopsy findings eveilable prior to Completed completion of ceuse of death? page 2 s certificate hes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medicel examiner? 26. Place of Death (Check only one) Be Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1□ Yes 2□ No To 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Dey Year) luneral 27. Manner of Deeth 1 Natural 2 Accident 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? After or Attending 5 Pending 1 ☐ Yes 2 ☐ No Investigation efter deet 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide hours 6 Hospital 24 hours Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 100

State Registrar

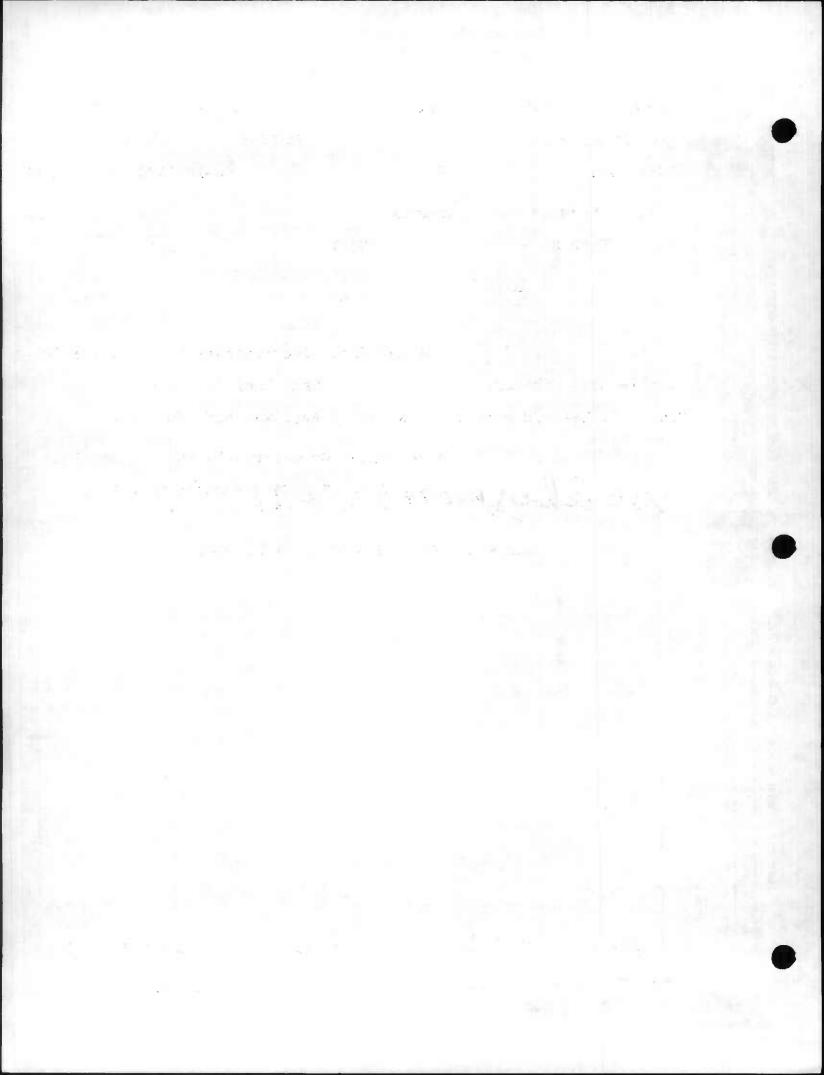
KRISHAN MATHUR,

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

M.D., P. O. BOX 2729, LA PLATA, MD 32. Registrar's Signature

D28352

APRIL 22, 1998



					arylanu / L		tificate of	Death		Reg. No.		3694	
П	Physici	an	1. Decedant's Nama (First, Middla, Las	GRAY					2. Data of Dea	ath Dey	Year	3. Time of Death	
	/Medic	al	BESS					4h Cihi Toum oc	04	15	98	4-2341	
j	Examir	er	4e. Fecility Neme (If not Institution, give	College College	. 1 . 17	4 - 1		4b. City, Town, or					
ŀ	Funeral		Edward W. McCrea  5. Social Sacurity Number 6. Se		e (In yrs. lest bir		If Under 1 Yeer			Some		lece (State or Foreign	
	Funeral Director		The state of the s	□м 21ΩТ F		Yrs.	Months Days	Hours Min.	8. Data of Birt (Month, De 11–29		Virg	lece (State or Foreign try) inia	
	yland		10a. State 10b. County		10c. City, Tow	n or Loc	ation				1	Od. Inside City Limits	
	Mar Med st	ctor	Virginia Accomad	k	Horse	ey						1 ☐ Yas 2 XNo	
	15 th	Directo	10e. Street and Number				10f. Zip Coda			10g. Citizen of \	What Coun	itry?	
	23a		Horsey Road			,		396		U.S.			
21215-0020	in 72 hours after death with the Maryland "naturel", or items 23s or 28s-f show spicel Exempler must be notilled at	by Funeral	11. Maritel Status  1 □ Naver Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedant Armed Forces?  1  Yas 2  If Yas, Giva Year or Datas:			/as Decedent of H Yes, specify Cuba ☐ Yas 2 No	lispanic Origin? (S an, Maxican, Puan Specify:	pecify Yes or No- o Rican, atc.)		e - Americ ck, Whita, '' Whit	atc.	
2-0	72 ho	ted	15. Decedant's Ed (Specify only highest gra	ucation	16a.	Deceda (Give k	ant's Usual Occup	pation	tina	16b. Kind of B		_	
21	C * 4	Completed	Elamantary/Secondary (0-12)	College (1-4or 5	i+)			during most of word)	KING				
2	filed within Hygiena.	Cor		2		НС	usewife			own			
Maryland	of all b	Be	17. Fathar's Nema (First, Middla, Last)						na (First, Middla,				
Ž	d 2 should be the and Mental I is marked of traumatic event	To	Willie Rowley  19a. Informant's Name/Ralationship (7)	ima Printi	106	Mello	Address (Street	Effie F and Number or Ru	ergurson			Codel	
Z	d2 s		Artie Gray/son	ypo, r mily						n, ony or rown,	Stata, Zip	0000)	
re,	of Health item 27		20e. Mathod of Disposition		20b. Place of	f Dispos	ition (Nema of	Horsey,	Data 23	20c. Location -	City or To	wn, Stata	
OE	00		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify				atory or other pla 'aylor Ce	emetery	4-17-98	Tempera	ncev	ille VA	
Baltimore,	permit. Pag Department Important: It any injury o		21. Signature of Funaral Service Licen		-		Nama and Addra	ss of Fecility	ox Funer				
_			a. Part1. Entar the disease, or comp	/	the death Do			278 - Te			VA :	23442 Approximata	
J	Dhualalan		shock, or haart failura. List only	ona causa on eech li	na daam. Do	not ente	r ina moda or dyn	ig, such es cardiac	or raspiratory er	rast,		Intarval Batween Onset and Deeth	
	Physician /Medicai		Immadieta Causa (Final	Cro.	hin	. 1	wast	00.				Links	
	Examiner		diseasa or condition rasulting In daath)	a. CONZ	July 10 (or as a	consequ	ianca of):	failu	u.		1	( ~)_	
	D &	ner		Hup	er ton	Ci	104					20445	
	icate be executed physician and s the burial-transit	Examiner	Sequantially list conditions,	b	er ten Dua to (or as a	consequ	ance of):						
90,	oe exe cian a ourial-		Sequantially list conditions, if any, leading to Immadiata causa. Enter Underlying Causa (Disaasa or Injury	c									
68760,	physics the t	edical	that Initiated evants rasulting in daath) Last		Due to (or es e o	consequ	ence of):						
			L	d									
Box	death certif e attanding od for use a	clar	David Other design						Lant Bitte				
0	y th	Physician/M	Part II. Other significant conditions co		It not rasulting in	n tha un	danying ceusa giv	an in Part I.				the cause of death?	
٥, ٥	es that igned b	by P	Hnemia						''	2 2 2 3 1 1 0	0_770	oubly 4 onknown	
Vital Records,	v requires been sign should be		Anemia (B) hip from	.h.v.a						an autopsy rmed?	24b. We	era autopsy findings ellable prior to	
oce.	> 10	Completed	10 mb Jan	Juna					pono		CO	mplation of cause deeth?	
Ä	9 - 6	mo:							10	res 2 No	1 [	Yes 2□ No	
ita		Be	25. Wes casa rafarred to medical exeminer?					26. Placa of Da	ath (Check only o	па)			
of V	Sop	Lo	1 Yas 2 No	Hospital: 1 Mnpatia	nt 2 ER/Ou	utpetlent	3□ DOA Oth	ner: 4 🗆 Nursing F	loma 5 ☐ Rasid	lance 8 □Oth	ar (Specif	y)	
	De je	:00	27. Mannar of Death  1   Natural 5 □ Panding	28a. Date of Inju (Month, Da)	ry Yaa <i>r</i> ) 28b. 1	Tima of Injury	28c. Injui Wo		28d. Dascribe I	now Injury occur	red		
Sio	Attending or death. ector: After by the fune	cati	2 Accidant Invastigation 3 Sulcida 6 Could not be					Yas 2□No	00/1				
Division	7445	Certification:	3 ☐ Suicida  4 ☐ Homicide							otreet end Numt vn, Stata)	er or Hure	i Routa Number,	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical Ce	29a. Cartifiar 12 Certifying Phy	rsician: To the best of iner: On the basis of	of my knowledge	e, deeth	occurred et the tir	ma, data and place	, and due to the	causa(s) end mo	enner es si	tated.	
	the hin 2, the phin 3, the phi	Med	one)	end mannar sta	itad.								
	Zo viii	-	29b. Signative and title of coviner				29c. Licens			29d. Date signe	9C	Dey, Year)	
			30. Nama and address of person who o	omplated cause of d	eath (Itom 22a)	(Type 5		1086		,1,,	1 18		
		4	Dr. T. Kancha					eld, Md	. 21817	7			
	Sta	_	31. Dete filed (Month, Day, Yaar)  APR 1 7 1	32. Registra	ar's Signatura hia Davidson	. אמ	nda po						
	Registr	ai	WLK T ( )	330 190	ra wavidoon	V-Na	· Process				·		

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. -3. Tima of Death 1 Decedent's Name (First Middle Last) 2. Date of Death 07:35 AM JOHNSON APRIL JOHN HOWARD 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death HUnder 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) April 29, 1925 PRINCE GEORGES MALCOMB GROW HOSPITAL AFB 6. Sex 12 M 2□ F Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) Months Yrs. Iowa 478-24-5391 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Forestville 1 Yes 2 No 10e. Sfreef and Number 10f. Zip Code 10g. Citizen of What Country? 20747 U.S.A. 2506 Wintergreen Avenue 12. Was Decedenf Ever in U,S. Armed Forces? 1 XXes 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Raca - American Indian 11. Marital Status Black, White, etc. 1 Never Married 2K Married White 1 Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Johnson Electric Elamantary/Secondary (0-12) College (1-4or 5+) 8th N/A Master Electrician Self-Employed 18. Mother's Name (First, Middle, Malden Sumame) 17. Father's Name (First, Middle, Last) Oscar Johnson Hannah Alhquish 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 2506 Wintergreen Avenue Forestville, MD 20747 Margaret J. Johnson (Wife) 20b. Place of Disposition (Name of cemetery, cramatory or other place) April 23,1998 20c. Location - City or Town, State 20a. Method of Disposition 1XX urlal 2 Cremation 3 Removal from State Maryland State Veterans Cem. Cheltenham, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Ja 22. Name and Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry RD Clinton, MD20735 23a. Part1. Enter the 5 sease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final diseasa or condition resulting in daath) . HYPERTENSIVE ARTERIOS CUEROTIC CARPIOVASCULAR DISEASE Due to (or as a consequance of) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequenca of): Part II. Other significant conditions confributing to death buf not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown CANDER OF THROAT 24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of death? 2 X No 1 ☐ Yes 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) 25. Was cesa rafarred to madical examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Rasidance 6 Other (Specify)

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Dafe signed (Month, Day, Year)

**Physician** /Medical Examiner

Examiner

Physician/Medical

þ

Completed

Be

10

Certification:

Medicai

27. Manner of Death

1 Natural

2 Accident

3 ☐ Suicide

29a. Cartifie

4 Homicide

(Check only one)

MARIO

29b. Signartire up

**Physician** 

/Medical

Examiner

10a. State

**Funeral** 

Director

28a-f ehow

Directo

Funeral

à

Completed

is marked other than "naturel", or items 23a or 28a-f ebo traumstic event, the Modical Examina, must be notified at

filed within 72 hours efter death v Hygiene. other than "naturel", or items 23s

and Mental Hygins Is marked other

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 Is marked othe any Injury or other traumatic event pages.

Baltimore, Maryland 21215-0020

with the Menyland

that the death certificate be executed physician end the buriel-transit as the a 6 law requires peen has page 2 The certificate this After thi

Box 68760, P.O. Division of Vital Records, or Attending Physician: death. I Director: A efter ( Hospital 24 hours

> State Registrar

31. Date filad (Month, Day, Year) APR 2 2 1998

5 Pending

Investigation

6 Could not be

30. Name and addrass of person who completed cause of deat

32. Registrar's Signature

28a. Date of Injury (Month, Day Year)

HOSPITAL PRIVE, CHEVERLY, MARYLAND 20785 Jalin Davideon Rawlatt

DME 23a) (Type, Print)

1 ☐ Inpatienf 2 ☑ ER/Outpatient 3 ☐ DOA

28e. Place of Injury - At home, farm, street, facfory, office building, etc. (Specify)

28b. Time of

28c. Injury at Work?

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

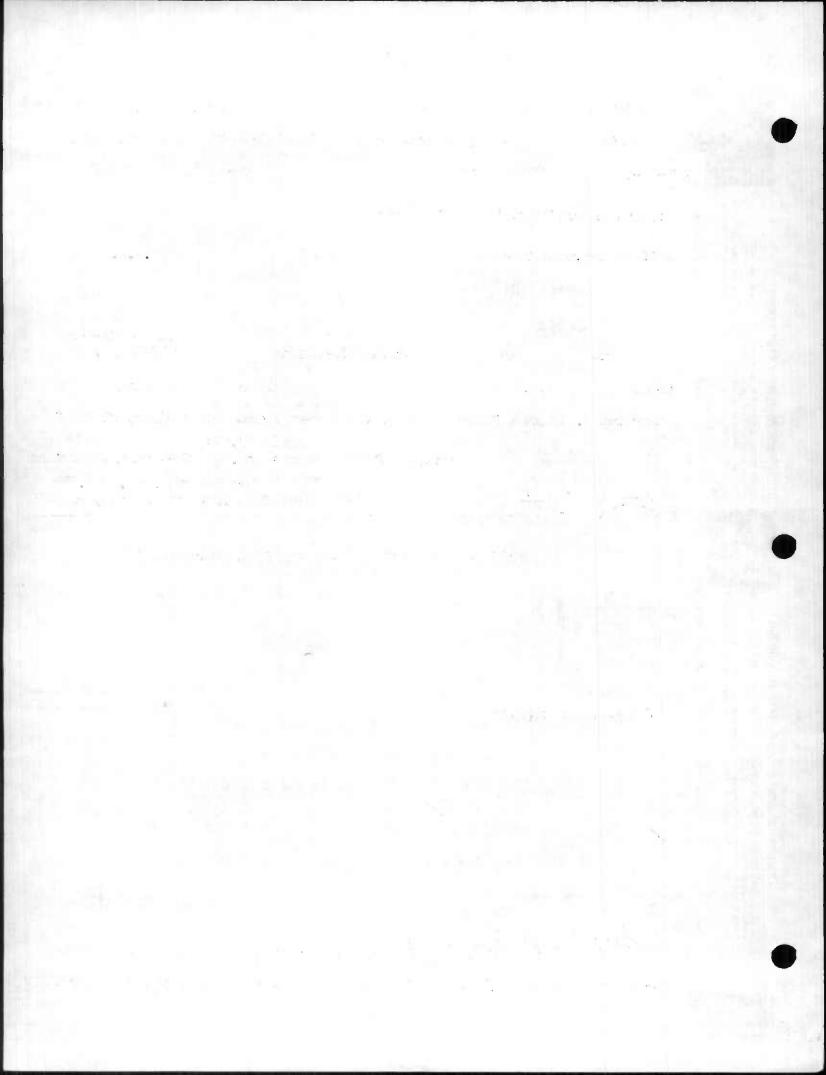
2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date and place, and dua to the cause(s) and manner stated.

29c. License number

1 ☐ Yes 2 ☐ No

**DHMH 16 Rev 6/95** 

within 2



State of Maryland / Department of Health and Mental Hygiene.

Certificate of Death 1. Decedent's Name (First Middle Lest) 2. Dete of Death **Physician** Month ANN LAURA **JOHNSON** 19 APRIL 1998 /Medical 11:10 AM 4a. Fecility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Berlin Nursing and Rehabilitation Center Worcester Berlin Il Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Dey, Yaer) Birthplece (Stete or Foraign Country) **Funeral** 1□M **X**□F Months Deys Hours Yrs 218-20-5416 Director 73 Feb. 23, 1925 Maryland Usuai Residence of Decedent with the Marylend 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Medical Examiner must be notified at 1X Yes 2 No Directo Worcester Berlin 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 305 West Street 21811 US death Funeral 12. Wes Decedant Evar in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Rece - American Indian, Black, White, etc. Pages 1 end 2 should be filed within 72 hours efter cannot of Health end Mental Hygiene.
nt: If Item 27 is marked other than "natural", or item inty or other thaumatic event, the Medical Enanties in yor other thaumatic event, the Medical Enanties. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorcad Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 Practical Nurse Nursing 17. Father's Name (First, Middla, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Eschol Baker Margie Truitt 19e. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles Lee Johnson 305 West Street, Berlin, Maryland 21811 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cematery, cremetory or other pleca) Date 20c. Location - City or Town, Stata ₩ Buriei 2 Cremetion 3 Ramovei from Stata Pittsville Cemetery 4-22-98 Pittsville, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Name end Addrass of Facility The Burbage Funeral Home discussor complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiredory errest, failure. List only one cause on each line. Approximete intervel Between Onsat and Death **Physician** OBSMUCTUE PULMONARY MISERS immadiate Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner Due to (or es e consequence of) Examiner PENTEN SICH be executed physician end s the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in daath) Last Due to (or es e consequença of Box 68760 PO THYLOW Physician/Medical Dua to (or as e consequenca of P.O. Part II. Other significant conditions contributing to deeth but not rasulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveileble prior to completion of cause of daath? Completed 24e. Wes en eutopsy performed? peen has X No 1 ☐ Yas 2 No certificate 1 Yes Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatlent 3 DOA 27. Manner of Deeth 1 Neturel 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, Ierm, street, fectory, offica building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 I Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at tha time, dete end piece, and due to tha causa(s) and mannar stated. 29e. Certifier Medical 29b. Signatura and titia of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) пинасте 046257 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) EDWIN CASTANEDA, MD 314 FRANKLIN AVE., SUITE 103 BERLIN, MD 21811 410-641-0646

DHMH 16 Rev 6/95

State

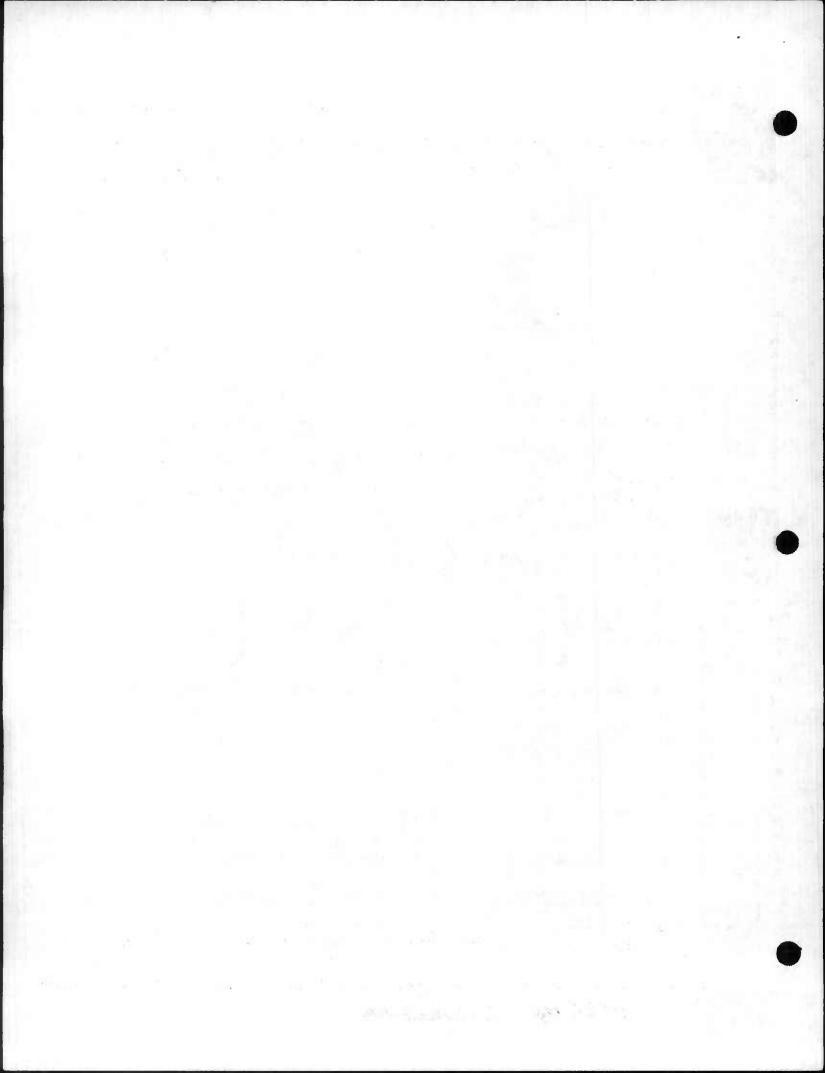
Registrar

31. Dete filad (Month, Dey, Yaer)

APR 2 0 1998

32. Registrer's Signature

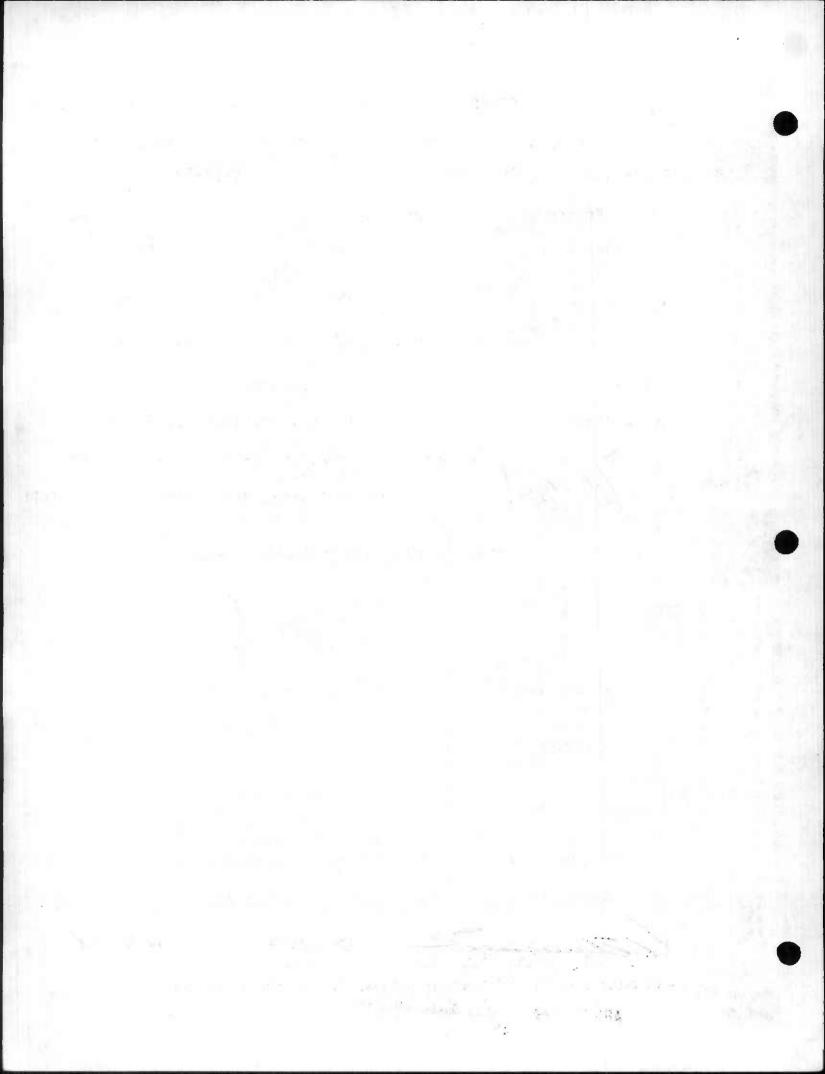
whia Davidson-Randall



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month **Physician** HECKER JESSICH APRIL 20 1998 10:00 PM HILDA /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** BERLIN NURSING & REHAB. BERLIN CTR. WORCESTER 8. Date of Birth (Month, Day, 5. Sociel Security Number if Under 1 6. Sex 7. Age (In yrs. last birthday) **Funeral**  Birthplece (State or Foreign Country) 1□M abz'r Days Hours Yrs. Director 138-54-2900 98 Usuel Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Locetlon 7 is marked other than "natural", or items 23e or 28e-f show treumetic event, the Medical Examiner must be notified at 10d. Inside City Limits NJ BERGEN ELMWOOD PARK Director Veryes 2 □ No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 733 RIVER ROAD 17407 USA daath Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11 Maritel Stetus permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene.
Important if fem 27 is marked other than "natural" or ham any injury or other traumetra. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes → No Specify: Specify: WHITE à 3 Widowed 4 □ Divorced Completed 15. Decedent's Education 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be UNKNOWN UNKNOWN 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) PL., MAGNOLIA BERLIN, DYPNA JESSICH Mp. 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 1 ☐ Burial 2 Cremetion 3 ☐ Removel from State 4-22 5 Other (Specify) SALISBURY CREMATORY SALISBURY, MD. 21. Signatur 22. Name end Address of Fecility ULLRICH FUNERAL HOME BERLIN, MD., 21811 disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** ATTEROSCIENOTIC CONDIOVASCULATI /Medical Immediate Ceuse (Finel disease or condition resulting In death) Examiner Due to (or as e consequence of) Examiner sician and burial-transit Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): the daath cartificate be axecu ettending physician for usa es the buria Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): signed by tha eld Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evallable prior to completion of cause of deeth? page 2 should Completed 24e. Wes en eutopsy performed? peen Tha law Aftar this cartificata hes 1 Yes 2 No No 1 Yes Division of Vital To the Mospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, it Be 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end menner steted. 29a. Certifier Medical 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of person who completed ceuse of death (Item 23e) (Type, Print) EDWIN CASTANEDA, MD 314 FRANKLIN AVENUE, STE 103, BERLIN, MD 21811 31. Date filed (Month, Dey, Year) 32. Registrer's Signature
Julia Davidson-Randall State APR 2 2 1998 Registrar



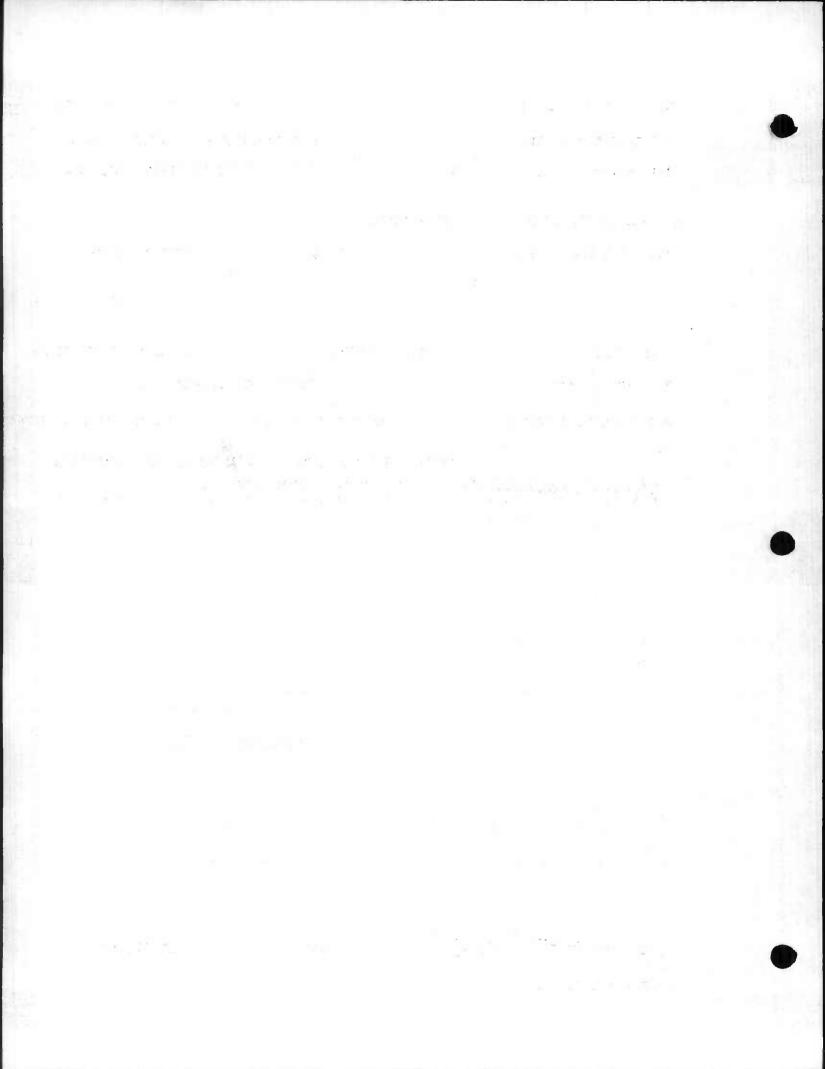
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** APRTL 1998 LLEWLYN EDWARD JONES 4:50 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b City Town or Location of Death 4c. County of Death Examiner 201 BLACKBERRY DRIVE FORT WASHINGTON PRINCE GEORGE 6. Data of Birth (Month, Day, Year) MAY 12, 1946 If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 1₩ 2□ F Days Hours OKLAHOMA Yrs. 231-58-1799 51 Director Usual Rasidence of Decedent with the Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Medical Examiner must be nothed at 1 X Yas 2 No Director MARYLAND PRINCE GEORGE TEMPLE HILLS 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2533 COLEBROOK DRIVE 20748 UNITED STATES Peges 1 and 2 should be filed within 72 hours efter death sent of Heelth and Mental Hygiene.
nt: If Item 27 Is marked other than "natural", or items 23. Funeral 12. Was Decedant Evar in U,S. Armed Force⊕? 1 ☐ Yas 2 ②No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☐ No Specify: Baltimore, Maryland 21215-0020 þ Specify: 3 ☐ Widowed 4 Divorced BLACK Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast College (1-4or 5+) 12TH GRADE TRUCK DRIVER LUCAS COMMUNICATIONS 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middle, Maiden Sumama) PRENTICE E. JONES INEZ YVONNE PARKER JONES 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) KAREN MILLER / SISTER 201 BLACKBERRY DRIVE, FORT WASHINGTON, MARYLAND 20744 other 1 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Department o Important: If any Injury or Injury or 4 ☐ Donation 5 ☐ Othar (Specify) RESURRECTION CEMETERY 4/25/98 CLINTON, MARYLAND 21. Signatura of Funaral Sarvice Licensee 22. Nama and Address of Facility THORNTON FUNERAL HOME, P.A. ww LEON THORNTON 3439 LIVINGSTON ROAD, INDIAN HEAD, MD. M00582 20640 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onset and Death Physician /Medical Immediata Cause (Final disaasa or condition resulting in death) 14 MONTHS METASTATIC COLON CANCER Examiner Dua to (or as a consequence of) Examiner CHRONIC HEPATITIS C buriel-transit certificate be executed Sequentially list conditions, if any, laading to immediata cause. Entar Underlying Cause (Disaasa or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): pue Box 68760 attending physician for use es the burie Physician/Medical Dua to (or as a consequence of): signed by the a d be detached f P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? should I 24a. Was an autopsy performed? Completed page 2 hes 1 Yas 2 No 1 ☐ Yas 2 ☐ No this certificate Division of Vital Attending Physician: Be 25. Was casa referred to medical 26. Placa of Death (Check only ona) Hospital: Othar: 4 ☐ Nursing Homa 5 🖾 Rasidence 6 ☐ Othar (Specify) 2 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Time of After 5 Panding invastigation 1 (XNatural To the Hospital or Attandir within 24 hours efter death.
To the Funeral Director: Al completely filled in by the fu death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be 26f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 29a. Cartifian 1 💢 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data end place, and dua to tha causa(s) and manner as statad. Medical 2 Madicat Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D 34445 APRIL 21, 1998 30. Nama and eddress of person who completed causa of death (Item 23a) (Type, Print)

State Registrar 31. Data filed (Month, Day, Year) APR 2 2 1998

FRANCISCO KING, MD

32. Registrar's Signatura This attended Revolate



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Items: 23 part I,27 per MEO G-759 5/4/98 rebCertificate of Death

7. Aga (In yrs. lest birthday)

50

•	•	0	Q	1
	Reg. No.	2	U	1

4c. County of Death

Physician	
/Medical	
Examiner	

DAVID **LORENZO** LOCKARD, JR. 2. Date of Death Month APRIL 20,1998

DEC. 23, 1947

3699 3. Time of Death 11:15 A

4a Facility Name (If not institution, give street and number) CALVERT MEMORIAL

4b. City, Town, or Location of Daath PRINCE FREDERICK

8. Date of Birth (Month, Day, Year) Birthplace (Steta or Foraign Country)

**Funeral Director** 

rei', or items 23s or 28s-f show Examiner must be notified at

d 2 should be filed within 72 hours eftar death with t it and Mental Hyglene. 7 is marked other than "naturel", or Herne 23s or 1 traumatic event, the Medical Example. Installen

Directo

Funeral

þ

Completed

Be

Examiner

Physician/Medicai

þ

Completed

Be

10

Certification:

Medical

the Meryland

214-46-1498 Usual Residence of Decedent 10a. State MARYLAND

10b. County ST. MARY'S

**XX**M 2□ F

10c. City, Town or Location CHARLOTTE HALL

Yrs.

10d. Inside City Limits 1 ☐ Yas 2 No

WHITE

WASHINGTON DC

10e. Street and Number

5. Social Security Number

10f. Zip Code

10g. Citizan of What Country? UNITED STATES

37636 HANDEL DRIVE

1 Never Married XX Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U.S. Amped Forces? \*\*MAYes 2 □ No 1967— If Yas, Giva Yaar or Detes: 1968 1968

 Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yes 2 No Specify:

If Under 1 Year | If Under 24 Hrs.

20622

Hours

Days

 Race - American Indian, Black, White, etc. Specify:

15. Decedent's Education (Specify only highast grada completed) Elementery/Secondary (0-12)

1. Decedent's Nama (First, Middla, Last)

College (1-4or 5+)

M00053

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

12

CRANE OPERATOR

CONSTRUCTION

17. Father's Name (First, Middle, Last)

DAVID LORENZO LOCKARD, SR.

19e. Informent's Name/Relationship (Type, Print)

ETHEL MARGARET PAYNE

18. Mother's Name (First, Middle, Meiden Sumeme)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 37636 HANDEL DRIVE, CHARLOTTE HALL, MD. 20622

ESTHER LEE LOCKARD - WIFE

20e. Method of Disposition 1 Burial 2 Cremation 3 Removal from State

20b. Place of Disposition (Nema of cemetery, cremetory or other place)

20c. Location - City or Town, State MARYLAND VETERANS' CEM., APRIL 24, 1998 CHELTENHAM, MD

MGB MARK G. BROHAWN

4 ☐ Donation 5 ☐ Other (Specify)

23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one cause on each line.

THE HUNTT FUNERAL HOME, INC. P.O.BOX 156, WALDORF, MARYLAND

**Physician** /Medical Examiner

physician and tha burial-transit

98 attanding p

signed by tha a d be deteched f

director, page 2

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifics complately filled in by the funeral director,

Tha law requires that the daeth cartificata be executed

Records, P.O. Box 68760

Division of Vital

permit. Pages 1 and 2 st. Department of Haalth and Important: If Item 27 is m any Injury or other traum pncs.

Immediate Cause (Final disease or condition resulting in death)

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Due to (or as a consequence of)

Due to (or as a consequence of).

Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last

Due to (or as a consequence of):

Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobecco use contribute to the cause of death?

3⊠ Probably 4 Unknown 1 Yes 2 No

24a. Was an autopsy

24b. Were eutopsy findings evallable prior to completion of cause of death?

Approximete interval Batween Onset and Death

12 Yes 2□No

26. Piace of Death (Check only one)

1. Yes 2□ No

25. Wes case referred to medicat examiner? 1XXYes 2□ No

27. Manner of Death 5 Pending investigation 6 Could not be determined 28e. Date of Injury (Month, Dey Year)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

Location (Street and Number or Rurel Route Number, City or Town, State)

29a. Certifier (Check only one)

XX Natural

2 Accident

3 ☐ Sùicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted.

\*\*Common Physician: To the best of my knowledge, death occurred at the time, due to the cause(s) and manner es steted.

\*\*Common Physician: To the best of my knowledge, death occurred at the time, due to the cause(s) and manner estated.

29b. Signature and title of certifier

29c. License number

29d. Data signed (Month, Dev. Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

OCME

APRIL 21,1998

Strongn

Radentz 111 Penn Street, Baltimore, Maryland 21201

State Registrar

**DHMH 16 Rev 6/95** 

274 W 1844 1842 -posting agreement in the second 

# Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death Physicia /Medic MATHEW Examin

Hygiene	0	01	U
Reg. No.			

									2. Data	& Dooth				
Decedent's Nama (First, Middla, Las     Alice Mae Matthew	S								API	IL	Day 15,1	9 9		3. Tima of Deal 4:50
4a. Facility Nama (If not institution, give	street and nu	mber)				4	4b. City, To	own, or L	ocation of	Death	4c. Coun	ty of D	eath	
CIVISTA MED	TCAT (	CENT	FD				T	APLA	ТЛ		C	НΛ	RLE	C
5. Social Sacurity Number 6. Si			n yrs. last bii	rthday)	If Undar	1 Yaar	if Under		8 Data	f Birth		7	-	
4	□ M 21XF		. ,	Yrs.	Months	Days	Hours	Min.	(Mont	n, Day, Y	'aar)		Countr	oce (Stata or Formy)
216-40-5885		68							repru	ary	7,193	SU	Mar	ryland
Usual Rasidance of Dacedant														
10a. Stata 10b. County		10	Dc. City, Tow	n or Loc	cation								10	d. Insida City Lin
Maryland Charles		13	Marbur	v										1 ☐ Yas 2 🔀
10e. Street and Number				- 1	404 75-	0.4-				1 40	Obl			_
Toe. Street and Number					10f. Zip	Cooa				100	. Citizan o	vvnat	Countr	y?
4095 Vine Yard Pla	ace				20	658					U.S	. A		
11. Maritai Status	12. Was Dad	edant Eva	r in U.S.	13. V	Vas Deced	lant of H	ispanic Or	igin? (Sr	ecity Yas	r No-				n Indian,
1 Navar Married 2 Married	Armed F	orces?		If	Yas, spec	ify Cuba	an, Maxicai	n, Puarto	Ricen, ato	.)	BI	ack, W	Vhita, at	te.
	If Yas, G	iva		1	☐ Yas :	No No	Specify:				Spec	ifv:	-	Silver In 1
3 ☐ Widowed 4 ☐ Divorced	Yaar or [	Datas:										,	B1	ack
15. Decedant's Ed			16a	Daced	ent's Usua	I Occup	ation			16	b. Kind of	Busina	iss/Indu	ustry
(Specify only highast grad				(Giva I	kind of woi OO NOT us	rk dona ( se ratirec	during mos	it of work	king					
Elamantary/Secondery (0-12)	Collega (	(1-4or 5+)	LT		_					7.	lor II-	-		
11			HC		aker						ler Ho	-		
7. Fathar's Nama (First, Middla, Last)							18. Moth	ar's Nam	a (First, M	ddia, Ma	idan Sume	me)		
Adrain Simmons							Alh	orta	Hawk	ine	Berry	7		
						1000000							-	
19a. Informant's Name/Ralationship (7	ype, Pnnt)		196	o. Mallin	g Address	(Street	ana Numb	er or Ru	ral Houte N	um <i>ber, (</i>	City or Tow	n, Stat	a, Zip C	iode)
James A. Matthews	, Sr.			Sam	e as	#10								
20a. Mathod of Disposition		1	20b. Place o cemata	f Dispos	sition (Nan	na of	A	20	Data	20	c. Location	- Clty	or Tow	n. Stata
1XX unial 2 Cramation 3	Ramoval from	State						1						
4 ☐ Donation 5 ☐ Other (Spacify			Maryla	and '	Veter	ans	Ceme	tery	,	Ch	elter	nhar	n, M	Maryland
21. Signeture of Funaral Sarvice Licea	see 111			22.	Nama an	d Addras	ss of Facili	ty						
11/1	1111			TAT	11111	T		' T T1	,	D A				
North In.	WIII .			74.	TTTTO	ums i	runer	ат н	iome,	L . H.				
I Promise	her	M	00668									M	9. 2	0640
23a, Part I. Entar the disease, or come	Scations that			4	270 E	lawth	norne	Rd.	, Ind	ian	Head.	Mc		20640
23a. Part1. Entar the disease, or comp shock, or haar failure. List only of	Rications that one cause on			4	270 E	lawth	norne	Rd.	, Ind	ian	Head.	Mc	1	Approximate Intarval Between
23a. Part1. Enter the disease, or composhock, or haan failure. List only of	lications that one cause on			4	270 E	lawth	norne	Rd.	, Ind	ian	Head.	Mc	1	Approximate
Immadiata Causa (Final	Rications that one cause on			4	270 E	lawth	norne	Rd.	, Ind	ian	Head.	, Mc	1	Approximate Intarval Between
	a.			4	270 E	lawth	norne	Rd.	, Ind	ian	Head.	Mo	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition	ilications that one cause on a	caused the		not ante	270 E	lawth	norne	Rd.	, Ind	ian	Head.	Mc	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition	lications that one cause on a	caused the	daath. Do	not ante	270 E	lawth	norne	Rd.	, Ind	ian	Head.	, Mic	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting in deeth)	a	Cabund the case of	a daath. Do	not ante	270 E	lawth a of dyln	norne ng, such as	Rd.	, Ind	ian	Head.	, Mc	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any leading to immediate	a	Cabund the case of	daath. Do	not ante	270 E	lawth a of dyln	norne ng, such as	Rd.	, Ind	ian	Head.	, Mo	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any leading to immediate	a	Cabund the case of	a daath. Do	not ante	270 E	lawth a of dyln	norne	Rd.	, Ind	ian	Head.	, Mc	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Disaasa or Injury that Initiated ayants	a	Caband the such are.  Due to the control of the con	a daath. Do	not ante	uance of):	lawth a of dyln	norne ng, such as	Rd.	, Ind	ian	Head.	, Mc	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Disaasa or Injury that Initiated ayants	a	Caband the such are.  Due to the control of the con	a daath. Do	not ante	uance of):	lawth a of dyln	norne ng, such as	Rd.	, Ind	ian	Head.	, Mc	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or Injury that initiatad a vants	a	Caband the such are.  Due to the control of the con	a daath. Do	not ante	uance of):	lawth a of dyln	norne ng, such as	Rd.	, Ind	ian	Head.	. Mc	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Disaasa or Injury that Initiated ayants	a	Caband the such are.  Due to the control of the con	a daath. Do	not ante	uance of):	lawth a of dyln	norne ng, such as	Rd.	, Ind	ian	Head.	. Mc	1	Approximate Intarval Between
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Underlying Causa (Disaasa or Injury that initiatad avants resulting In daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	, Inc	ian ony arres	Head,			Approximate Intarval Between Onsat and Daeth
Immadiata Causa (Final disaasa or condition rasulting in deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Underlying Causa (Disaasa or Injury that initiatad avants resulting in daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	, Inc	ian bry arres	Head,	ontrib	outa to 1	Approximate interval Between Onsat and Daeth
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Undarlying Causa (Disaasa or Injury that initiatad avants resulting In daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	, Inc	ian bry arres	Head,	ontrib	outa to 1	Approximate interval Between Onsat and Daeth
Immadiata Causa (Final disaasa or condition rasulting in deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Underlying Causa (Disaasa or Injury that initiatad avants resulting in daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	, Inc	ian bry arres	Head,	ontrib	outa to 1	Approximate interval Between Onsat and Daeth
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Undarlying Causa (Disaasa or Injury that initiatad avants resulting In daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	, Indoor raspirate	Did tobe	Head,	ontrib 3 [	outa to 1 Probe	Approximate Interval Between Onsat and Daeth Daeth the cause of deals abiy
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Underlying Causa (Disaasa or Injury that initiatad avants resulting In daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	, Tho or raspirate 23b.	ian bry arres	Head,	ontrib 3 [	outa to 1 Probe	Approximate interval Between Onsat and Daeth Cause of detably Unknown a autopsy finding lable prior to
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Underlying Causa (Disaasa or Injury that initiatad avants resulting In daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	, Tho or raspirate 23b.	Did tobe	Head,	ontrib 3 [	buta to 1 Proba	Approximate Interval Between Onsat and Daeth Daeth the cause of deals abiy
Immadiata Causa (Final disaasa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata couse. Enter Undarlying Causa (Disaasa or Injury that initiatad avants resulting In daath) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	23b.	Did tobe 1 Yes Was an aperformer	Head,	ontrib 3 [	pouts to 1	Approximate interval Between Onsat and Daeth Onsat and Daeth the cause of delably Unkra a autopsy finding lable prior to aplation of causa eath?
Immadiata Causa (Final diseasa or condition rasulting In deeth)  Sequentially list conditions, fany, leading to immadiata cause. Enter Underlying Causa (Diseasa or Injury hat initiatad avants resulting In death) Last	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	llui	Rd. cerdiac	23b.	Did tobe	Head,	ontrib 3 [	pouts to 1	Approximate interval Between Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat Ons
Immadiata Causa (Final disease or condition rasulting In deeth)  Sequentially list conditions, fany, leading to immadiata cause. Enter Underlying Causa (Disease or Injury hat initiated avants resulting In death) Last  Part II. Other significant conditions co	a	Due	a daath. Do	donsequi	uance of):	lawth a of dyln	lui	Rd.	23b.	Did tobe 1 Yes Was an aperforme	Head,	ontrib 3 [	pouts to 1	Approximate interval Between Onsat and Daeth Onsat and Daeth the cause of delably Unkra a autopsy finding lable prior to aplation of causa eath?
Immadiata Causa (Final disease or condition rasulting in deeth)  Sequentially list conditions, if any, leading to immadiata cause. Enter Undartying Causa (Disease or Injury hat initiated avents resulting in death) Last  Part II. Other significant conditions condit	a. C	Due Due Due Due Due Due Due Due Due Due	a daath. Do  A daath. Do  A to (or as a  A to (or as a  A to (or as a)  A to (or as a)	densequent that un	uance of):	Iawth a of dyln	en in Part	Rd. cerdiac	23b.	Did tobe 1 Yes Was an aperformer	Head,	3 [	bouta to 1	Approximate Interval Between Onsat and Daeth Onsat and Daeth
Immadiata Causa (Final disease or condition rasulting In deeth)  Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Disease or Injury that initiated avants resulting In death) Last  Part II. Other significant conditions conditions conditions conditions axis causally in the conditions condit	a	Due Due Inpatient	a daath. Do	densequent that un	uance of):  uance of):	Iawth a of dyln	en in Part	Rd. cerdiac	23b.	Did tobe 1 Yes Was an aperformer 1 Yas enly ona)	Head, t,	3 = 24	bouta to 1	Approximate Interval Between Onsat and Daeth Onsat and Daeth
Immadiata Causa (Final disease or condition rasulting in deeth)  Sequentially list conditions, if any, leading to immadiate seuse. Enter Underlying Causa (Disease or Injury hat initiated avents resulting in death) Last  Part III. Other significant conditions conditions conditions are in the conditions of the conditio	a	Due Due Inpatient	a death. Do  a to (or as a  a to (or as a  a to (or as a  to to (or as a  to (or as a)	densequent that un	uance of):  uance of):	Me Oth.	en in Part I	Rd	23b.	Did tobe 1 Yes Was an aperformer 1 Yas enly ona)	Head,	3 = 24	bouta to 1	Approximate Interval Between Onsat and Daeth Onsat and Daeth
Immadiata Causa (Final disease or condition rasulting In deeth)  Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Disease or Injury that initiated avants resulting In death) Last  Part II. Other significant conditions conditions conditions conditions axis causally in the conditions condit	a	Due Due Inpatient of Injury	a death. Do  a to (or as a  a to (or as a  a to (or as a  to to (or as a  to (or as a)	donseque conseque conseque utpatient	uance of):  uance of):	Me Oth.	en in Part	Rd	23b.	Did tobe 1 Yes Was an aperformer 1 Yas enly ona)	Head, t,	3 = 24	bouta to 1	Approximate Interval Between Onsat and Daeth Onsat and Daeth
Immadiata Causa (Final disaasa or condition rasulting in deeth)  Sequantially list conditions, if any, leading to immadiata ceuse. Enter Undartying Causa (Disaasa or Injury that initiated avants resulting in death) Last  2art II. Other significant conditions conditions conditions axis in the conditions conditions axis in the conditions con	a	Due Due laath but no linjury yeth, Day Ye	a death. Do  a to (or as a  a to (or	denseque conseque n tha un	uance of):  uance of):  uance of):	Me Othina a of dylin	en in Part I	Rd	23b.  24a.  24a.  28d. Desc	Did tobe 1 Yes was an aperforme 1 Yas only ona) Rasidance	Head, t,  acco use c 2 No autopsy 2 No ce 6 0	24	pouts to 1	Approximate interval Between Onsat and Daeth Onsat and Daeth ably Unkra a autopsy finding lable prior to aplation of causa aath?  Yas 2 \( \text{No} \)
Immadiata Causa (Final disease or condition rasulting in deeth)  Sequentially list conditions, f any, leading to immadiate cause. Enter Underlying Causa (Disease or injury hat initiated avants resulting in death) Last  Part II. Other significant conditions conditi	a	Due Due laath but no linjury yeth, Day Ye	a to (or as a))))))))))))))))))))	denseque conseque n tha un	uance of):  uance of):  uance of):	Me Othina a of dylin	en in Part I	Rd	23b.  24a.  th (Check or or a 5 = 28d. Desc	Did tobe 1 Yes was an aperforme 1 Yas only ona) Rasidance	Head, t,  accouse c 2 No autopsy d? 2 No ce 6 0	24	pouts to 1	Approximate Interval Between Onsat and Daeth Onsat and Daeth
Immadiata Causa (Final disease or condition rasulting In deeth)  Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting In death) Last  Part II. Other significant conditions conditions conditions conditions are successful to the conditions condi	a	Due Due Inpatient of Injury Yea	a to (or as a))))))))))))))))))))	denseque conseque n tha un	uance of):  uance of):  uance of):	Me Othina a of dylin	en in Part I	Rd	23b.  24a.  th (Check or or a 5 = 28d. Desc	Did tobe 1 Yes Was an aperforme 1 Yas enly ona) Rasidance how	Head, t,  accouse c 2 No autopsy d? 2 No ce 6 0	24	pouts to 1	Approximate interval Between Onsat and Daeth Onsat and Daeth ably Unkra a autopsy finding lable prior to aplation of causa aath?  Yas 2 \( \text{No} \)
Immadiata Causa (Final disease or condition rasulting in deeth)  Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Causa (Disease or Injury that initiated avents resulting in death) Last  Part II. Other significant conditions conditions conditions are underlying to the conditions conditions are underlying to the conditions condi	a	Due Due Inpatient of Injury ing, atc. (5)	a death. Do  a to (or as a  a to (or	densequence of the consequence o	uance of):  uance of):  uance of):  darlying co	eusa giv	en in Part	Rd. cerdiac	23b.  24a.  28d. Description	Did tobe 1 Yes Was an eperforme 1 Yas enly ona) Rasidance ribe how	Head, t,  accouse c 2 No autopsy d? 2 No ce 6 O injury occi	3 = 24	bouta to 1  Probe  4b. War avail acomo of de 1  Frequent of the second o	Approximate Interval Between Onsat and Daeth Onsat and Daeth
Immadiata Causa (Final disaasa or condition rasulting in deeth)  Sequantially list conditions, if any, leading to immadiata ceuse. Enter Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Last  Part II. Other significant conditions condi	a	Due Due Due Due Due Due Due Due Due Due	a death. Do  a to (or as a  b a  a to (or as a  a to (or as a  a to (or as a  a to (or as a  b a  a to (or as a	donseque conseque conseque conseque the conseque the conseque the consequence	uance of):  uance of):  adarlying co	eusa giv	g, such as  26. Piace ar: 4 Nu yat k? Yas 2	Rd. cerdiac cerdiac	23b.  24a.  28d. Description	Did tobe  1 Yes  Was an aperformed  1 Yas  anily ona)  Rasidance  ribe how	Head, t,  accouse c 2 No autopsy dd? 2 No to 6 00 injury occur et and Nun Stata) sa(s) and n	24  //  //  //  //  //  //  //  //  //	puta to 1  Proba  1  Proba  1  r Rural	Approximate interval Between Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat
Immadiata Causa (Final disaasa or condition rasulting in deeth)  Sequentially list conditions, if any, leading to immadiata couse. Enter Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Last  Part II. Other significant conditions could be conditionally in the conditions could be conditionally invastigation invastigation invastigation invastigation detarmined  29e. Certifier (Check only one)	a	Due Due Due Due Due Due Due Due Due Due	a death. Do  a to (or as a  b a  a to (or as a  a to (or as a  a to (or as a  a to (or as a  b a  a to (or as a	donseque conseque conseque conseque the conseque the conseque the consequence	uence of):  uence of):  uence of):  uence of):  darlying co	a of dyln  A Oth  Bc. Injun  Word  Toffice  at the tim  In my op	en in Part I	Rd. cerdiac cerdiac	23b.  24a.  28d. Description	Did tobal  Tyes  Was an aperformed and apperformed apperformed and apperformed app	Head, t,  accouse c 2 No autopsy d? 2 No ce 6 0 injury occur et and Nun stata) sa(s) and n e end plece	thar (Surred	b. Waravaila com of dt	the cause of delatival Between Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat O
Immadiata Causa (Final disaasa or condition rasulting in deeth)  Sequantially list conditions, if any, leading to immadiata couse. Enter Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Last  Part II. Other significant conditions could be conditionally invastigation axaminar?  1   Yas   No   No   Yas   a	Due Due Due Due Due Due Due Due Due Due	a death. Do  a to (or as a  b a  a to (or as a  a to (or as a  a to (or as a  a to (or as a  b a  a to (or as a	donseque conseque conseque conseque the conseque the conseque the consequence	uence of):  uence of):  uence of):  uence of):  darlying co	a of dyln  A Oth  Bc. Injun  Word  Toffice  at the tim  In my op	g, such as  26. Piace ar: 4 Nu yat k? Yas 2	Rd. cerdiac cerdiac	23b.  24a.  28d. Description	Did tobal  Tyes  Was an aperformed and apperformed apperformed and apperformed app	Head, t,  accouse c 2 No autopsy dd? 2 No to 6 00 injury occur et and Nun Stata) sa(s) and n	thar (Surred	b. Waravaila com of dt	the cause of delatival Between Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat O	
Immadiata Causa (Final disaasa or condition rasulting in deeth)  Sequentially list conditions, if any, leading to immadiata couse. Enter Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Last  Part II. Other significant conditions could be conditionally in the conditions could be conditionally invastigation invastigation invastigation invastigation detarmined  29e. Certifier (Check only one)	a	Due Due Due Due Due Due Due Due Due Due	a death. Do  a to (or as a  b a  a to (or as a  a to (or as a  a to (or as a  a to (or as a  b a  a to (or as a	donseque conseque conseque conseque the conseque the conseque the consequence	uence of):  uence of):  uence of):  uence of):  darlying co	eusa giv	en in Part in	Rd. cerdiac cerdiac cerdiac	23b.  24a.  28d. Description	Did tobal  Tyes  Was an aperformed and apperformed apperformed and apperformed app	Head, t,  accouse c 2 No autopsy d? 2 No ce 6 0 injury occur et and Nun stata) sa(s) and n e end plece	thar (Surred	b. Waravaila com of dt	the cause of delatival Between Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat O
Immadiata Causa (Final disassa or condition rasulting In deeth)  Sequantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Disassa or Injury that initiated avants resulting In death) Last  Part II. Other significant conditions condi	a	Due Due Due Due Due Due Due Due Due Due	a death. Do  a to (or as a  b a  a to (or as a  a to (or as a  a to (or as a  a to (or as a  b a  a to (or as a	donseque conseque conseque conseque the conseque the conseque the consequence	uence of):  uence of):  uence of):  uence of):  darlying co	eusa giv	en in Part I	Rd. cerdiac cerdiac cerdiac	23b.  24a.  28d. Description	Did tobal  Tyes  Was an aperformed and apperformed apperformed and apperformed app	Head, t,  accouse c 2 No autopsy d? 2 No ce 6 0 injury occur et and Nun stata) sa(s) and n e end plece	thar (Surred	b. Waravaila com of dt	the cause of delatival Between Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat and Daeth Onsat O

State Registrar

**Funeral** Director

permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28s-1 show eny injury or other traumatic event, the Medical Examinet must be notified at once.

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

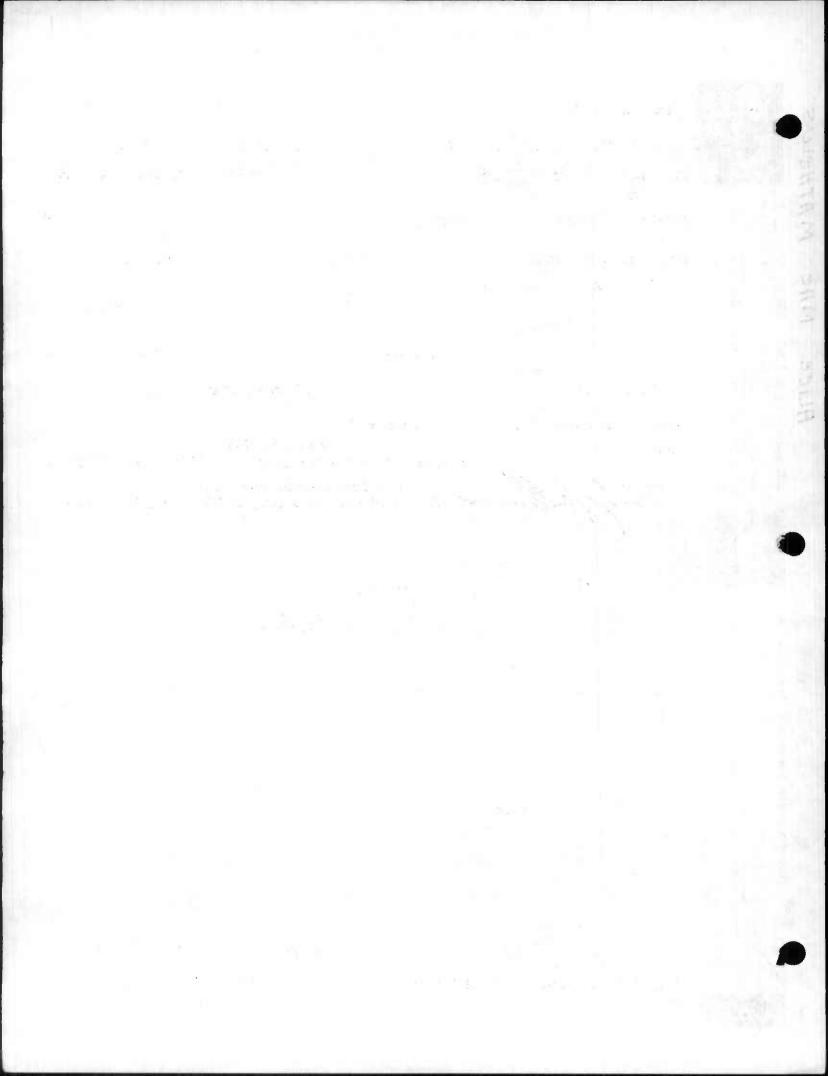
To the Funeral Director: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 2 should be detached for use as the burlansit completely filed in by the funeral director, page 2 should be detached for use as the burlansit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

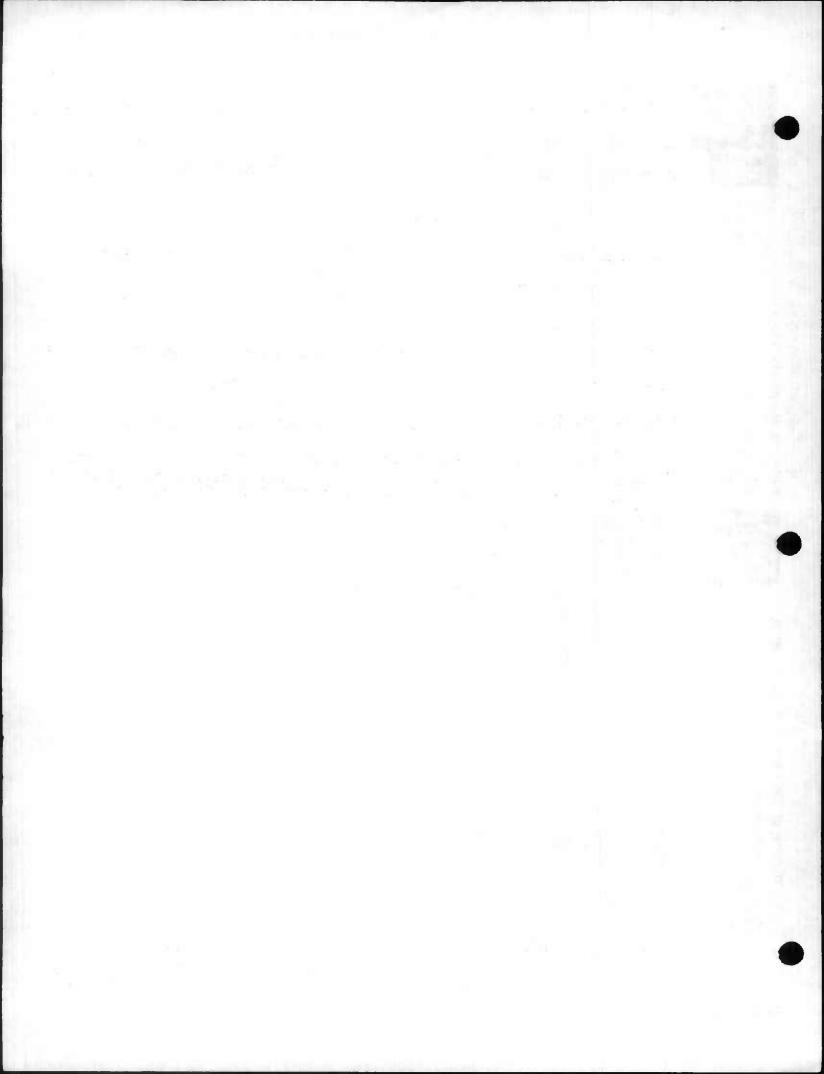
MARC

32. Registrar's Signatura 31. Data filed (Month, Day, Year) APR 2 2 1998



# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene.

					Certif	icate of	Death		Reg. No. 90	15	/ U I	
Physici		Decedent's Neme (First, Middle, L     Allen Stewart						2. Dete of De Month APRIL	Dey	Year	Time of Death  1:46 A.M	
/Medic Examin		4e. Fecility Neme (If not institution, g		per)			4b. City, Town, or	Location of Deeth			1.40 A.H	
Funeral Director		178 20 5362				Under 1 Year onths Deys	CAMP SP	s. 8. Dete of Bir		9. Birthplece Country Pennsy	RGE'S (State or Foreign Lvania	
puel wa		Usuel Residence of Decedent  10e. Stete 10b. County		10c. Ci	ty, Town or Location	on				10d. (	Inside City Limits	
Mery Mery Med ah	tor	MD P.G		5	Suitland						1 ☐ Yes 2 No	
th with the 23s or 28	Funeral Director	10e. Street end Number 10f. Zip Code 10g. 6202 Auth Road 20746								Whet Country? States		
020 urs after dee ur, or flems	by Fune	11. Meritel Stetus  1 □ Never Merried ②  Married  3 □ Widowed 4 □ Divorced	Armed Force	12. Wes Decedent Ever In U,S. Armed Forces?  XIX Yes, 2 □ No If Yes, Give  1 □ Yes 2 ☒ Xio			lispenic Orlgin? ( en, Mexicen, Pue Specify:	Specify Yes or No rto Rican, etc.)	14. Rec Bied Specify	e - Americen Inc. ok, White, etc.		
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after deeth with the Meryland I Health and Mental Pyglene. Item 27 is marked other than "natural" or items 23s or 28s-1 show other traumatic event, the Medical Evanthet must be notified at	Completed	15. Decedent's (Specify only highest g	Education rade completed) College (1-4	or 5+)	(Give kind life. DO I	16e. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)  Electronics Technicia			16b. Kind of Bu	usiness/industr		
land Z id be filed v ental Hygie ked other ic evant, th	To Be Co	12 17. Fether's Neme (First, Middle, Last Charles Ott	it)		FIECU	OHICS	18. Mother's Ne	ome (First, Middle,	Meiden Sumen		-Tillette	
Mary od 2 shou lith and M 27 is meri	<b> -</b>	19e. Informent's Neme/Rejetionship Eloise P. Ott. (						Rural Route Numb			fe)	
000-		20a. Method of Disposition  1 ☐ Buriel 2 ☑ Cremetion 3  4 ☐ Donetion 5 ☐ Other (Speed			Piece of Disposition cometery, cremeto	n (Neme of ry or other ple	ce)	Dete	20c. Location -	City or Town,		
Baltimo pemit. Pag Depertment Important: It any Injury o		21. Signeture of Fuherei Service Licensee  22. Name and Address of Faciliff, ee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Maryland 2073!										
Physician		23a. Pert1. Enter the disease, or co shock, or heart feilure. List only	mplications thet cau y one ceuse of eac	the deal	h. Do not enter th	e mode of dyir	ng, such es cerdie	ac or respiretory e	rrest,	Inte	proximete ervai Between set end Deeth	
/Medicai Examiner		immediate Cause (Finel disease or condition resulting in deeth)	e. CONGE		HEART FA					48	HOURS	
cuted nd transit	Examiner	Sequentielly list conditions,  END STAGE RENAL DISEASE  Due to (or es a consequence of):										
X 68/60, ertificate be axecuted ling physician and e as the bunal-transit	edical	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last										
the death certify the attending	Physician/M	Pert II. Other significent conditions	contributing to deat	h but not res	uiting In the under	lying ceuse giv	en in Pert I.	23b. Did	tobacco use co	ntribute to the	cause of death?	
as thet tha igned by the be detached	by Phy							10	Yes 2□ No	3 ☐ Probabl	y 4 🖄 Unknown	
ecord  w requir  s been s  s should	Completed							24e. Wes	en eutopsy rmed?	24b. Were a aveilab comple of deat	autopsy findings ble prior to btion of cause h?	
								10	Yes 2X No	1 □ Ye	s 2 No	
OT VICAL Physician: The Physician: The this certificate ral director, pag	o Be	25. Wes cese referred to medical exeminer?  1 ☐ Yes 2 ☒ No	Hospitel:		FD/0-11	Oth		eth (Check only o		(0		
	<b> </b>	27. Menner of Deeth  1 Neturei 5 Pending 2 Accident investigati	28a. Dete of (Month,		28b. Time of Injury	28c. Injur Wor	4 I Nuising Home 5 I He		esidence 6 Other (Specify) be how injury occurred			
To the Hospital or Attending the Hospital or Attending the Hours after death.  To the Funeral Director: A completely filled in by the it	Certification:	3 ☐ Suicide 6 ☐ Couid not 4 ☐ Homicide determine	fectory, office	, office 28f. Location (Street and Number City or Town, State)			er or Rurel Ro	or or Rurel Route Number,				
Lity the Hospital or within 24 hours effer To the Funeral Dir completely filled in	edical		hyelclan: To the be miner: On the basi end menner	s of examine								
To t with To t	Σ	29b. Signeture end title of certifier  **Mantha	RK ST	oll	70		57395- I		29d. Date signed (Month, Dey, Year)  APRIL 15, 1998			
		30. Name and address of person who KANTHA R.K. STOL	•			89 MD	G/1050 V	V. PERIME FORCE BAS	TER RD.	SUITE	A1-7	



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 3. Time of Death 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) April 15, 1998 **Physician** 3:30 AM Barbara B. Petite /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Clinton Prince George's Southern Maryland Hospital If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) 5. Social Security Number 6. Sex **Funeral** 1 .M 2 .F Months Yrs. Sept 1, 1938 577 52 2153 59 North Carolina Director Usual Residence of Decedent Pagas 1 and 2 should be filed within 72 hours after death with the Maryland neat of Health and Mental Hyglane. Intent of Health and Mental Hyglane. Intent Here 23a or 28a-f ahow int: If them 27 is a marked other than "returel", or thems 23a or 28a-f ahow ury or other traumatic event, the Medical Expansion man be notified any or other traumatic event, the Medical Expansion man be notified. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits P.G. MD Brandywine 1 ☐ Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7809 Knollwood Street 20613 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ZXXNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 Married Black Baltimore, Maryland 21215-0020 1 Yes ŽONo Specify: Specify: q 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Uaual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Hame 12 18. Mother's Name (First, Middle, Malden Sumeme) 17. Father's Name (First, Middle, Last) Margaret (UNKNOWN) Sherman Burt 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 7809 Knollwood Street, Brandywine, Maryland 20613 Oswald Petite, Sr. 20a. Method of Disposition 20b. Placa of Disposition (Name of cametery, crematory or other place) April 22, Date 1998 20c. Location - City or Town, State 1 Bunal 2 □ Cremation 3 □ Removal from State permit. Paga Department of Important: If any injury or page. Maryland Veterans Cemetery Cheltenham, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of FecilityLee Funeral Home, Inc 6633 Old 21. Signature of Funeral Service Licensee Alexandria Ferry Road, Clinton, Maryland 20735 Inter the disease, or complication that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** 244 /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the bunal-transit The law raquiras that the death cartificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760. Physician/Medical signed by the ald Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy Completed s certificata has t 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica ataly filled in by the funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 15 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 1 Denatural 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homleide To the Hospital or within 24 hours aff To the Funeral Di complataly filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier 296. Signature and title of carrifler. The afred Prus 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 5926 Woodycurd NY #101
ADMLHASAN CANSAU M) Clip for Md. 2037

32. Registrar's Signature

ili Davidson Randall

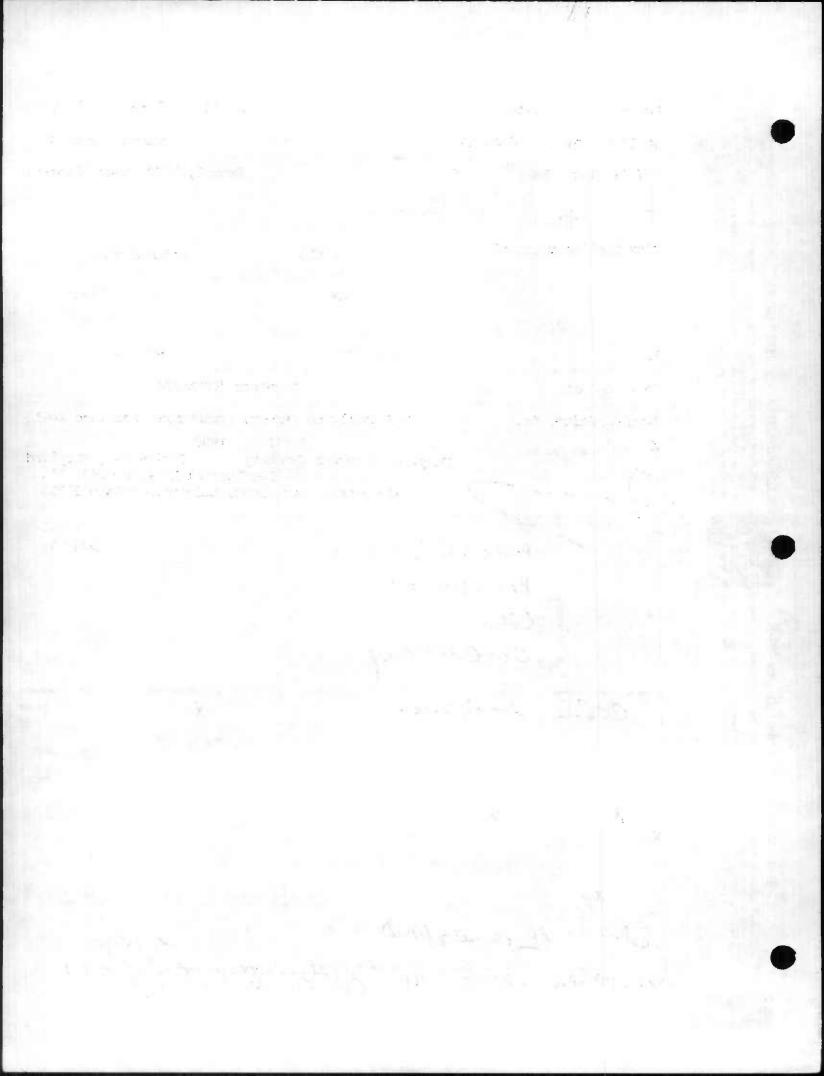
DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Year)

APR 2 % 1998



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant'a Name (First, Middia, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** DAVID NORMAN PYLES SR. 1998 APRIL 20 8:57 AM /Medical 4a. Facility Neme (if not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Friends N.H. MONTGOMERY Sandy Spring 17401 Norwood Road If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. OCT 24, 1916 6. Sex 1 № M 2 ☐ F 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) Months Yrs 578-12-7813 Maryland Usual Rasidanca of Dacedant 10a Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits 1 ☐ Yas 2 ☑ No Directo Maryland Sandy Spring Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 17401 Norwood Road 20860 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yas, Giva Yaar or Dates: WW 11 Was Decedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indien, Black, Whita, atc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ᡚ No Specify: þ Specify: White 3 Widowad 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grade complated) 16a. Decedent's Usuai Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT use retired) Elemantery/Secondary (0-12) Collaga (1-4or 5+) Bus Driver Public Transportation 8 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middia, Maiden Sumeme) Iva Ridueway Pyles Norman Pyles 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 6391 McKendree Road Dunkirk, MD 20754 Sandra J. Sweetman (daughter) 20b. Place of Disposition (Nama of cematary, crematory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetlon 5 ☐ Other (Specify) Maryland Veterans Cem. 4+22-98 Cheltenham, MD 21. Signature of Fugural Service Licensee 22. Nema end Addrass of Facility M00173 J.H. Eberwein Mortuary 4433 White Pls La White Pls., MD 20695 Enter the desarrange descriptions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediata Causa (Final a. Colon Cancer, Spread to Bladder and Liver
Dua to (or as a consequence of): disaasa or condition rasuiting in daath) Urinary Tract infection with Vancomyein Resistant Enterocecus 3weeks Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disasse or Injury that initiated events resulting in death) Last Covenary artery Disease bus to (or es a consequence of): Physician/Medical Congestive Heart failure Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No 25. Was casa rafarred to madical 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatlant 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 2 Accidant 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 6 Could not be detarmined 3 Suicide 28f. Location (Straat and Number or Rurai Routa Number, City or Town, Stete) 28e. Plece of Injury - At homa, ferm, streat, tactory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signatura and titla of certifian 29d. Date signed (Month, Day, Year) 29c. Licansa number April 20th, 1998 Bennett Morrison MJ 47682 30. Neme end addrass of person who complated causa ot daath (Itam 23a) (Type, Print) 2901 Olney - Sandy Spring Road, Olney, Maryland, 32. Rapistrar's Sinnature

Box 68760, Division of Vital Records, P.O. To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director,

**Funeral** 

Director

is marked other than "natural", or hams 23s or recommence event, the Medical Examiner must be a

2 should be 1 and Mental I

permit. Pages 1 and 2 sh Department of Health and Important: If Nem 27 is me any injury or

Physician /Medical

Examiner

sician and burial-transit

physician as the burial-

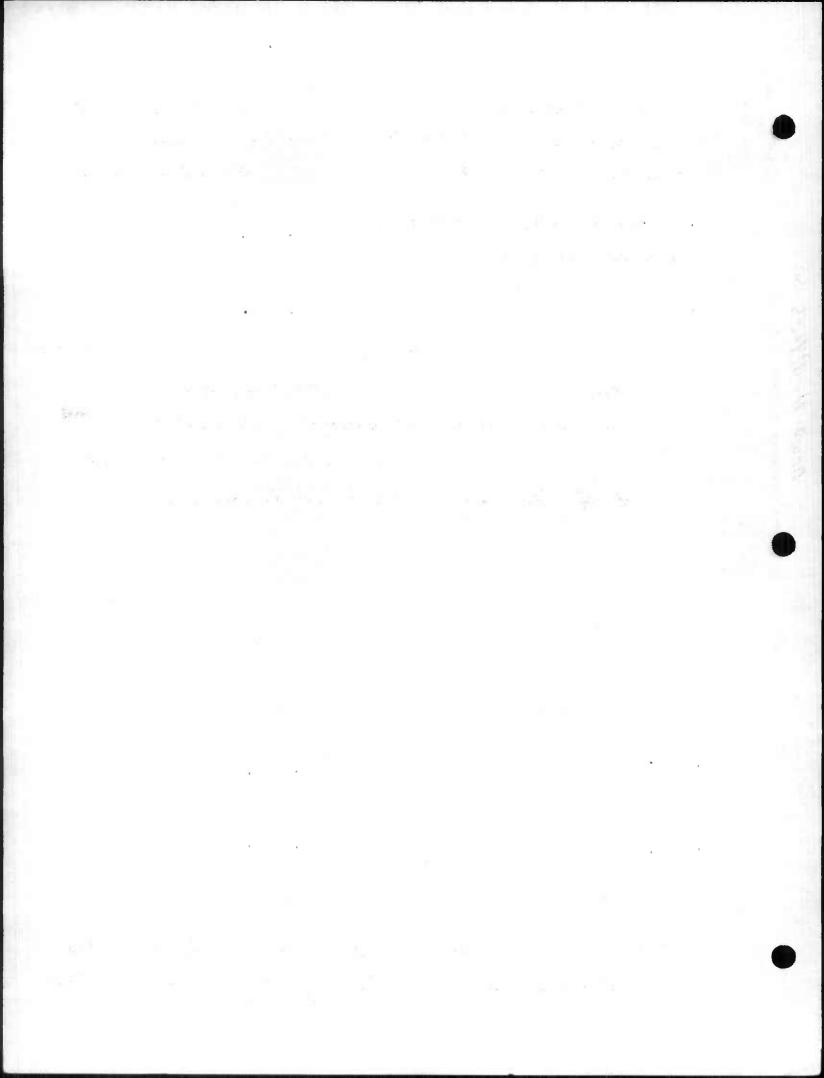
signed by t

State Registrar

Bennett Morrison

31. Data filad (Month, Day, Year)

32. Ragistrar's Signatura



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death **Physician** PARSONS GLADYS 0225 4b. City, Town, or Location of Death 17 199P 4c. County of Death 1978 /Medical 4a Facility Name (If not institution, giva street and number) **Examiner** WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Undar 24 Hrs. If Under 1 Year 8. Data of Birth (Month, Day, Year) July 14, 1917 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min 1 M 2 J Yrs. Maryland **Director** 222-16-0193 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. Somerset Eden 1 Yes 2 No Director 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 14546 Sandy Lane US 21822 Funeral 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status 1 Yes 2 No If Yes, Give Year or Dates: 1 Nevar Marriad 2 Married 1 Yes 2 No Specify: Specify: White by 3℃ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Sumeme) George Cropper Minnie Williams 19b. Mailing Addrass (Straat end Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Department of Health e Important: If item 27 is any injury or other training. 210 N. Main St., Berlin Md. Jackie Layton Baker 21811 Place of Disposition (Nama of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Buriai 2 Cremation 3 Removal from Stata **Evergreen Cemetery** 4-20-98 4 ☐ Donation 5 ☐ Other (Specify) Berlin, Maryland 22. Name and Address of Facility The Burbage Funeral Home, 108 William St., Berlin, Md. William St., William St., Berlin, Md. William St., William art1. Enter the disper-Approximate Intarval Between Onsat and Death **Physician** Immediata Causa (Final diseasa or condition resulting in death) /Medical Examiner Examiner OBSTRUCTIVE PULM. DISEASE MRONIC Sequantially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disaasa or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequanca of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. Yes 2 No 3 Probably 4 Unknown MYOCARDIAL INFARCTION by 24a. Was an autopsy performed? 24b. Wera autopsy findings available prior to Completed AtriAL FIBRILLATION complation of causa of death? 1 Yas 2 No 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) To 1 ☐ Yes 2 No Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Rasidence 8 ☐ Other (Specify) 1 Appatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Year) 27. Manner of Death 1 September 1 Septemb 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? Certification: 5 Pending investigation 1 Yes 2 No 6 Could not be determined Location (Street and Number or Rurel Route Number, City or Town, State) 3 ☐ Suicida 28a. Placa of injury - At home, farm, street, factory, office building, etc. (Specify)

Box 68760. Division of Vital Records,

aden Paisme 35# 222-16-0193

item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, it a Medical Examinar must be notified at

al Hygiene.

2 should be fi end Mental H Is marked of

ettanding physician end for use as the burial-trensit page 2 ahould certificate has After this funeral s after death. 6

Medical

4 Homicide

(Check only one)

29a. Certifier

\*\*Dertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier

29c. License number

D36576

29d. Data signed (Month, Day, Year)

30. Name and address of person who complated ceuse of death (Item 23a) (Type, Print)

RONALD

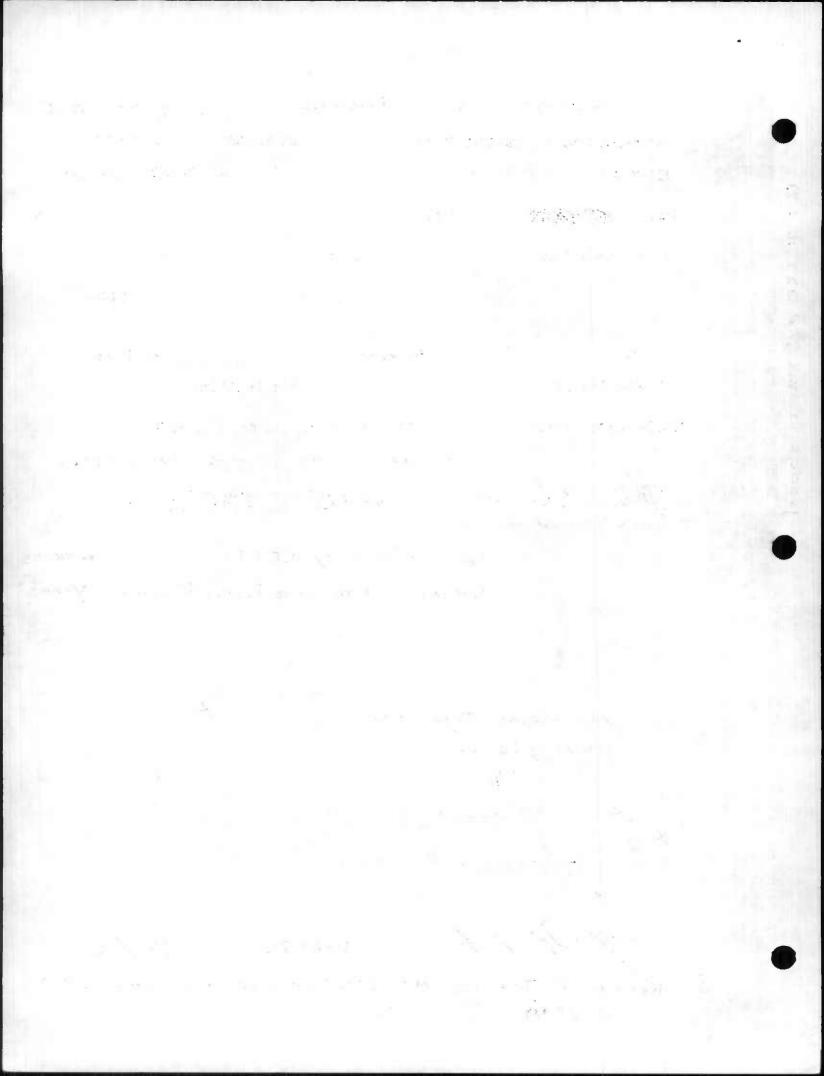
DR RAVITZ MD 560 RIVERSIDE

State Registrar

31. Date filed (Month, Dey, Yeer)
APR 2 0 1998

32. Ragistrar's Signature Sulia Davidson

within 24 hours a To the Funerel C completely filled Hospital



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					,		rtificate of			Reg. No.	8	3705	
1	Physic	ian	Decedant's Nama (First, Middla,					2. Data of Do Month	eath Day	Yaar	3. Time of Death		
	/Medi		PATRICIA ANN						APRIL		1998	1:05 PM	
زر	Exami	ner	4a. Facility Nama (If not Institution,						or Location of Deal		4c. County of Death		
L	_	Н	Williamsport N				Waterday 4 May	William			hingt		
L	Funeral Director		5. Social Sacurity Number 6 217-28-7055 Usual Rasidance of Dacadant	Sax 1□M 2気F	7. Aga (In yrs. Ii 65	Yrs.	If Under 1 Year Months Days	If Under 24 H Hours Mi	9. Birthpiaca (Stata or Foralge Country) Maryland				
	yland	1	10a. Stata 10b. County		10c. City	, Town or Lo	cation					10d. Insida City Limits	
Man Man		ţò	Maryland Washir	gton	Wi	11iams	sport					1 ☐ Yas 2 📆 No	
	with the 3e or 28e	Funeral Director	10e. Street and Number 154 North Artiv	an Street	=		10f. Zip Coda 21795			10g. Citizan of U.S.A		ntry?	
Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinat must be notified as	by	11. Marital Status  1 Nevar Married 2 Married  3 Widowad 4 TOvorced	Armad For	2 ∏MNo a	'	Was Decedant of H f Yas, specify Cub 1 ☐ Yas 2 🛣 No		(Specify Yas or Narto Rican, atc.)	o- 14. Rad Bla Specif	ck, White,	can Indian, etc. hite	
5-0	72 h natu	Completed	15. Dacedent's (Specify only highast)			16a. Deced	fant's Usual Occup	ation during most of w	vorkina	16b. Kind of B	usinass/In	dustry	
121	Althin Pan	mpi	Elementery/Secondary (0-12)	College (1	College (1-4or 5+)		Sa. Decedant's Usual Occupation (Giva kind of work dona during most of we life. DO NOT usa ratired)						
7	filed within Hygiene. other than than ent, tre w						Homemaker			Own Ho			
and	ntal h	Be	Russell David	*			Lottie			ma (First, Middla, Maidan Sumama)			
Z	2 should be filed within and Mental Hygiene. Is marked other than raumatic event, the M	To	19a. Informant's Name/Relationship			10h Mailir	a Address /Street			or City or Town	Canto Tio	0-4-1	
e, Ma	s 1 and 2 s of Health ar Itam 27 is other trau		Sherie Howell/	/daughter		121 V	19b. Meiling Addrass (Street end Number or I 121 Walnut Creek Roa			gton, Ma	aryland 20639		
Baltimore,	8 5 = 0		20e. Mathod of Disposition  1 Burial 2 Cremation 3  4 Diponation 5 Othar (Special Control of Contro	city)	0.0	20b. Place of Disposition (Name of cematary, cramatory or other place)				20c. Location - City or Town, State			
Bal	permit. Page Department of Important: If any Injury or 2002.		21. Signature of Fuperal Service Llo Ronald S	wade,	irector		Nama and Addra State And Baltimore				timor	e Street	
			23a. P. 11. Enter the disaaba, or co	mplications that ca	used the daath							Approximate	
	Physician		Sipon, or Haart failura. List on	y ona cause on as	COT IITIBL.						1	Intarval Batween Onsat and Death	
	/Medicai		Immediata Cause (Final disaasa or condition	SMALL	CELL C	ARCTNO	MA OF LII	NG WITH	MFTASTA	272		5 MONTHS	
	Examiner		rasulting in death)  Bue to (or as a consequence of):									MONTES	
	P #	ine		. h							i		
o,	rificata be executed ng physician and as the burial-transit	Examiner	Sequantially list conditions, if any, laeding to immadiata causa. Enter Undarlying Cousa (Disaasa or injury that initieted avants	U	Dua to (or	as a conseq	uence of):						
68760,	sata be	dical	Ceusa (Disaasa or injury that initieted avants rasulting in daath) Last	C	Dua to (or	as a consequ	s a consequance of):						
Box 6	death certific e attending p od for use as	Physician/Medical											
	0 0 0	sici	Part II. Other significant conditions	contributing to dea	th but not rasul	ting in tha ur	ndartyling causa giv	an in Part I.	23b. Dld	tobacco use co	ntributa to	the cause of death?	
0.0	that the de led by the a detached t	Phy							000	Ÿes 2□ No	3 Pro	bably 4 Unknown	
	8 20 8	by							-				
Records,	e law requiras that the has been signed by th ge 2 should be detache	Completed							24a. Was perfo	en autopsy ormed?	av.	ara autopsy findings ailabta prior to mpletion of cause death?	
	0 - 0	E							10	Yas 2XXXVo	1[	Yas 2□ No	
of Vital	ician: The certificate rector, pag	Bec	25. Wes casa referred to medical examinar?					26. Placa of De	eeth (Check only	ona)			
>		2	1 ☐ Yas 2 No	Hospital:	patiant 2 E	R/Outpatian	t 3 DOA Oth	ar: XXNursing	Homa 5□ Rasi	dance 6 □Oth	ar (Specif	y)	
o uoi	Attending Ph ir death. ector: After th by the funeral		27. Mennar of Death 1 Natural 5 Panding 2 Accidant invastigati		Injury , Dey Year)	28b. Tima of Injury	28c. Injury Work	at at		how injury occur			
Division	il or Attendi	Certification:	3 Suicida 6 Could not detarmine	na, farm, stra				28f. Location (Street and Number or Rural Route Number, City or Town, Stele)					
	To the Hospital or Attending Ph within 24 hours after death. To the Funderal Director. After th completely filled in by the funeral	edical C	29a. Certifiar (Check only one)  1 Certifying P 2 Medical Exe	hysician: To the b miner: On the bas and manns	ils of examination	tedge, daath on and/or inv	occurred et tha tin astigation, in my o	a, data and place pinion, death occ	ce, and dua to tha curred at the time,	cause(s) and ma dete end place,	annar as st and dua to	ated. tha causa(s)	
	Vithir To th	Me	29b. Signature and titla of certifier		AFF		29c. License	number		29d. Date signe	d (Month,	Day, Year)	
			Simm	V PHO	15141	w	D4	2046		APRIL 25	5, 19	98	
			30. Nama and address of person who		of daath (Item 2	23a) (Type, F	8100 Slo	. C		San	dy	Spring	
			SLACE BLOOK		gistrar's Signatu			as SC	noo ko	ad Mar	yar	& 20860	
	Sta Registra	ie ar	31. Data filed (Month, Day, Year) MAY 0 1 199	8	gistrar's Signatu	on-Rand	LIPS.						

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death 3. Tima of Death 1. Decedent's Name (First, Middle, Last) Day 29 APRTI. **Physician** ASHE 6:25 pm SYNTHEIA 1998 /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/aIf Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Year) **Funeral** Days 1□ M 2√√ Months Hours 36 219-78-1466 Director Md. June 7, 1961 Usual Residence of Decedent the Maryland 10c. City, Town or Location 10e State 10b County 10d Inside City Limits 7 is markad other than "natural", or Nems 23s or 28s-f show traumatic svant, the Modical Examiner must be notified at Baltimore Md. n/a X Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21205 502 N. Streeper Street death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. should be filed within 72 hours after ond Mental Hygiena. markad other than "natural", or Ner 1 ☐ Yas → No If Yes, Give Year or Dates: 1 Never Married 25 Married Baltimore, Maryland 21215-0020 1 ☐ Yes → No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) College (1-4or 5+) Lexington Market Cashier 11th Grade permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: If Item 27 Is marked other any Injury or other trauments. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Patricia Ashe Walter Watkins 19e. Informant's Name/Relationship (Type, Print) mother 19b. Mailing Address (Straet and Numbar or Rural Route Number, City or Town, State, Zip Code) 218 N. Washington Street Baltimore, Md. 21231 Patricia J. Jones 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) May 6 Baltimore, Md. Western Star Cemetery 22. Neme and Address of Facility 21. Signeture of Funeral Service License Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 162 23a. Part1. Enter the disease, or complications that a limit of death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or haart failure. List only one cause or each new control of the co Approximata Intarval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final RETROVIRAL INFECTION UNKNOWN disease or condition resulting in daath) Examiner Due to (or as a consequence of). Examiner Sequentially list conditions, if any, leading to immediata ceusa. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760. physician Physician/Medical Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco usa contribute to the cause of death? signed by I TOXOPLASMOSIS, PNEUMOCYSTIS CARINII 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were autopsy findings available prior to complation of cause of daath? 24a. Was an autopsy Completed PNEUMONIA, DISSEMINATED MYCOBACTERIAL 1 ☐ Yas 2 No 1 ☐ Yes 2 X No certificata AVIUM INFECTION Division of Vital 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No this 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: after death.

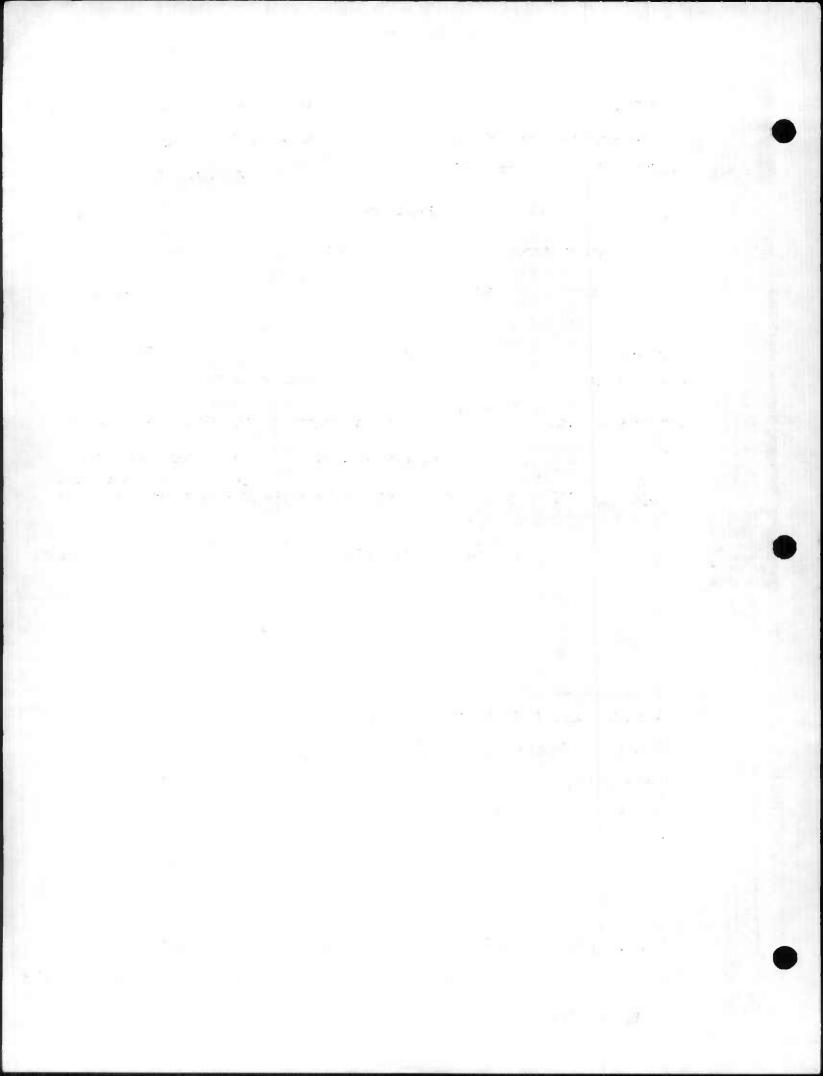
Director: After t 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral DI completaly filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. edical 29a. Cartifiar (Check only one) 29d. Data signad (Month, Day, Year) 29c. License number 29b. Signature end title of certifier Mounial APRIL 29, 1998 RES-000 30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) RACHEL MCCORMICK, TOWER 110, JOHNS HOPKINS HOSPITAL, BALTIMORE MARYLAND 21287 31. Data filed (Month, Day, Year) 32. Registrar's Signature

State Registra

MAY 0 4 1998

I his Davidson Randall



98-1910-510 B.K.S

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

JUNIUS	AVE	RY			Ce	ertificat	e of	Death		R	eg. Nd.		3/0/	
	sician edical	1. Decedent's Name (First, Middle Junius Avery	, Last)							Data of Deat Month PRIL 5	Day	Year	3. Tima of Death 4:55 PM	
	miner	4a Facility Name (If not institution MARYLAND GENER	give street end nu AL HOSPIT	mber) 'AL E.R.			4		m, or Locat	ion of Death	4c. County	of Death		
Fune Direc		5. Sociat Security Number unknown	6. Sex 1 ☑ M 2 ☐ F	7. Age (In yrs. 65	lest birthdey Yrs.	Months	r 1 Year Days	if Under 2 Hours	Min. F	Date of Birth (Month, Dey, eb. 28	, 1933	9. Birth Cou unk	place (State or Foreig ntry) NOWN	
Marylend f ehow	lo lo	Usual Residence of Decedent 10a. State 10b. County Maryland unknown	wn		ty, Town or I known	ocation	_						10d Inside City Limits UNK 110 W 11 1   Yes 2   No	
death with the Marylend		10e. Street and Number 1315 North Ca	10f. Zip	Code	n		1	10g. Citizen of What Country? U.S.A.						
_ 9 2	by Funeral	11. Marital Status unknown 1 Navar Married 2 Marri 3 Widowed 4 Divorced	Armed Fo	12. Was Decedent Evar in U.S. Armed Forcas? unknow 1 □ Yas 2 □ No If Yes, Give Year or Dates:			13. Was Decedent of Hispanic Origin? (Sp If Yes, specify Cuban, Mexican, Puerto				Bla	ck, White	American Indian, White, etc. Black	
2121 d within giena.	Be Completed	15. Decedent (Specify only highes Elementery/Secondery (0-12) unknown	's Education t grede completed) College (' unknown		16a. Dec (Giv life. unkn	e kind of wo DO NOT u	ent's Usual Occupation kind of work done during most of wor O NOT use retired) WN					sb. Kind of Business/Industry		
should be filed and Mental Hyginmarked other		17. Father's Name (First, Middle, unknown	Last)		18. Mothar's Name (First, Middle, M unknown					Aeiden Sumeme)				
		19a. Informant'a Name/Relationsl unknown	nlp (Type, Print)			ling Address	s (Straet	end Numbe	r or Aural A	loute Number	, City or Town,	, Stete, Zi	p Code)	
Baltimore, lemit. Pages 1 em Mortanti if Item 2.	5	20a. Method of Disposition  1  Burial 2  Cramation 3  Ramoval from State 4  Donation 5  Other (Specify) in state									20c. Location - City or Town, State			
Baltimo	9300	21. Signature of Funeral Service Rona d S  23. Parti. Enter the disease, or shock, or heart failure. List	111/	we		Balti	more	, Mary	yland	21201		imor	e Street  Approximate Intervat Between	
Physici /Medic Examin	al	Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):  Pup to resulting DISSECTING BORTIC AND RYSM										Onset and Death		
760, be executed sician end	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b. Rup	Due to (or as a consequence of):						Leur	YSM			
ox 687	Medic	Cause (Disease or injury that initiated events resulting in death) Last	c	C										
P.O. hat the de od by the detached	Physicia												to the cause of death	
Records, Final law requires that has been signed and 2 should be de-	pieted									performed?		a <sup>1</sup>	Vere autopsy findings vallable prior to ompletion of cause f death?	
- F # 8	е Соп	25. Was casa refarred to medicat						00 Bts	-4 Daam //		es 2 No	1	Yes 2 No	
		examiner?	Hospitel:	Inpatient X	(ER/Outpation	ent 3 DC	OA Oth	05		5 🗆 Reside	ence 6 Oth	ner (Spec	ify)	
	tlon:	27. Manner of Deeth  1 Natural 5 Pending 2 Accident investig	ation	of Injury th, Dey Year)	28b. Time Injury	of M	28c. Injur Wor 1 🗆	yat k? Yes 2 □ N		d. Describe ho	ow injury occur	red		
Division at or Attending s after death. I Director: After d in by the fune	Sertific	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homlcide determi	ned 286. Placa	28e. Placa of injury - At home, farm, straat, factory, office building, etc. (Specify)					28f	28f. Location (Street and Number or Rural Route Number, City or Town, State)				

State Registrar

Medical

31. Dete filed (Month, Day, Year) MAY 0 4 1998

29a. Certifier (Check only one)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

YOURD K. KONSW. 111 Penn Street, Baltimore, Maryland 21201

1 Certifying Physician: To the best of my knowladge, deeth occurred at the time, date and piace, and due to the cause(s) and manner es stated.

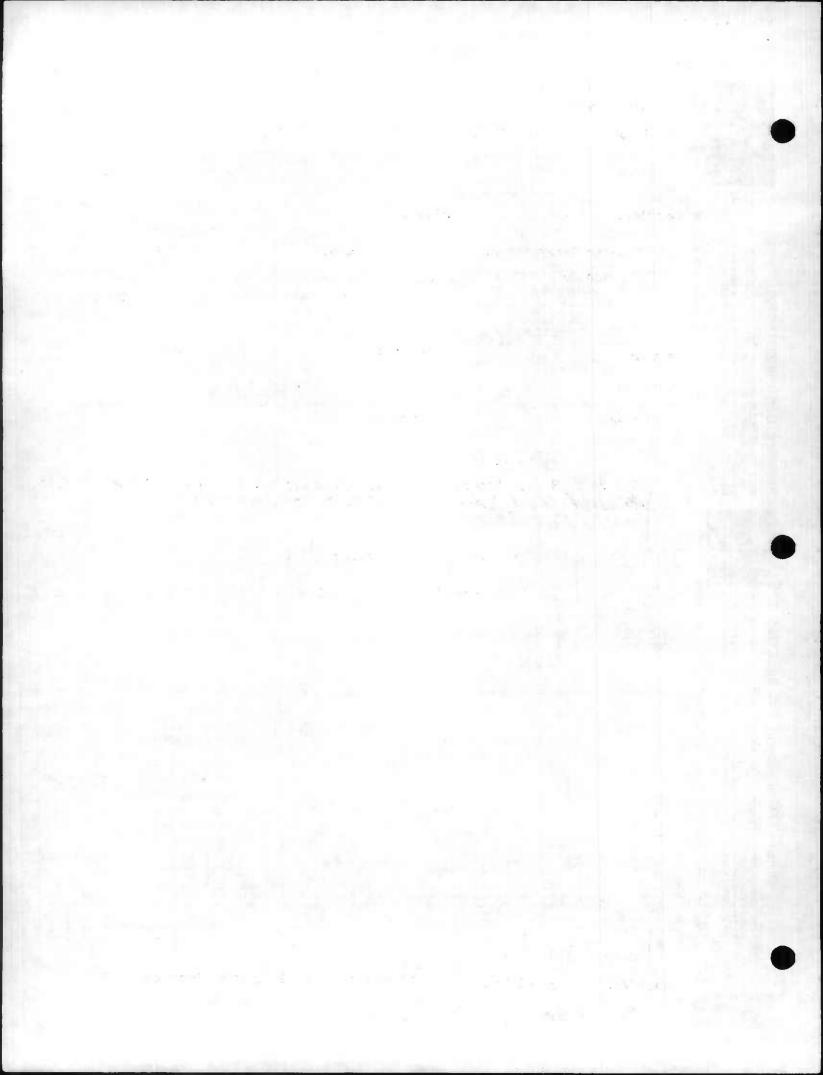
\*\*Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

O.C.M.E

29d. Data signed (Month, Dey, Year)

APRIL 6, 1998



# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

**Physician** /Medical Examiner

**Funeral** Director

7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Modical Examinar myst be notified at the marked other than filed withir Hygiene. permit. Peges 1 end 2 should be file Department of Health and Mental Hy Important: If Item 27 le marked otth any Injury or other traumatic event once.

**Physician** /Medical Examiner

The law requires that the death certificate be executed Box 68760, the use as attending for use as P.O. I signed by the a Records, peen cate has t this certificate Division of Vital

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p

Certificate of Death 2. Date of Death
Menth
April 23 1. Decedant's Nama (First, Middla, Last) 10:43 pm Mildred Ailor 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Maryland General Hospital Baltimore 827 Linden Ave MD Baltimore City If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Days 1 M 20% F 214-16-6509 86 1912 Maryland Usuai Rasidance of Decadent 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits Director Maryland Baltimore Citv Baltimore 1 XYes 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 446 Cummings Court 21201 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican indian, Black, Whita, atc. 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 No Specify: by Specify: Black 3 ☐ Widowad 4 ☑ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Coitega (1-4or 5+) Secretary Venetian Blinds 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) William Fringar Smith Corinne Elizabeth Jenkins 19e. informant's Name/Ratetionship (Typa, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Lindsay Edwards/grandson 446 CummingsCourt, Baltimore, Maryland 21201 20b. Plece of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☑ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvica Licansaa 22. Nama and Addrass of Facility Renald S. Wade State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Pm1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, sinck, or heart failure. List only one cause on each line. Interval Baty Onsat and Death SEPSIS Immediata Causa (Final disease or condition resulting in death) ARY TRACT INFECTION Sequentially list conditions, if any, leading to immediate ceusa. Enter Underlying Causa (Disease or trijury that initiated avants resulting in death) Lest Dua to (or as a consequence of) Physician/Medicai Dua to (or as a consaquanca of) Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No Be 25. Was case referred to medical 26. Placa of Death (Check only ona) Hospitel: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Other (Specify) P 1 Yas 2 No 28c. Injury at Work? 27. Mannar of Deeth 28d. Dascribe how injury occurred Certification: 28b. Tima of 5 Panding invastigation 1 Maturet 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not ba 3 Suicida 28a. Placa of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta end piace, and due to the cause(s) end mennar es steted.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred et the time, data and place, and due to the cause(s) and manner stated. 29e. Cartifian onel 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) MO do MARYLAND GENERAL HOSPITAL CHINWE

State Registrar

31. Data filad (Month, Day, Yaar) MAY 0 4 1996 32 Registrar's Signatura

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 02:30 AM **Physician** RICHARD BYRD ELSWORTH APRIL /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Neme (If not Institution, give street end number) Examiner JOPPA 15115 PLACE BOWIE PRINCE GEORGES 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth 9. Birthplace (Stete or Foreign 5. Sociel Security Number **Funeral** Months Deys Hours Min 213-38-8703 Yrs. Director Usual Residence of Decedent with the Maryland 10a State 10c. City, Town or Location 10d. Inside City Limits 28a-f show ? Is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified as 1 Yes 2 No INCE Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2072 14. Rece 5/15 Funeral Peges 1 and 2 should be filed within 72 hours after death Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) American Indian nt Ever in U.S. 11. Meritel Status Bleck, White, etc. WY Yes 1 Never Merried 2 Married 2 No If Yes, Give Year or Dates: 1959 1□ Yes 2□No Baltimore, Maryland 21215-0020 Specify Aq 3 ☐ Widowed 4 ☐ Divorced Completed 18e. Decedent's Usual Occupation
(Give kind of work done during most of working)
life. DO NOT use relired. To A Lu A Lok 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) ) EADE Elementery/Secondary (0-12) College (1-4or 5+) Hygiene. RERMANCE 10 18. Mother's Neme (First, Middle, Maiden Sumamel 17. Fethers Name (First, Middle, Last) Department of Health and Mentel Important: If item 27 is marked or any injury or other treumetic ever AME. 19b. Meiling Address (Street and Number of Rural Route Num 19e. Informent's Name/Relationship (Typg, Print) City or Town, Stete, Zip Code) 20 20b. Plece of Disposition (Name of cemetery, cremetory or other place iAn Dete 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removei from State M) EMERIA 4 □ Donation 5 □ Other (Specify) iona 21. Signalure of Funerel Servica Liceasee any in 2/20 10 101 balmondson Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final SARCOIDOSIS diseese or condition resulting in death) Examiner Due to (or es a consequence of) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequence of) P.O. Box 68760 Physician/Medical that the death certificate physical Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? ed by the deteched Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. signed by the 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ The law requires 24b. Were eutopsy findings available prior to Completed 24a. Was an autopsy peen completion of cause of death? 2 No 1 ☐ Yes 2 ☐ No 1 ☐ Yes certificate or Attending Physician: director, Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 X Yes 2 □ No 1 Inpatient 2 ER/Outpetient 3 DOA Certification: To this : After this 27. Menner of Deeth 28a. Dete of Injury (Month, Dev Yeer) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 5 Pending deeth. 1 ☐ Yes 2 ☐ No investigation 2 Accident within 24 hours efter deet To the Funeral Director: 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 29a. Certifier 1 Csrtifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the cause(s) end manner as stated. 25 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date and placa, and due to the ceuse(s) and roanger stated. (Check only one) 29d. Date signed (Month, Dey, Year) 29c. License number APKIL 30, 1998 23a) (Type, Print) 30. Neme and eddress of person who com d cause of deet

HOSPITAL

300

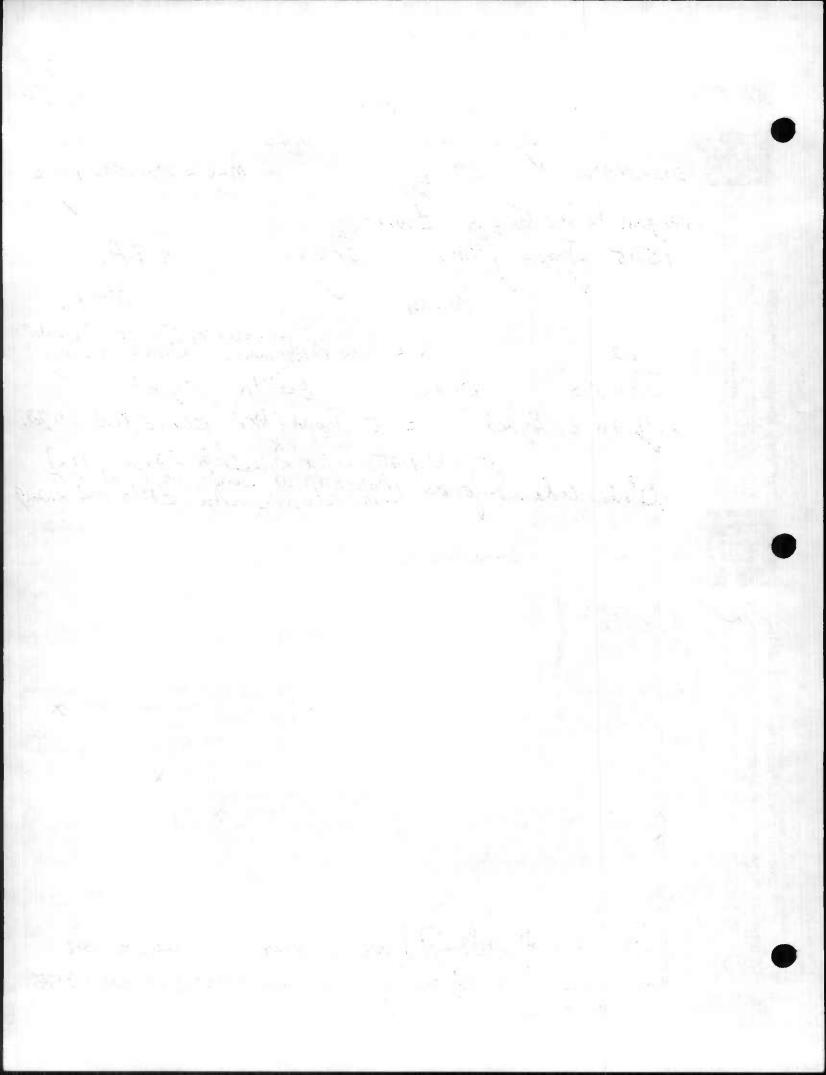
Davidson

32. Registra

DRIVE, CHEVERLY, MARYLAND 20785

State Registrar MARIO Fri GOLLE

31. Dete filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3 Time of Death 2. Deta of Death Month **Physician** FRED . 4-37 AM MA /Medical 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Agnes Nursing & Rehap.
7. Age (In yrs. last birthday) Ellicott City Howard Center | If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number Birthplace (Stata or Foraign Country) **Funeral** 1**X** M 2□ F Months Days 81 Yrs. Director 213-16-2949 Virginia Usual Rasidanca of Dacedent 10a Stata 10b County 10c. City, Town or Location 10d. insida City Limits 28a-f show be notified at 1 Yas 2 No Director Howard Maryland Jessup the 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? ò 2805 Washington Blvd. Lot #19 20794 Examiner mant Funeral USA 12. Wes Dacedant Evar in U,S. Aumed Forces? 1 (A) Yas 2 □ No If Yas, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Bleck, Whita, atc. d 2 should be filed within 72 hours after th and Mental Hygiene.
7 Is marked other than "natural", or its traumatic event, the Wedital Exp. its 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 WWII 1 Yes 2 No Spacify: Completed by 3 Widowed 4 □ Divorced Specify: White 15. Decedent's Education (Specify only highest grede complated) 16a. Decedent's Usual Occupation (Giva kind of work dona duning most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Trucks Mechanic 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be John Byram Unk 19a. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street end Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Health Leonard Fred Byram/son 111 Torringford Street permit. Peges 1 end Depertment of Health Important: if Item 27 any Injury or other tr once. 27 Winstead, CT 06098 20b. Place of Disposition (Nama of comatery, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 5/2/98 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. Baltimore, MD 22. Nama end Addrass of Facility Cremation Society of Maryland, Inc. 21. Signatura of Funaral Sarvica Licansee Dawn F. McDonald 299 Frederick Road Baltimore, MD 21228 23e. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Intarval Batween Onsat and Deeth **Physician** CARCINOMA /Medical Immediata Causa (Final METASTATIC disaasa or condition rasulting in daath) Examiner Examiner CINOMA Sequentially list conditions, if eny, leading to immadiate causa. Entar Undarlying Cause (Diseasa or injury that initiated events resulting in death) Last P.O. Box 68760. Physician/Medical Dua to (or es e consequança of): The law requires that the death certifi Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 212 No 3 Probably 4 Unknown of Vital Records, should be d 2 24b. Wara autopsy findings evailabla prior to complation of causa of daath? Completed 24a. Wes an autopsy performed? page 2 1 Yas 2 No 2 No certificate 1 ☐ Yas al or Attending Physician: The setter deeth.

I Director: After this certificat Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) exeminar? Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Othar: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) Certification: To funeral 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? Division 1 Natural N IA N 1 Yas 2 PNo invastigation N 2 Accidant filled in by the 3 Sulcida 6 ☐ Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At home, farm building, atc. (Spacify) straat, factory, offica 4 Homicide To the Hospital
within 24 hours e
To the Funeral Hospital 1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, dete and piece, end dua to tha causa(s) and mannar as steted.

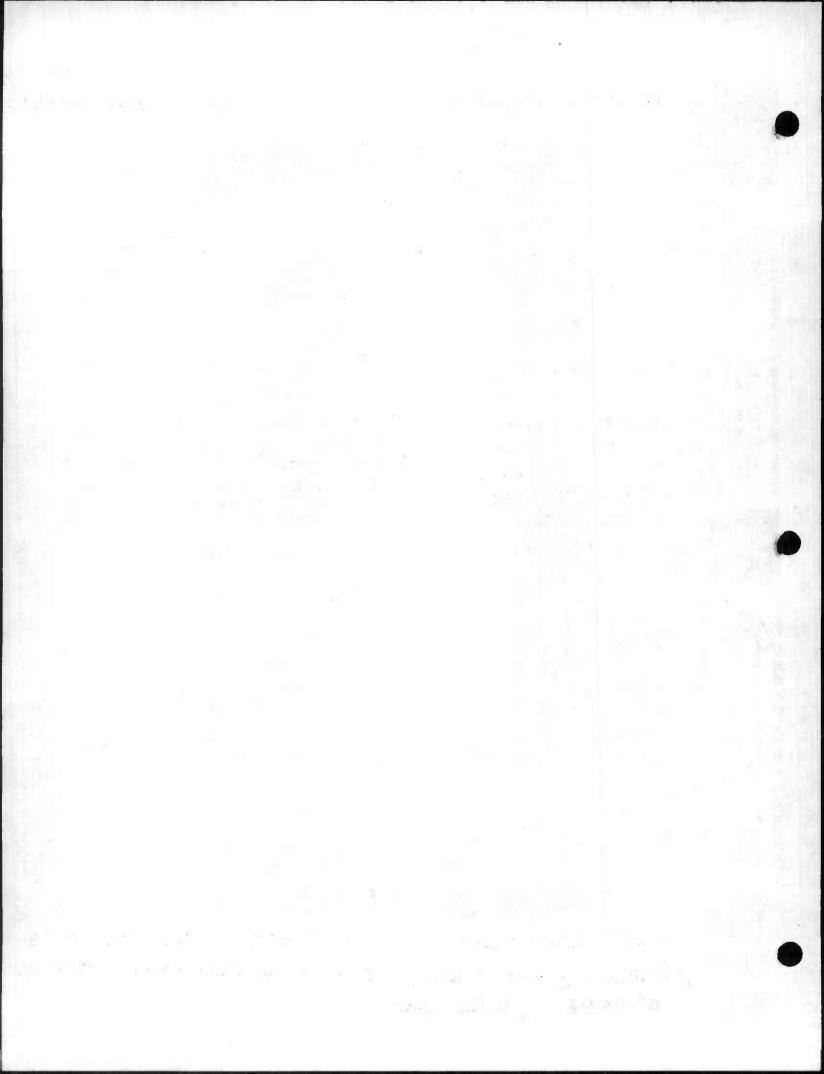
2 Medicat Examinar: On the basis of axamination and/or invastigetion, in my opinion, daath occurred at the time, data and place, and due to the cause(s) and mannar stated. Medical 29a, Certiflei

State Registrar 29b. Signetura and title of our

Molated cause of death (Itam 23a) (Type, Print) RIVE; \$100; ELLICOTT CITY. MD 27042 337 Registas's Signeture And Javidson—Andelle

29c. Licensa numbar 5 0 4 6 9

29d. Data signed (Month, Day, Year)
May 2hd, 1998



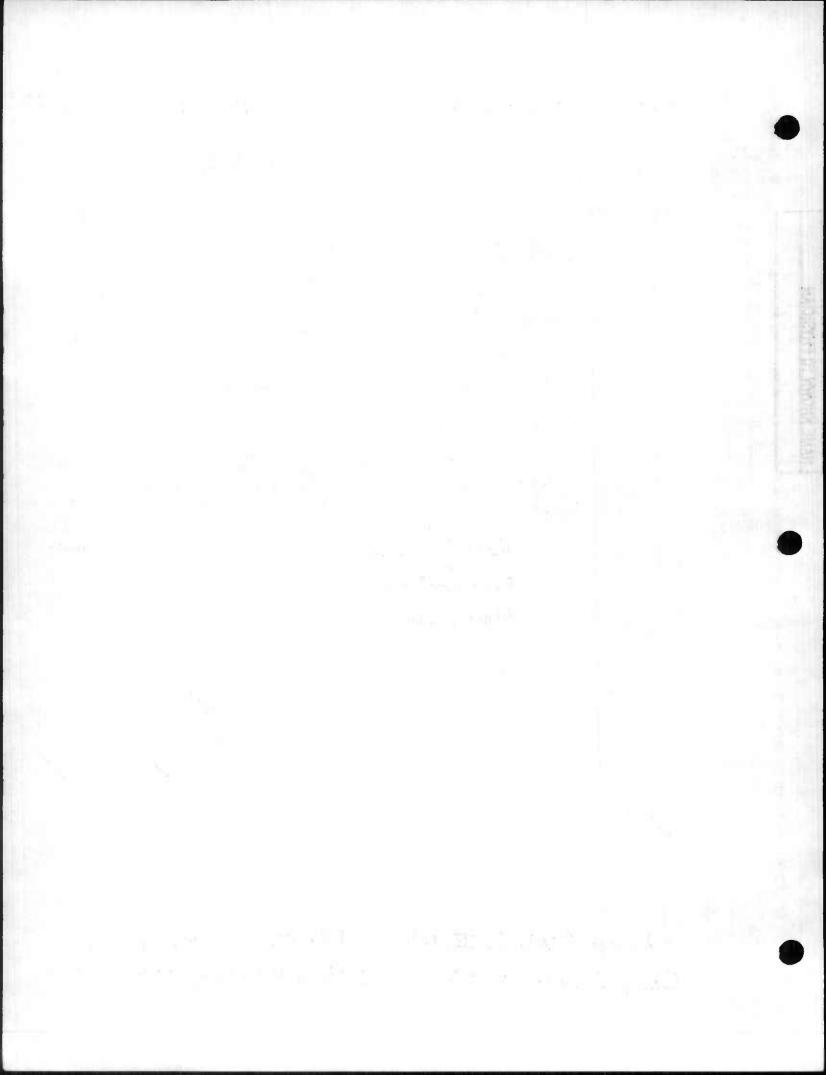
12. Ragistrar's Signature

21231

**DHMH 16 Rev 6/95** 

State Registrar

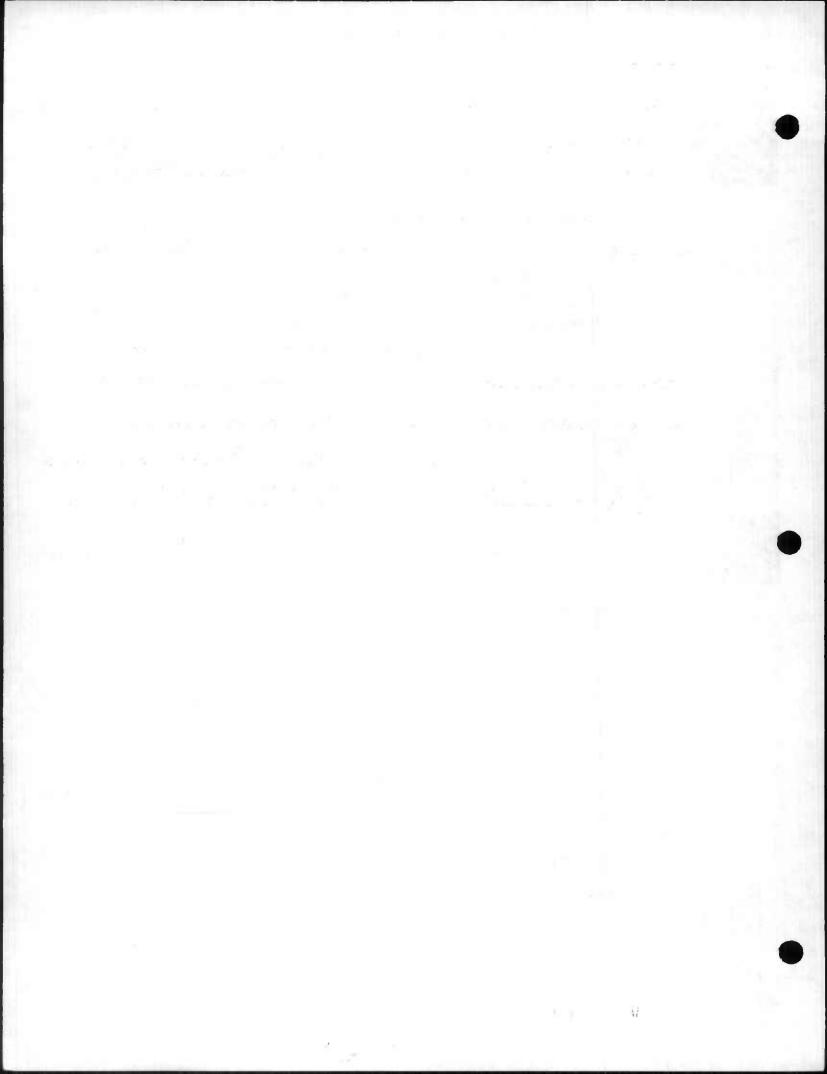
AME KNOWN TO PHYSICIAN



	61	MD Film G759				Cel	rtificate of	Death	1 202 200 200	Reg. No.		
Physi	cian	1. Decedant's Nama MICHAEL	(First, Middle, W .		ARNHAR'	יד			2. Data of De Month	Day	Yaar	3. Time of Death
/Me	lical	4a. Facility Nama (If				T.		4b. City, Town, or L	APRIL			10:50 A.M
Exan	iner	7425 HIC			mber)				Location of Deet			
Funera		5. Social Sacurity Nu		6. Sax	7. Aga (In yrs	. last birthday)	if Under 1 Yaar	HANOVER If Undar 24 Hrs.	8. Data of Bir	rth	ARUN 9 Birtho	
Directo		220-34-19	12	1⊠M 2□F	58	Yrs.	Months Days	Hours Min.	JULY 3	ay, Year)	Coun MARY]	laca (Stete or Foreign try) LAND
p ,		Usual Rasidance of			10- 0	. T						
show	2	10a. Stata FLORIDA	10b. County	. DTIIDD		ity, Town or Lo					11	0d. Insida City Limits 1 ☐ Yas 2 ☒ No
the Maryla 28a-f shor	Directo	10e. Street and Num		N RIVER	VE	RO BEAC				40.00		
K P	ā	9455 108T					10f. Zip Coda 32967			10g. Citizan of UNITED		
me 23	Funerai	11. Marital Status		12. Wes Dec	edant Evar in I	J.S. 13. \		Hispanic Origin? (Si	pecify Yas or No		e - Americ	
72 hours after death with the Manyland natural, or items 23e or 28a-f show 5cel Examinal must be notified at	by Fur	1 Nevar Marrie	d 1X Yas	1 X Yas 2 □ No If Yas, Giva 1		Vas Decedant of Hispanic Origin? (Specify Yas Yas, specify Cuben, Maxican, Puarto Rican, et □ Yas 2 ☒ No Specify:			Specify:		etc.	
72 hours natural',			15. Decedant's		ratas.	16a, Deced	iant's Usual Occup	pation		16b. Kind of B	WHI	
C * 6	Completed	(Special Elementary/Second	ly only highast	grada complated)	1.40-5.1	(Giva lifa. L	kind of work dona OO NOT usa ratire	during most of world)	king	TOO, TUNG OF D	00110001110	Justiy
THE R. LEWIS CO., LANSING, MICH.	E	Elementary/Secon	idary (0-12)	College (	1-401 5+)	U.S.	ARMY - R	ETIRED		MILITA	RY	
should be filed and Mental Hygin marked other imatic event, the	To Be	17. Fathar's Nama (I		•				18. Mother's Nam VIRGINI		, Maiden Suman ERINE SO	7	
d 2 should th and Mer 7 is marke traumatic	20	19a. Informant's Na	me/Ralationsh	lp (Typa, Print)		19b. Mallin	ng Addrass (Street	and Number or Ru	ral Routa Numb	er, City or Town,	Stata, Zip	Code)
CENE		JUANITA J	. BARNI	HART / WI	FE	P.O.	BOX 7822	43, SEBAS	STIAN, E	FLORIDA	32978	
gas 1 and it of Healt if itam 27 or other		20a. Mathod of Dispo		3 🗆 Ramovai from		Placa of Dispo camatary, cran	sition (Nama of natory or other ple	ce)	Data APRIL	20c. Location	City or To	wn, State
ment of lant: If its		4 □ Donation	5 Othar (Spi	ecity)	ME	TRO CRE	EMATORY,			CATONSV	ILLE,	MARYLAND
permit. Pagas Department of Important: If it any Injury or		21. Signature of Fun	peral Service D	pensee ,	Y	KI	RKLEY-RU	ess of Fecility IDDICK FUI HWY., S.I	NERAL HO	OME, P.A	. MD	21061
		23a. Part1. Entar the shock, or haar	a disaase, or o	complications that	caused the das	ith. Do not anti	ar the moda of dyi	ng, such as cerdiac	or raspiratory a	rrest,	, 140	Approximate interval Batween
Physicia	_	STOOK, OF FIGURE	randra. Elsco	iny one oadsa on a	taur mia.						1	Onsat and Death
/Medica Examine		Immadlata Causa (F disease or condition	inal		Preun	oneer					1	Seem V
LXumme		resulting in death)			Dua to (	or as a conseq	uance of):					
ted nsit	nin			b	-U73	course	1				-	1 year
icate be executed physician and s the bunal-transit	edical Examiner	Sequantially list con if eny, leading to im- ceuse. Entar Undari Causa (Disaasa or In thet Initiated avants	ditions, nedieta		Dua to (	or as a consaq	uenca of):				į	
siclar b buri	cai	Causa (Disaasa or In thet Initiated avants	njury	c	Due to /	or es a consequ					1	
E 0 8	edi	rasulting in deeth) La	ast		Due to (	or es a conseq	uence or):	,				
aath cer attendin for use	and			d								
daath ce ne attendir ed for use	Physician/N	Pert ii. Other signific	ant condition	s contributing to d	eath but not re	sulting in tha ur	ndarlying ceusa gi	ven in Part I.	23b. Did	tobacco use co	ntributa to	the cause of death?
at the	Phy								12	Yes 2□ No	3 Prob	pably 4 Unknown
requires that the een signed by th hould be detache	by											
Z S	Completed						_		24a. Was	an autopsy ormad?	COL	ara autopsy findings allable prior to mplation of cause death?
The law ate has b	E								10	Yas 2⊠No	10	Yas 2□ No
	Be	25. Was casa rafarra axaminar?	d to medical					26. Placa of Dea	th (Check only o	ona)		Daughter's
physic this ce al direc	Tof	1 ☐ Yas 2 🖔 N	ło	Hospital: 1 🗆	npatiant 2	ER/Outpatian		4 🗆 Nursing n	oma 5 <del>10 Nesi</del>	idenee 6XXIOth		
nding Pl ath. r: Aftar the funera		27. Mannar of Death 1 Natural 2 Accident	5 Panding		of Injury th, Day Year)	28b. Tima of Injury	28c. fnju Wo M 1			red		
To the Hospital or Attending Physician: within 24 hours after death.  To the Funerel Director: After this certific completely filled in by the funeral director,	Certification:	3 Suicide 6 Could not be datarminad 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)							281. Location (Straat and Number or Rurel Routa Number, City or Town, State)			
Hospit     24 houn     Funere letely fille	Medical C	29a. Cartifier (Check only one)	Cartifying	<b>xaminer</b> : On the bi	best of my knoasis of examination	owledga, daath ation and/or Inv	occurred at tha tir rastigation, in my o	ma, data and placa, opinion, death occur	and due to the red at the tima,	cause(s) and ma data and placa,	anner as stand dua to	ated. tha causa(s)
To the To the	Me	29b. Signature and ti	itla of certifiar				29c. Licans	sa number		29d. Data signe	d (Month, L	Day, Year)
		Dt.	Quet	~ Da	ele us		D:	23809		APRIL 2	8, 19	998
10		30. Name and addras	ss of person w	ho complated caus	e of daath (Ital	m 23a) (Type, I						
1		L. Austru	Doyl	e no,	Greene los	oum Ca	weer atr.	22 S- G	reave St	, Balto	noro	me 21201

State Registrar

L. Austra Doyle ms
31. Data filed (Month, Day, Year) 32. Registrar's Signatura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death BURGESS FRANCES . 6-20 AM MA Tar 4a. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Howard County General Hosptial Columbia Howard If Under 1 Year If Undar 24 Hrs. Hours Min. 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 8. Deta of Birth (Month, Day, Year) 1 M 2 K F Deys Months Yrs. 216-36-5604 86 Jan 08 1912 Maryland Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Howard Columbia 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? 21045 6220 Foreland Garth U.S.A. 12. Was Decedent Ever In U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Spacify Yes or No-If Yas, spacify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indien, Bleck, Whita, atc. 1 ☐ Yes 2 No If Yas, Giva Yaar or Datas: 1 ☐ Never Merried 2 ☐ Married 1 Yas 2 No Specify: 3 Widowed 4 □ Divorced Black 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Charles H. Gibson Mary Rogers 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Helen E. Williams (Daughter) 7351 Cedar Avenue Jessup, Maryland 20794 20b. Place of Disposition (Nama of cematary, crematory or other place)
St. Louis Catholic 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑Buriai 2 ☐ Cremetion 3 ☐ Ramoval from Stata Church 4 ☐ Donetlon 5 ☐ Othar (Specify) 5/6/1998 Clarksville, MD Cem. 21. Signatura of Funeral Sarvice Licansas 22. Nama and Address of Fecility Witzke Funeral Home, Inc. 23e. Part 1. Enter the disease, or completitions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.

Approximately a complete the cause of the complete the cause of the c Approximete Intarval Between Onset and Death Immediata Causa (Final disaasa or condition rasulting in death) CARCINOMATOSIS PANCREAS ARCINOMA Dua to (or as e consequança of): Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? HYPERTENSION 1 Yes 2 No 3 Probably 4 Unknown

**Physician** /Medicai Examiner

The lew requires that the death certificate be executed

signed by the ette

page 2

funeral director,

filled in by

certificete

After this

24 hours efter death.

within 2 To the the

Completed by

Be

Certification: To

Medical

P.O. Box 68760.

Division of Vital Records,

or Attanding Physician:

Hospital

permit. Pege Department of important: If any Injury or

**Physician** 

/Medical

**Examiner** 

Directo

Funeral

þ

Completed

Be 10 10a. Stata

**Funeral** 

Director

the Maryland

Peges 1 and 2 should be filed within 72 hours after death with the Marylar nent of Health and Mental Hygiene.
ant: If item 27 is marked other than "natural", or items 23s or 23s-f show bry or other traumatic avent, the Medical Examiner must be not red.

Baltimore, Maryland 21215-0020

Examiner Saquantially list conditions, if any, leeding to immadiate cause. Enter Undarlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Last Physician/Medical the 50 USB

Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. OSTEO ARTHRITIS

24a. Was an autopsy performed? 2 No 1 Yas 26. Placa of Death (Check only one)

24b. Wara autopsy findings aveilable prior to complation of cause of death? 2 No 1 Yes

25. Was casa rafarred to medical axaminer?
1 ☐ Yas 2 ☑ No 27. Manner of Daath

Hospitel: 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Yaar) 5 Pending Invastigation Could not be detarmined

and manner stated.

28b Time of 28a. Plece of Injury - At home, ferm, straat, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yas 2 No

Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28d. Dascribe how injury occurred NIA

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 🔁 Certifying Physician: To the best of my knowladge, deeth occurred et the time, dete end placa, end dua to the cause(s) and manner as stetad.

29e, Certifier (Check only one)

1 Netural

3 Suicida

2 Accidant

4 Homicide

2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(s) 29c. Licansa number

29b. Signature and title of certifi

04

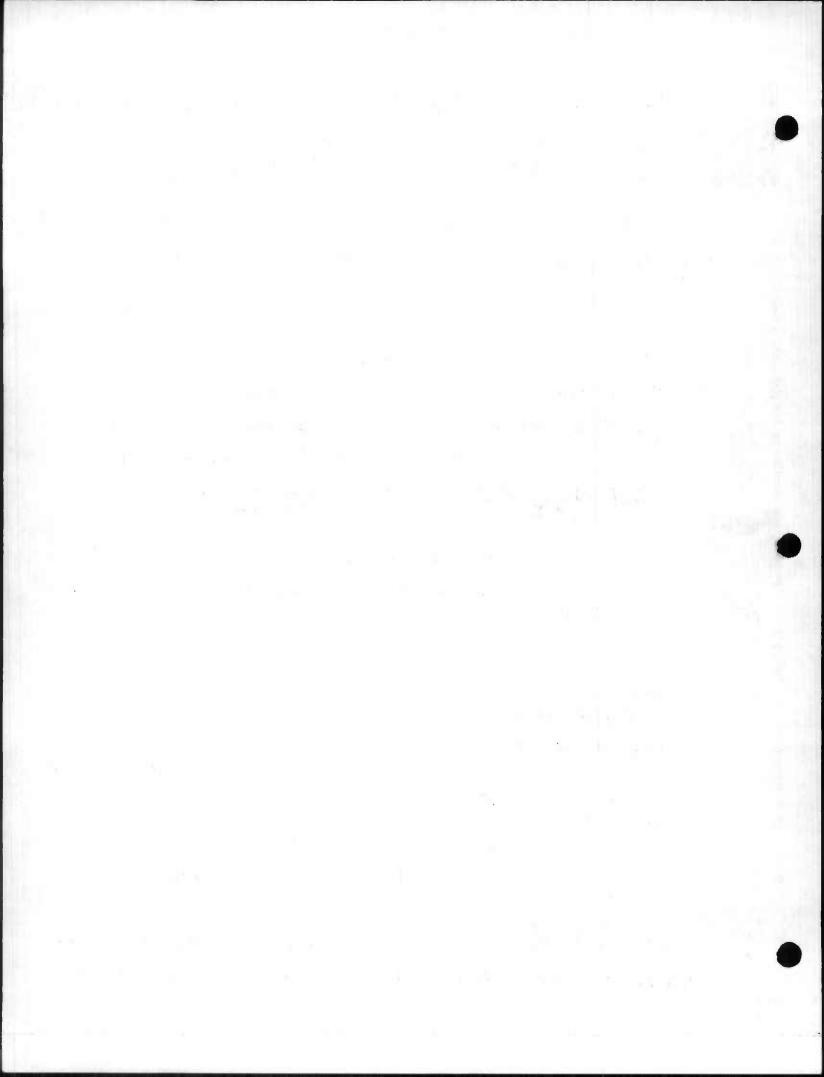
D. 30469

29d. Date signed (Month, Day, Year) 151

T DRIVE, #100; ELLICOTT City: CHEVROLET MAY 0 4

State Registrar





Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Paula H. Baylis April 22, 1998 3:55 PM /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Montgomery Montgomery General Hospital Olney If Undar 1 Year | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) June 29, 1913 9. Birthplaca (S Country) unknown 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days Months Hours 1 M 25 F 579-09-1385 84 Yrs. **Director** Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryla 1 ☐ Yas 2 No Maryland Montgomery Silver Spring Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be a 15211 Elkridge Way 20906 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 ⑤ No If Yas, Give Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. filed within 72 hours after 1 Naver Married 2 Married Specify: White 1 ☐ Yes 2 X No Specify: Baltimore, Maryland 21215-0020 by 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade complated) Elementary/Secondery (0-12) College (1-4or 5+) Hygiene. Health 12 Research Analyst 18. Mother's Nama (First, Middla, Maiden Sumama) permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: If flam 27 is merked offly any Holury or other traumatic event obce. 17. Fathar's Name (First, Middle, Last) Be Olga Lucie Nicholson Earl Hamilton Smith 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) unknown 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee Royald S. Wa 22. Name and Address of Fecility Wade Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 nock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final Renal Failure disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner ASCVC physician end the bunal-transit thet the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): attending pl 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown HF signed t by 24b. Were autopsy findings available prior to Completed 24e. Wes en autopsy performed? completion of ceuse of death? page 2 s has 1□ Yes 2 No 1 ☐ Yas 2 ☐ No certificate Attending Physician: director, 25. Was case referred to medicel examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To this funeral 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 28a. Date of Injury (Month, Day Year) After 1 Neturai 5 Pending investigation s efter deeth. 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 6 4 - Homicide 6 filled in 24 hours edicai Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date end place, end dua to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hou To the Fune completely fi (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of codmer D43202 3305 North Leisure 30. Name and address of person who completed ceuse of death (Immal a) (Type, Print) PIJON

State Registrar

31. Date filed (Month, Day, Year)

MAY 04 1998

C. Ozanne-Blankfardmo 32. Registrar's Signature his Devidson

Silver Spring

maryland 20906

effective and the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of De Examiner NA Baltinore If Under 24 Hrs. 8. Detr HOSP, try Secours 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Year 9. Birthplece (Stete or Foreign Country) **Funeral** 1□M 2 F Deys 240-01-3643 Usuel Residence of Decedant 15 Yrs Director the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Moulcal Examinal mast be notified all Baltimore NA 1 Ses 2 No Md Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 50 2/223 uyson Funeral 12. Was Decedant Ever in U.S. Armed Forces? Rece - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1□ Yes 2 No Baltimore, Maryland 21215-0020 Black by 3 DWidowad 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Depertment of Health and Mentel Hygiene. Important: If Item 27 is marked other than \*\*say injury or other traumatic event, the Med 1 vate Elementary/Secondary (0-12) College (1-4or 5+) Worker mestic 8th grade NA 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be Unknown 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Villiam 1913-15 Balto red E. Gaines Jr - Pastor enrose 20b. Pleca of Disposition (Neme of cometery, cremetory or other) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Buriel 2 Cremetion 3 Removel from Stata 4 □ Donetion 5 □ Other (Specify) 5-5-98 21. Signature of Funeral Sarvice Licensee Balto, Med 21215 wenue 23a. Part1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feilure. List only one ceuse on eech line. Ch Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) CONGESTIVE YEARS Examiner YEARS DISEASE CORONARY Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Last Due to (or es a consequence of) ATHEROSC LEROSIS 10 YEARS Box 68760 Physician/Medical Due to (or es e consequenca of) 20 YEARS DIABETES MELLITUS Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 3 Probably 4 Unknown 1 Yas 2 No HY PERTENSION: 24b. Were eutopsy findings evaileble prior to completion of causa of deeth? 24e. Wes en eutopsy performed? Completed PERIPHERAL VASCULAR DISEASE PLEURAL After this certificete EFFUSION 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: "within 24 hours after death." To the Funeral Director: After this certifice 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 27. Manner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident in by the 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 | Homicide 29a, Certifier 1 Decrifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceusa(s) end menner es steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the cause(s) and menner stated. 29b. Signature end title of cartifiar 29c. License number 29d. Dete signad (Month, Dey, Year)

State Registrar DEEPAK

SETH, M.D. 201, WISE Year) Hegistrer's Signeture 1998 Junidian Randow

SUM

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

, H.D.

33401

AVENUE

BAUTIMORE

MD 21222

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month GLADYS COLE MAY 5:45am 03 /Medical 4e. Fecility Neme (if not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BALTIMORE HARBOR HOSPITAL LENTER 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Nonths Deys Hours Min. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number **Funeral** 1□ M 2€ F 216-46-9678 Director July 10,1902 Maryland Usuei Residenca of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Maryland Baltimore Halethorpe 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 1101 Francis Avenue permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Heelth and Mentel Hygiene.

Important: If item 27 is marked other than "natural". or the any injury or other traumatic event. 21227 United States Funeral 14. Rece - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Specify: White 1 ☐ Yes 2 No Specify: by 3 ØWidowed 4 □ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8 Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) George Ehrhardt Margaret Frome 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doris M. Riall, daughter 1431 Becket Road Eldersburg, Maryland21784 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, crematory or other placa) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Loudon Pard Cemetery 5/6/98 Baltimore, Maryland 22. Neme end Address of Fecility Service Licansee Ambrose Funeral Home, In 1328 Sulphur Spring Road Arbutus Maryland21227 Inc. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final ASPIRATION PNEUMONIA diseese or condition resulting in death) 6 HOURS Examiner Due to (or es a consequence of): Physician/Medical Examiner SEPSIS DAY Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, The law requires that the death cartificete in DEMENTIA Due to (or es e consequenca of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes an autopsy performed? after death.

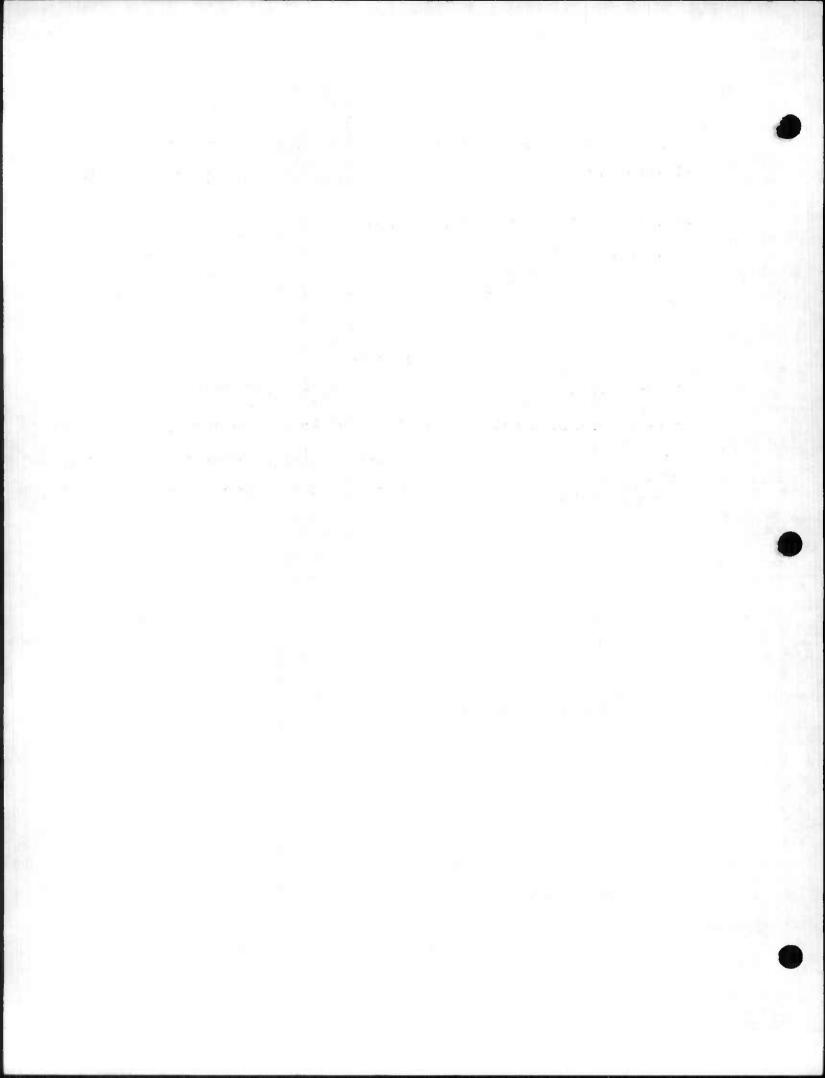
Director: After this certificate hes d in by the funeral director, page 2: 1 ☐ Yes 2 ☑ No 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 281. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours aff To the Funeral Di completely filled in 1 Certifying Phyalcien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner as steted.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner steted. edicai (Check only 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 03/1998 AS- 244/614 N. Sowjanya RESIDENT 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) BALTIMORE, AYNA CWOZ NAGABHIRAVA, 3001 S. HANOVER ST,

State Registrar

31. Dete filed (Month, Day, Year)

32. Registrer's Signeture ulia Devidson - Gandell



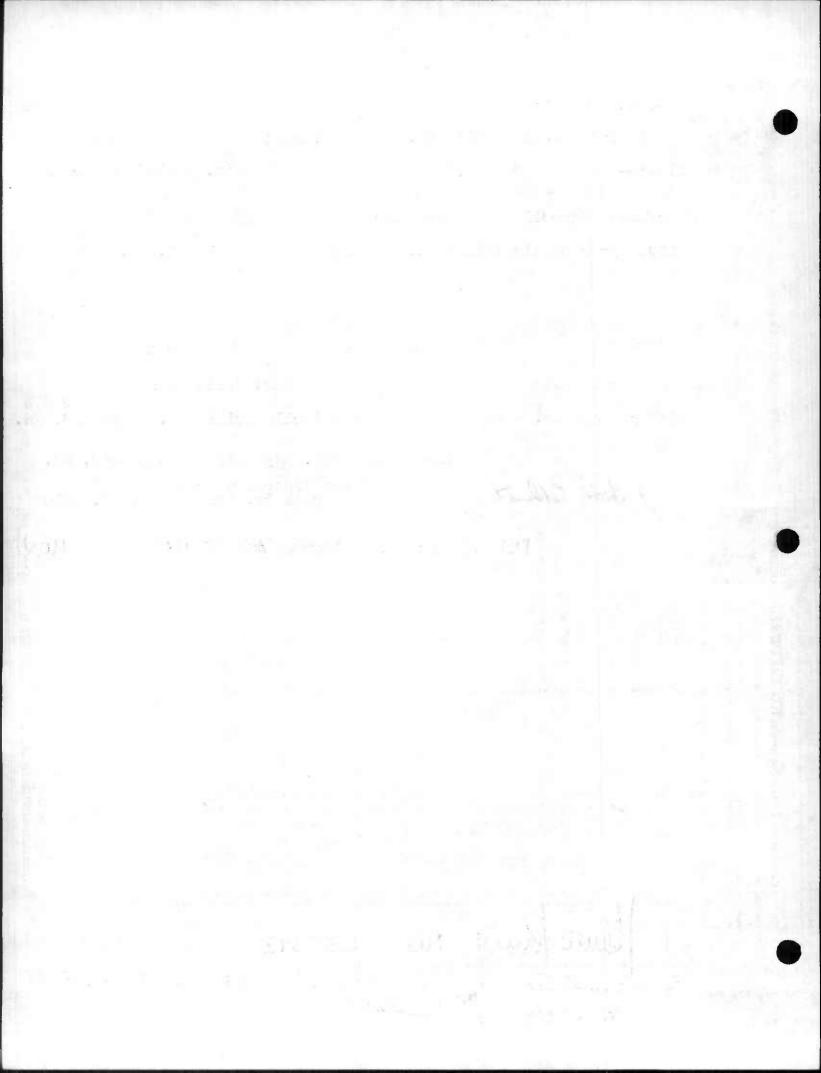
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Dorothy Luetta Cape May 6:05 am /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** 4401 Upper Beckleysville Rd. Hampstead Carroll 8. Data of Birth 9. Birthpiaco Country, Jan. 15, 1922 Maryland 5. Social Security Number If Under 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. lest birthday) 9. Birthplace (Stata or Foraign **Funeral** 10 M 26XF Days Hours 213-80-3411 76 Director Usual Rasidence of Dacedani 10a Stata 10b. County 10c. City, Town or Location or 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Carroll Hampstead 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? 4401 Upper Beckleysville Rd. 21074 U.S.A. items 23a Funeral 12. Was Decedant Evar in U,S. Armad Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, Pages 1 and 2 should be filed within 72 hours after or nent of Health end Mental Hygiene. nt: If Item 271s marked other than "natural", or iter Black, White, atc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1□ Yes 24 No by 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedant's Education (Spacify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housewife Homemaker 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Harry Edwin Reed Emma Effie Lippy 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 21074 permit. Pages 1 and 2 s Department of Health en Important: if item 27 is any injury or other trau once. Richard Cape Sr. - son 4255 Upper Beckleysville Rd. Hampstead, Md. 20a. Method of Disposition

1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramoval from State 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 4 □ Donation 5 □ Othar (Specify) Snydersburg Cem. May 5.1998 Hampstead. Md. 22. Nama and Addrass of Facility
Eckhardt Funeral Chapel
3296 Charmil Dr. Manchester, Md. 21102 21. Signatura of Funerel Sarvice Licensae 23a. Part 1. Entar tha disaesa, or complications that caused tha daeth. Do not entar tha mode of dying, such as cerdiac or respiratory arrast, shock, or haart failura. List only one cause on each line. Approximete Intarval Between Onset end Death **Physician** THTRABDOMINAL ASENOCHRCINOMA /Medical Immediata Causa (Final diseasa or condition rasulting in death) Examiner Dua to (or as e consequance of): Examiner The law requires that the death certificete be executed Saquantially list conditions, if any, laading to immadiata ceuse. Entar Undarlying Cause (Disaasa or injury that initiated avants resulting in daath) Last Dua to (or as e consequance of): P.O. Box 68760. Physician/Medical Due to (or as a consequance of): ate has been signed by the etter page 2 should be detached for a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate 1 ☐ Yas 2 ☑ No 1 Yas 2P No or Attending Physician: 25. Was cesa rafarrad to medical Be 26. Placa of Death (Check only ona) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Masidance 6 Othar (Specify) Certification: To 1 Yas 2 No this funeral 27. Manner of Death 28d. Dascribe how Injury occurred 28a. Data of Injury (Month, Day Year) 28b. Time of After 28c. Injury at Work? 1 Natural 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No 2 Accidant the 24 hours after death 6 ☐ Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Plece of Injury - At homa, ferm, street, factory, office building, atc. (Spacify) In by 4 Homlcide Hospital 1 Certifying Physician: To the best of my knowledga, deeth occurred at tha time, date end place, and due to the ceuse(s) end mannar as steted.

Medical Examiner: On the basis of axaminetion and/or invastigetion, in my opinion, deeth occurred at the tima, dete and place, and due to the cause(s) and manner stated. 29a, Cartifier Medicai To the Within 2 29b. Signati 29c. Licanse number 29d. Data signed (Month, Dey, Year) 30. Nama and addrass of person who plated ceusa of daath (Item 23e) (Type, Print) POOLE Rd. WESTMINSTER, MD 21157 31. Dale filed (Month, Day, Yaar) State Registrar MAY 04

**DHMH 16 Rev 6/95** 



KAR

### Please Type or Print in Black Indelible Ink Assure All Copies Are Legible

tal	Hygiene	9	8	1	3	7	-	8

3 Probably 4 ☑ Unknown

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No

8-2309-51				Cert	ificate c	of D	eath		Reg. No.	)	0/10
Dhysisian	1. Decedent's Name (First, Midd	lle, Last)						2. Data of D Month	eath Day	Year	3. Time of Death
Physician /Medical	Pheoria A. Cha	SP						April	25.		98 5:10A.M.
Examiner	4e Facility Neme (If not institution		ber)			4b.	. City, Town, or L		ith 4c. Coun		
CAdmini	C+ Amag Hagn	ital pp					Daltimos				
Continue 1	St. Agnes Hosp  5. Social Security Number		. Age (In yrs. les	t birthday)	If Under 1 Ye	ear	Baltimon If Under 24 Hrs.	8. Date of B	lirth	9. Bir	thplace (Stete or Foreign
Funeral Director	220-74-5077 Usual Residence of Decedent	1□ M 2□ F		40 <sup>Yrs.</sup>	Months Da	nys	Hours Min.		3, 1957	C	ountry) Md.
A 11	10a. Stata 10b. Count	/	10c. City, T	Town or Loca	ation						10d. Inside City Limits
al; or items 23a or 28a-f show Examiner must be notified at by Funeral Director	Md.		Ва	ltimo	re						1 ØYes 2 □ No
or 2	10e. Street and Number				10f. Zip Cod	de			10g. Citizen o	f What C	ountry?
13a	104 S. Frankli	ntown Road	1		212	22			USA		
10.	11. Marital Sfatus	12. Was Decede	ent Ever In U.S.	13. W			panic Origin? (Sp., Mexican, Puarto	ecity Yes or N	10- 14. R		arican Indian,
Fur Fur	1 Never Married 2 ☐ Ma	Armed Force	R-No				, Mexican, Puarto	Rican, atc.)	Bi	ack, Whi	te, etc.
by	3 ☐ Widowed 4 ☐ Divorce	If Yes Give	2 %	11	☐Yes 2🔯	No	Specify:		Spec	ity:	lack
	15 Decede	nt's Education		16a Decede	ent's Usual Oc	cuneti	lon		16b. Kind of		
e g		ist grade completed)		(Give ki	ind of work do	ne du	iring most of work	ing	100.11.10	Doomood	will do do do
ort, the Medical is e. Completed	Elementery/Secondery (0-12)	College (1-4	for 5+)		0 110 7 000 10	11100)					
A 다 이	9th. grade 17. Fathar's Name (First, Middla	t and		Cus	todian	T	18. Mother's Nam	a /Final Minist			ction Inc.
them 27 is marked other than "nature other treumatic event, the Medical other treumatic Be Completed	Levin W. Chas						Elva L.		e, Malderi Surre	arrie)	
eume eume	19e. Informent's Name/Retation	ship (Type, Print)		19b. Mailing	Address (Str		nd Number or Ru		ber, City or Tow	n, Stete,	Zip Code)
em 27 le	Yvette E. Cha	S1S	ster	6810	Park F	Hei	ghts Ave	nue Ba	ltimore	М	. 21215
othe	20a. Method of Disposition		20b. Plac	e of Disposi	ition (Neme o	f		Date	20c. Location	7	
	1X Burial 2 ☐ Cremation	3 memovat from St	ate	etery, creme	etory or other	placa)	)				
Important: If any Injury or once.	4 Donation 5 Other (		Kin	g Memo	orial	Par	k	May 1	Randal	lsto	wn, Md.
Important: any injury once.	21. Signature of Funeral Socion	Ligensee		22.	Name and Ad	dress	of Facility	itter F	uneral	Home	s Inc
E # 8	1 tu	Emy		21	501 Gw	vnn					d. 21216
	23a. 11rt1. Enter the disease, c shock, or heart failure. Lis	r complication at lat cau	usad tha daath.		-	-				C, 14	Approximate Intervat Between
ysician		0									Onset and Death
Medical	Immediate Cause (Finat disease or condition	11. al									
aminer	resulting in death)	a. uspr	Due to for a	s a consequi	ence of):				_		1
ă III		00,	1	/	/	112	~ 0				
ie mensit	William Town	a Asph b. Clok	ug on	Dole	MM	/	200				
Xa Xa	Sequentially list conditions, if eny, leading to immediate		Que to (or as	s a consequ	ence of):						
hysician end the bunermensit dical Examir	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C									1
physicals the burner	thet initiated events resulting in death) Last		Due to (or as	s a consequ	enca of):						
ng physician e es the burien	The Indiana of the Indiana										

ettendir for use The law requires thet the death ce signed by the et id be deteched for peen page 2

Division of Vital Records, P.O. Box

certificate hes To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifies funeral director,

Physician/ Completed by Be Certification: To

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was case referred to medicat exeminer? 1 Yes 2 No

Hospitat: 1 ☐ Inpatient 27. Manner of Death 1 Naturat 5 Pending investigation 2 Accident 3 Suicide

6 Could not be determined 4 Homicide

4/25/98

28a. Dete of Injury (Month, Dey Year) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of Injury 0330HRM

Home

2€R/Outpatient 3□ DOA

Other: 4 Nursing Home 5 Residenca 28c. Injury et Work? 1 Yes

29c. License number

2 5-No

Road

26. Place of Death (Check only one)

28f. Location (Street and Number or Rura City or Town, State) /c4 Scutt Frenklintown Baltimore Many land 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

6 Other (Specific

23b. Did tobacco use contributa to the causa of death?

1 ☐ Yas 2 ☐ No

1 Yes 2 □ No

28d. Describe how Injury occurred

24a. Was an autopsy parformed?

29b. Signafura and fittle of certified

O.C.M.E.

29d. Data signed (Month, Day, Year) April 25, 1998

30. Name and address of parson who completed cause of death (ttem 23a) (Type, Print)

1 HEDNOLE 31. Date filed (Mc

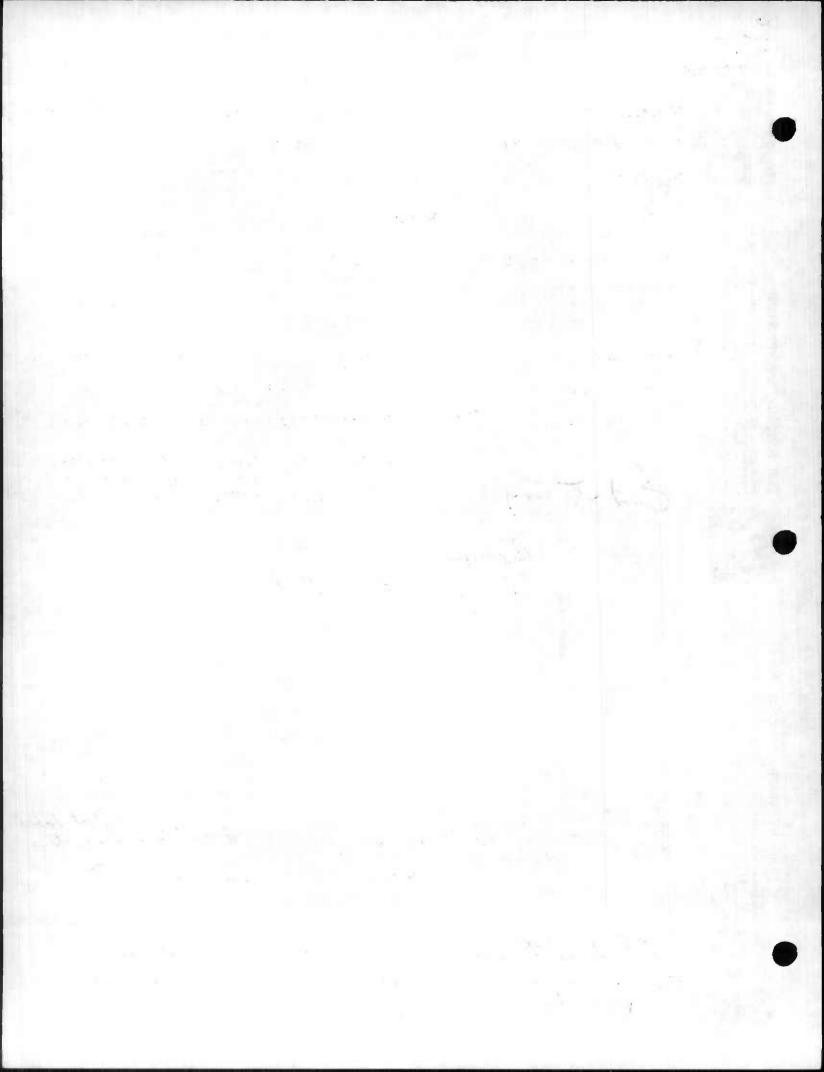
29a. Certifier (Check only one)

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature Randell.

State Registrar

filled in by

Medical



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Year Minnie Lou Crawford April 22, 1998 4:25p.m. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Northwest Hospital Center Randallstown Baltimore If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1□ M 🐠 F 220-22-7306 77 Yrs. Director Feb. 22, 1921 N.C. Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at Md. Baltimore Randallstown 1 Yes 2€ No Director 10e. Street end Numbe 10f. Zip Code 10g. Citizen of Whet Country? with 8600 Grayfox Road Apt. 203 21133 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. nit. Pages 1 and 2 should be filed within 72 hours efter carment of Health and Mental Hygiene.
ortant: If Item 27 Is marked other than "netural", or iten Injury or other traumatic event, Ite Medical Experiment 1 □ Never Merried 2 □ Married 1 Yes 2 No If Yes, Give Year or Detes: 1 ☐ Yes 2 ☑ No Specify: þ Specify: Black 3√Widowed 4 □ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Montebello State Hosp. Hospital Aid 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Walter Watkins Corra Nan Smith 19e. Informent's Name/Relationship (Type, Print) niece 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Tondaleon Price 3555 Elmley Avenue Baltimore, Md. 21213 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Gremation 3 Removal from State
4 Donation 5 Other (Specify) Arbutus Memorial Park April 27 Baltimore, Md. 22. Name end Address of Facility Nutter Funeral Homes, Inc. Funeral Service Licenses 2501 Gwynns Falls PKWY Baltimore, Md. 21216 ications hat caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, no cause on each line. díséase, or domblica failure. List only one Approximete Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final SEP 515 disease or condition resulting in death) Examiner Due to (or es a consequenca of): Examiner PNEUMONIA Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Last Due to (or as a consequence of) Physician/Medicai phymic Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown DIABETES p 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an eutopsy performed? ASTHAMA 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b Time of Certification: 28c. Injury at Work? After 1 Naturel 5 Pending 1 Tes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

P.O. Box 68760, Records. Division of Vital

Baltimore, Maryland 21215-0020

 Hospital or Attending P 124 hours after deeth.
 Funeral Director: After t To the Hospital or Atterwithin 24 hours after der To the Funeral Director completely filled in by th

> State Registrar

edical

29a. Certifier (Check only one)

31. Date filed (Month, Day, Year)

29b. Signature and title of certilier M.D.

29c. License number D43462

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and pleca, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and place, end due to the ceuse(s) end menner stated. 29d. Date signed (Month, Day, Year) ADRIL ZZ

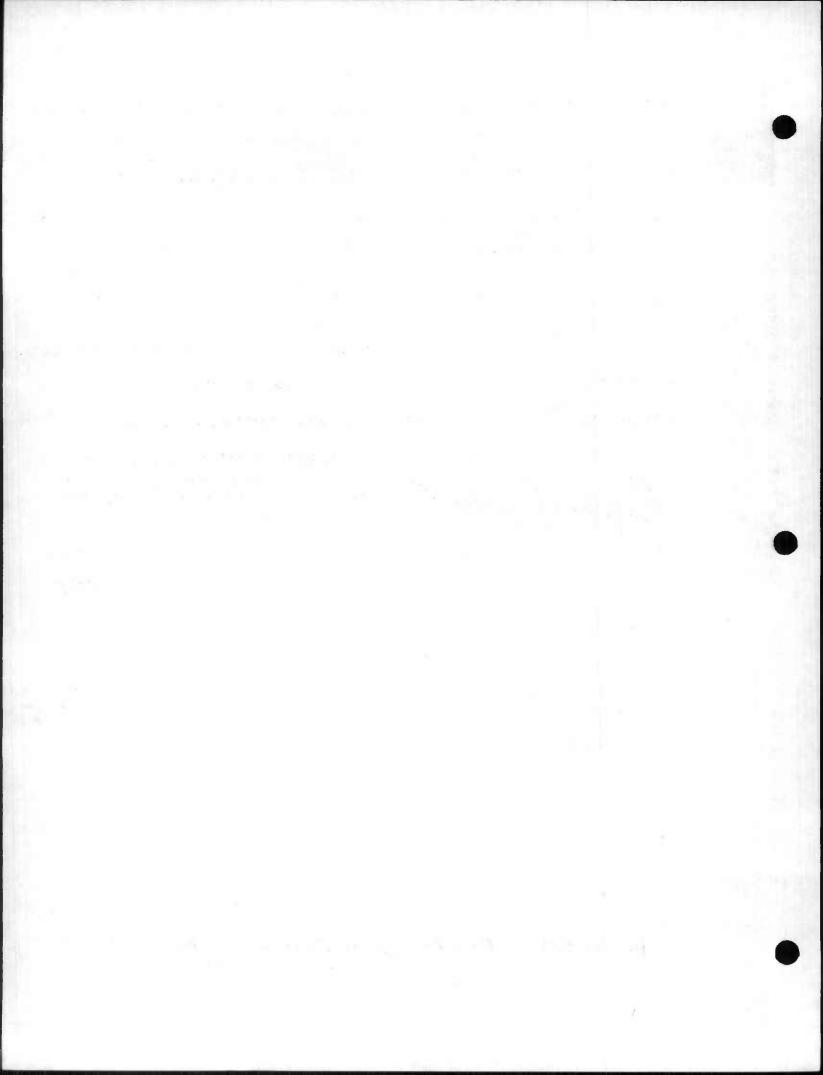
30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) HOSPITAL NORTHWEST CENTER

16. S. RAO. M.D. RANDALLSTOWN

32. Registrar's Signeture

And Registrar's Signeture

Randolf



State of Maryland / Department of Health and Mental Hygiene Q

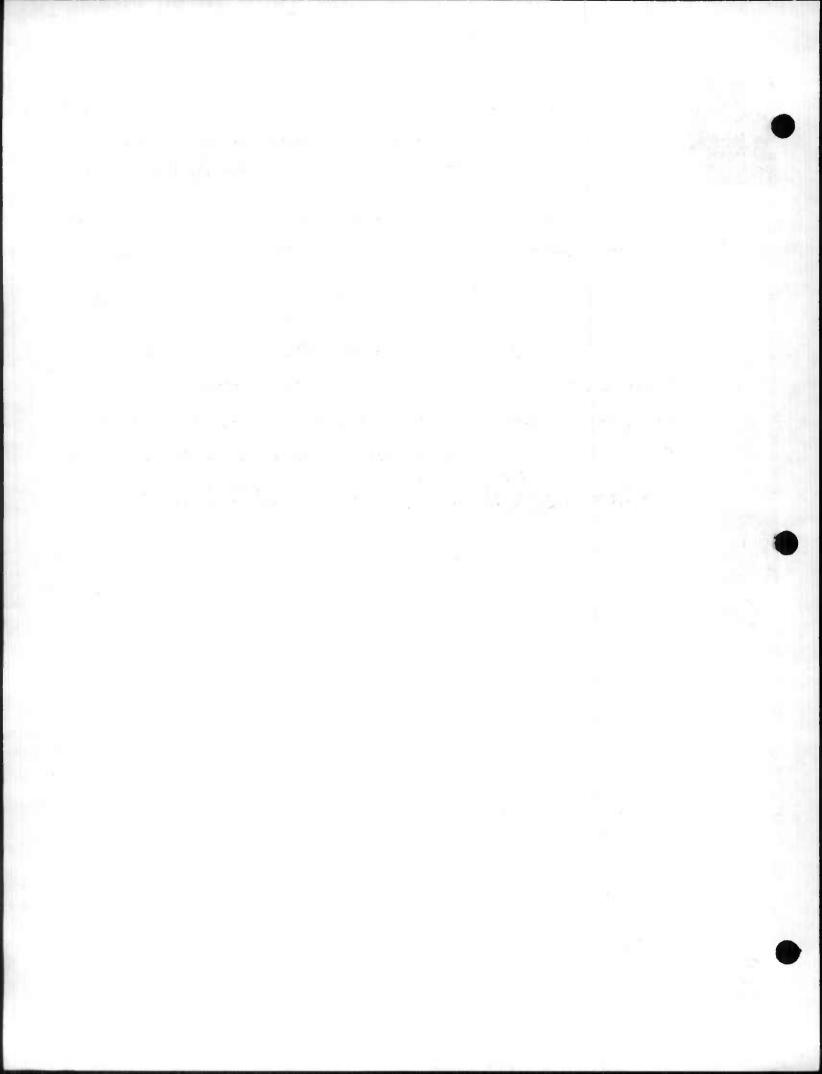
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death **Physician** Month JOHN CUCINA 1998 10:40 pim April /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HARBOR HUSPITTAL CENTRE BALTIMORE N/A 7. Aga (In yrs. last birthday) If Undar 1 Yeer 5. Sociel Security Number If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) Aug 13, 1911 Birthplaca (State or Foreign Country) **Funeral 1**0 M 2□ F Days 215-03-3186 86 Yrs. Director MD Usual Residence of Decedent death with the Maryland 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Director 1 Xes 2 No MD Baltimore City N/A 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 3330 Wilkens Avenue 21230 United States Herns 23a Funeral 13. Was Dacadent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexicen, Puarto Ricen, etc.) Was Decedant Evar in U,S. Armed Forcas? 14. Race · Amaricen Indien, Black, White, etc. 11. Marital Status should be filed within 72 hours after ond Mental Hygiene.
marked other than "natural", or Iter 1 ☐ Yas 2 No If Yes, Give Yaar or Dates: 1 ☐ Navar Married 🏋 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2XXXIo Specify: þ Specify: 3 ☐ Widowad 4 ☐ Divorced White Completed 15. Decedant's Education (Spacify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona du lifa. DO NOT usa retired) during most of working Elementery/Secondary (0-12) College (1-4or 5+) Material Handler Railroad 5th N/A permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked other any Injury or other traumatic event, 900.6. 17. Father's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middle, Maiden Surnama) Be Anthony Cucina Jenny LaRosea 19e. Informant's Name/Raletionship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Edna V. Newman / Daughter 1717 Jackson Street, Baltimore MD 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata XX Burial 2 Cramation 3 Ramoval from Stata Voshell Memorial Gardens May 5,1998 Baltimore MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Licensee Victor P. Doda, Jz. Nama and Addrass of Facility Charles L. Stevens Funeral Home, Inc. 1501 East Fort Avenue, Baltimore, MD 21230 23a. Pert1. Entar the disease, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intarval Batween Onset and Deeth **Physician** /Medical Immediata Cause (Final Septicemia disaasa or condition resulting in daath) Examiner Examine Preumonia Sequentielly list conditions, if any, laading to Immadiate causa. Enter Underlying Cause (Diseess or Injury that Initiated avants rasulting in deeth) Last Dua to (or es a consaquance of): P.O. Box 68760. CHF The law requires that the death certificate the Physician/Medicai Dua to (or es e consaquance of): been signed by the a should be datached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Diabetes Records, þ 24b. Wera autopsy findings evelleble prior to completion of cause of death? Be Completed 24e. Was an autopsy performed? page 2 1 ☐ Yes 2 ☐ No 1 Yes 2 No certificate of Vital or Attending Physician: 25. Was cesa rafarred to medicel 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 LNG After this s after death.

I Director: After this od in by the funeral di 28a. Date of Injury (Month, Day Yaar) 27. Menner of Daath 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred Division 1 Natural 5 Pending invastigation 1 Yas 2 No 2 Accident 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital To the Hospital
within 24 hours a
To the Funeral C 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. Medical 29a. Certifiar 29d. Dete signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. Licansa number AS 2441614 -46 April 29, 1998 Amir Centaties, MO 30. Nama and address of person who completed causa of daath (Item 23e) (Type, Print) Amir Quefatich.MD, 300/ S. Handter St, Baltimore, MD 21225 32. Ragistra Signal A 31. Date filed (Month, Day, Yaar) State

Registrar

MAY 0 4 1998



State of Maryland / Department of Health and Mental Hygiene 9

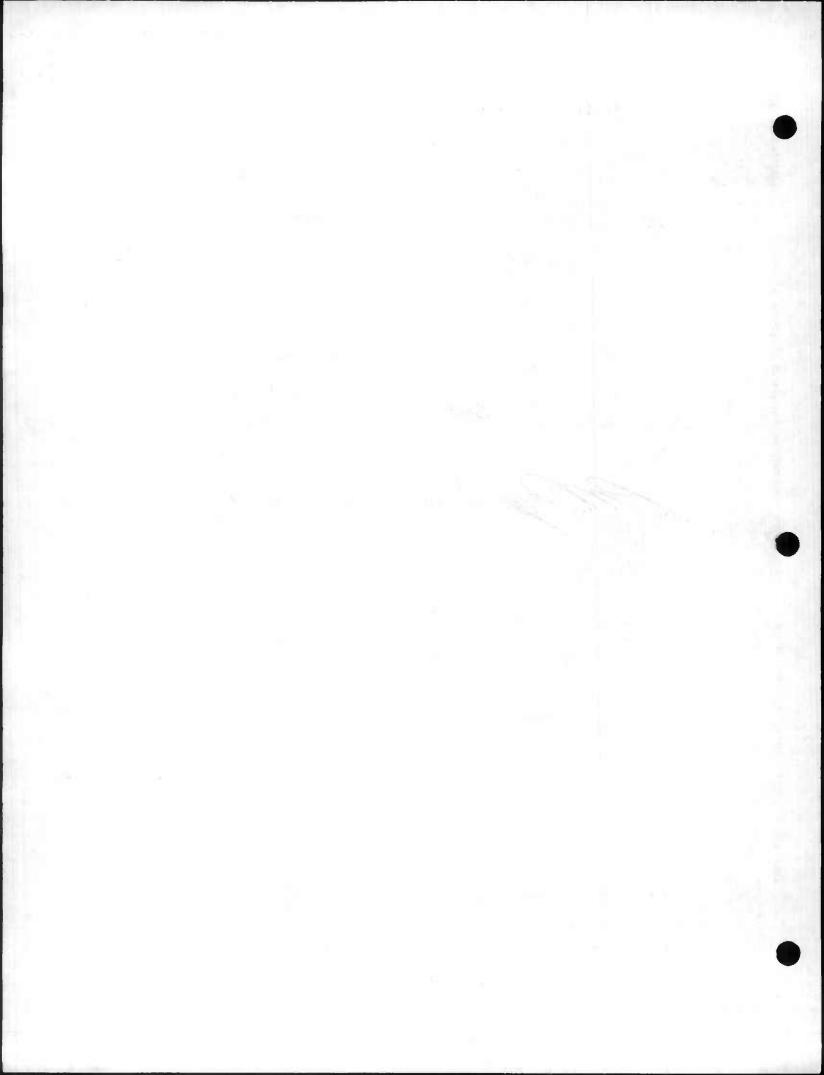
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Daath 3. Time of Death **Physician** 4b. City, Town, or Location of Death 10:05 pm /Medical 4a. Fecility Neme (If not institution, giva street and number, 4c. County of Deeth Examiner BACTIMORE Harford Gardens Nursing Center 7. Aga (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Months Deys Hours Min. (Month, Dey, Year) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 1□M 20 F 072-18- 5900 Usual Residence of Decedent Director 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or Items 23a or 28a-f ahow Exerginer must be notified at 1 Yes 2 No BACTIMORE Funeral Director 10e. Street and Number 10g. Citizen of What Country? 4700 HAY Ford 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Race - American Indian Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter o Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Hern any injury or other traumatic event, the Mexical Examers once. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: BIACK by 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Domestic HOUSE unk 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Jullian Whitfield 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1238 ROSSITER AVE AFT 3 BALTO, MD 21239 John Cheatham 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 3 Burial 2 □ Cremetion 3 □ Removel from State 5/2/98 Lansdowne, ms MT. 210N 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nema and Addrass of Facility

AI BERT P. Wylin FIHPA 21. Signeture of Funeral Service Lice N. Gilmor St. BALTIMORE, NO 21217 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximeta Intervel Between Onsat and Deeth **Physician** /Medical Immediata Ceuse (Final disease or condition resulting In deeth) 6 mas **Examiner** Due to (or es e consequence of): Examiner ASCUU Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated avents resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760 Physician/Medical Due to (or es e consequence of): signed by the e Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown as pivations Division of Vital Records. þ 24b. Were eutopsy findings evelleble prior to complation of cause of daath? Completed 24a. Wes en eutopsy performed? page 2 1 □ Yes 2 No 1 Yes 2 No Hospital or Attending Physician: 24 hours effer death. Funeral Director: After this certifice 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 45 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) funeral 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Aaturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 2 4 Homicide within 24 hours e To the Funeral D completely filled to the ceuse(s) end menner es steted.

Certifying Phystcien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. Medical 29a. Certifier To the 29b. Signature end title of certifiar 29c. License number 29d. Date signed (Month, Dey, Year) D37573 1,1998 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Park Heights Ave Bootimere 7770 Jef Zibell MD 21708 32. Regist Signature

Sulla Davidson Randale 31. Dete filed (Month, Dey, Year) State MAY 04 1998 Registrar

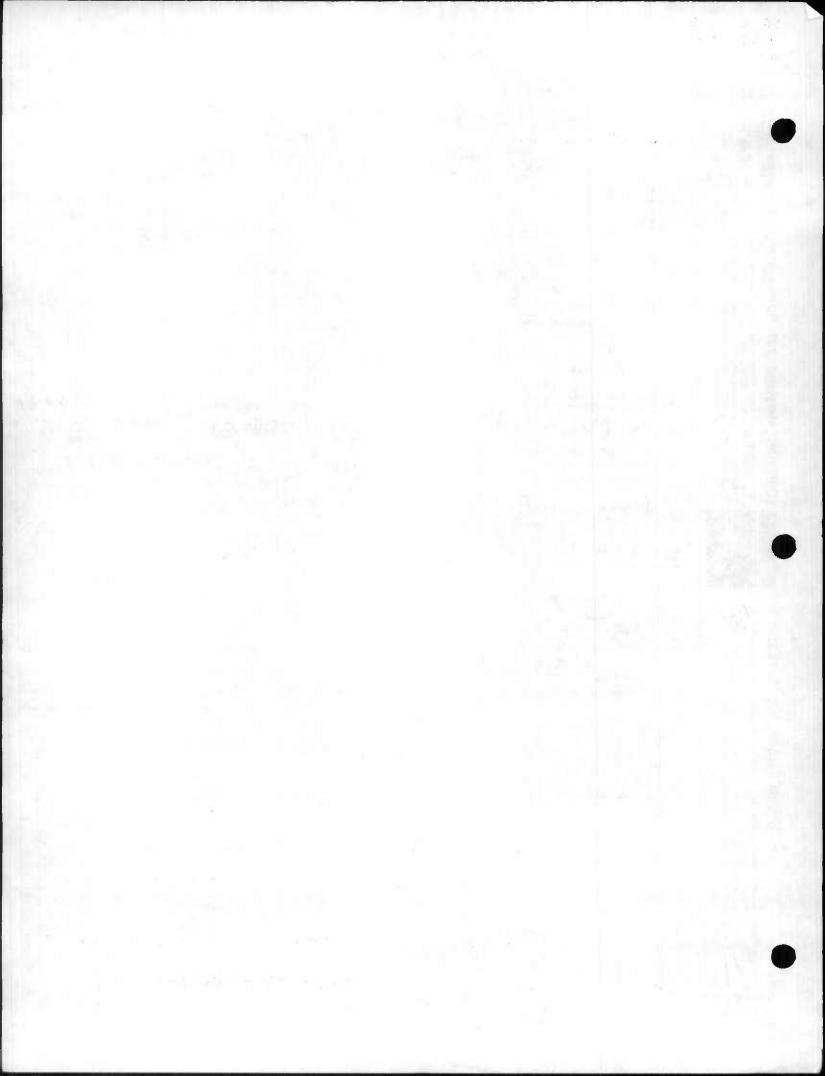


98-2414-510 DONALD CHANG DDG

#### Please Type or Print In Black Indelible Ink. Assure Ali Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** 0035 AM 4a Facility Name (If not institution, give street end number) 30, APRIL 1998 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner 732 SOUTH BOND STREET BALTIMORE 7. Age (In yrs. lest birthday)
33 Yrs. If Under 1 Year if Under 24 Hrs. 5. Social Security Number 6. Se: e (State or Foreign **Funeral** 10 M 2□ F Days 558-31-0436 Usuel Residence of Decedent Director with the Maryland 10e. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 DYes 2 No Directo timore 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 732 usa Funeral Pages 1 end 2 should be filed within 72 hours after deeth a nent of Heelth and Mental Hygiena. Int: If Item 27 Is marked other than "naturel", or Items 23. 14. Race - American Indian, 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Yes 2 70 Yo If Yes, Give Year or Dates: 1 Never Married 2 Married 1□ Yes 200No Specify: þ Orean 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) ledica octor 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Sun Sae 2 yung 19b. Mailing Address (Street and Number or Rytal Route Number, City or Town, State, Zip Code) 94131 5175 Diamond Hans Blvd 306 San Francisco Calif (Sister Moonhee 5175 sardra other 20b. Place of Disposition (Name of cemetery, cremetary or other place 20c. Location - City or Town, State 20a. Method of Disposition permit. Pages Department of Important: If its any injury or o 1 Burial 2 Decremation 3 Removal from State 10 Baltimore ▲ Donation 5 Other (Specify) Coreemount 2 W. north live Enter the disease, of complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heary failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Neck Examiner Due to (or as a consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. physician The law requires that the deeth certificate be Due to (or as a consequence of) as nse signed by the a 23b. Dtd tobacco use contribute to the cause of death? Part II. Other stanificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown 2 24b. Were autopsy findings available prior to completion of cause of death? been si Completed 24e. Wes an autopsy s certificate has t 1 Yes 2 No 18 Yes 2 No or Attanding Physician: director. Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 XXesidence 6 Other (Specify) 2 XXYes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) Time of tnjury 28c. Injury at Work? 28d. Describe how Injury occurred 545, ell 27. Manner of Death Certification: After 5 Pending Investigation OO 15 s after dec. 1 Natural 4-30-98 1 Yes 2 PNO neek 2 ☐ Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or A within 24 hours after To the Funeral Direc completely filled in by residence 23 South Bond 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated.

XX Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29e. Certifier (Check only 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie 29c. License number APRIL 30, 1998 O.C.M.E. 30. Name and address of person who completed gause of death (ttem 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Muser 31. Date filed (Month, Dey, Year) State 04 Registrar



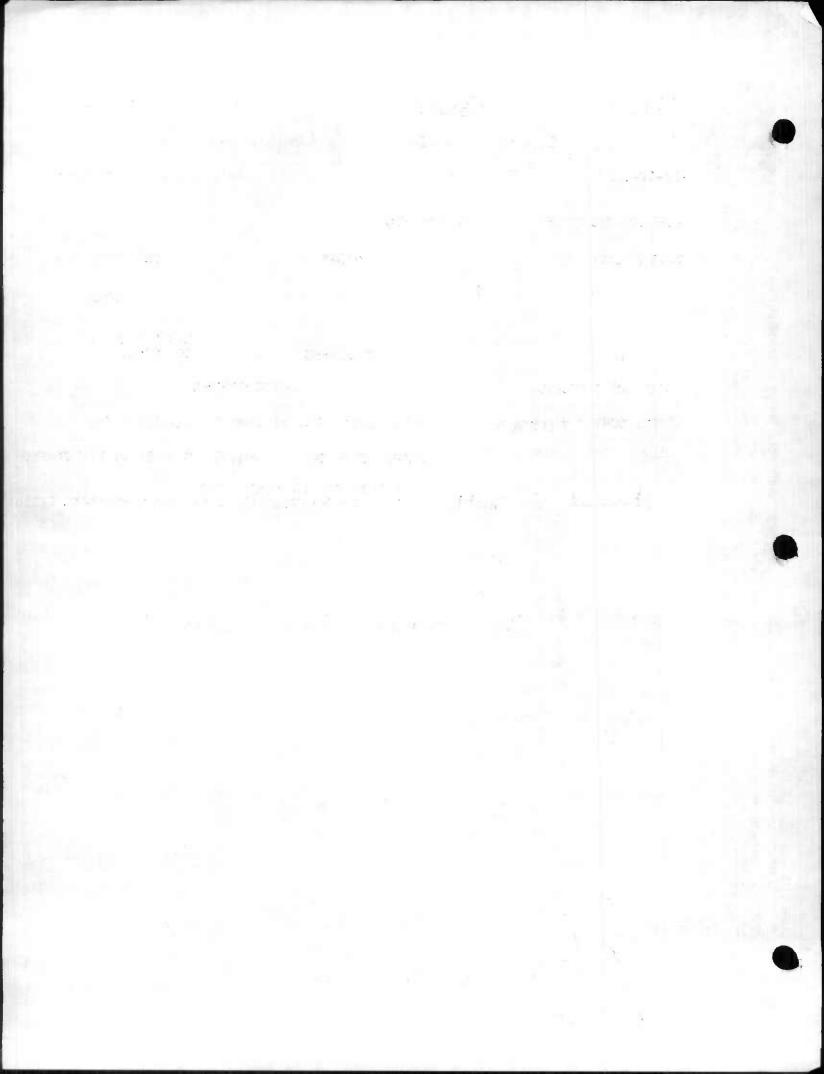
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Apri 30 JASE 9 /Medical 4b. City-Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner ANDALLSTOWN Vor thwest 105pitAC HODMORE If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1□M 2QF Yrs. 69 26,1928 **Director** 135-20-8857 PENNSYLVANIA Usual Rasidance of Decedant with the Manyland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2 ☐ No Directo MARYLAND BALTIMORE RANDALLSTOWN 10f. Zip Code 10g. Citizan of Whet Country? 10e. Street end Number permit. Pages 1 and 2 should be filed within 72 hours efter death to Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23 any injury or other traumatic event, the Mod Funeral 7413 ALLMONT USA 21244 Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry GARMENT WORKER Elementary/Secondary (0-12) Collega (1-4or 5+) INDUSTRIES 12 SEAMSTRESS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) CHARLES SINGLETON JOSIE UNKNOWN 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) ROBERT DORSEY / HUSBAND 7413 ALLMONT RD. BALTIMORE, MARYLAND 21244 Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 15☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) GLASSBORO, NEW JERSEY GLASSBORO CEMETERY 21. Signature of Funaral Service Licensee 22. Name end Address of Facility NUTTER FUNERAL HOMES, INC 2501 GWYNNS FALLS PKWY. BALTIMORE, MARYLAND 21216 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physiclan /Medical Immediate Cause (Final diseasa or condition resulting in death) Examiner Dua to (or as a consequanca of): Examiner TNEWSON)A physician and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequenca of) s pon Ary Box 68760, Obstruct & Physician/Medical Dua to (or as e consequence of) 80 950 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yss 2 No HUtor 08 Division of Vital Records, by 8 24a. Wes an autopsy performed? 24b. Wara autopsy findings available prior to Completed peen completion of cause of death? has 2 1 No 1 ☐ Yes 2 No director, 25. Was casa raferred to medical axaminar? Be 26. Place of Deeth (Check only one) Othar: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yas 2 No 1 npatient 2 ER/Outpatient 3 DOA funeral 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Yeer) 28b. Time of Certification: After 1 Natural 2 Accident 5 Pending 1 Tes 2 No To the Hospital or Attandio within 24 hours effer death. To the Funeral Director: A death. investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 29a. Cartifian Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 Msdical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner steted. (Check only one) 29b. Signature and Isle of certifi 29d. Date signed (Month, Day, Year) 29c. License number Ma 30. Name ar d cause of deeth (Item 23e) (Type, Print)

Northwest

32 Registrar's Signature a Davidon

Registrar

31. Date filed (Month, Dey, Yaar)



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month april SEPHINE 0740am 28 1998 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Northwest Hospital Center Randallstown Baltimore 5. Sociei Security Number If Under 1 Year If Under 24 Hrs. 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) 1□ M 2□ € Deys 212-22-0309 83 Yrs. Feb. 25, 1915 Md. Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Pikesville 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 Quimper Court #2A 21208 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck White etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Yes 2 The Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: Black 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Insurance Agent Mutual Benefit Ins. Co. 12th Grade 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Jacob Handy Josephine Coston 19e. Informent's Neme/Relationship (Type, Print) husband 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Bernie DeLane 8 Quimper Court #2A Pikesville, Md. 21208 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete ₩ Burlai 2 Cremetion 3 Removel from Stete 4 □ Donation 5 □ Other (Specify) Arbutus Memorial Park May 4 Baltimore, Md. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Li 2501 Gwynns Falls PKWY Baltimore, Md. 21216 Ers 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiratory errest, shock, or heert failure. List only one cause on each lyie. Immediate Ceuse (Final coronary arrery disease disease or condition resulting in deeth) Consestive Cardiomyorthy Due to (or es e consequence of): Gas troenteritis Due to (or es e consequence of): In Sulin Dependent Disserc mellitus Mon 23b. Did tobecco use contribute to the cause of death?

**Physician** /Medical Examiner

The law requires that the death certificate

of Vital Physician:

Division

been signed by t should be detach

After this certificate

al or Attending Physics after death.

Journal of the funeral of the funeral of

To the Hospital of within 24 hours of To the Funerel Discompletely filled in

permit. Page Department of Important: If eny Injury or office.

**Physician** 

/Medical

Examiner

**Funerai** 

Director

ns 23a or 28a-f show

Hems 2

ò

"natural",

Pages 1 and 2 should be filed within nent of Health and Mental Hygiena. nnt: if item 27 is marked other than "ury or other traumatic event, tra Mental or other traumatic event, tra Mental or other traumatic event, event, ev

traumatic event, the Medical Examiner

filed within 72 hours after death

21215-0020

Maryland

altimore,

Md.

Director

Funeral

by

Completed

Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting In deeth) Lest Physician/Medical

Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 1 Yes 20 No 3 Probably 4 Unknown perpherel vascular disease þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1□ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27, Manner of Deeth 1 Neturel 28e. Date of Injury (Month, Dev Year) Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation 1 ☐ Yes 2 ☐ No **e** ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office bullding, etc. (Specify) 4 Homicide

29a. Certifier

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner stated.

29b. Signeture end title of certifier

29c. License number D30115 29d. Date signed (Month, Dey, Yeer)

30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

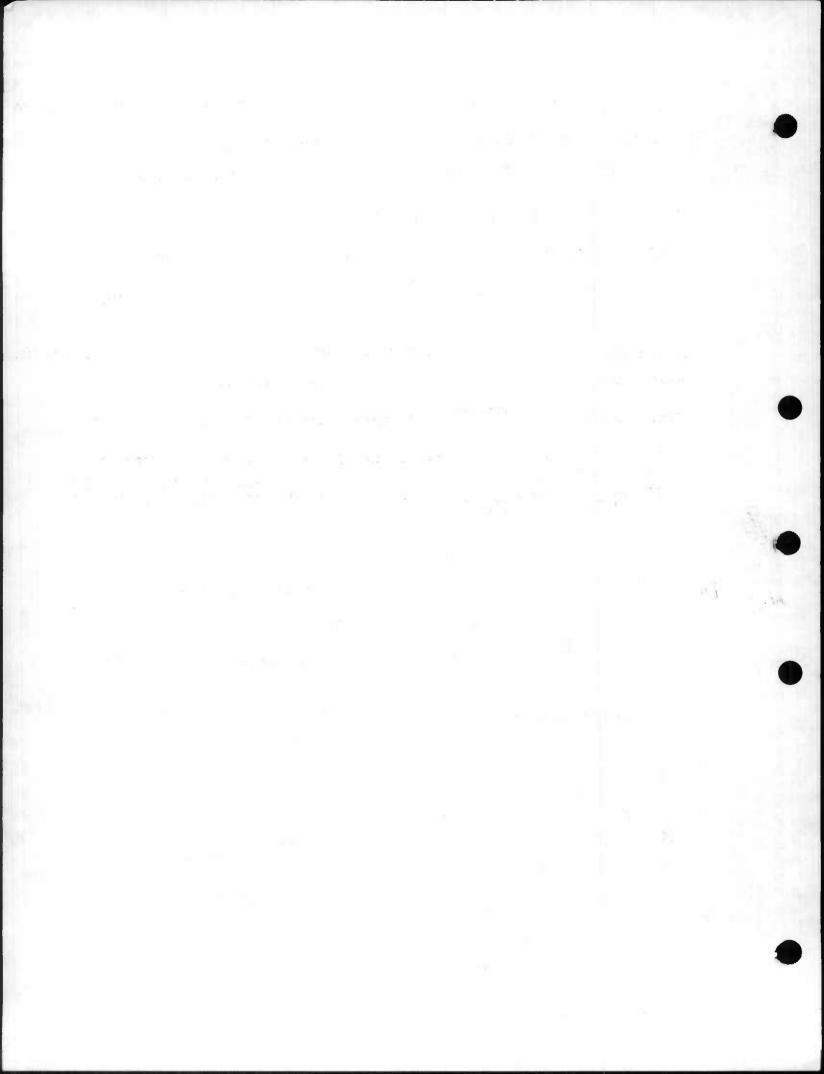
5311 Old Court Rd Randall Frown moz 1133 Ohiokpehai, mo 31. Dete filed (Month, Dey, Year)

State Registrar

Medical

(Check only one)

32 Registrars Signeture
Juna Jandon Mandall MAY 04 1998



State of Maryland / Department of Health and Mental Hygiene

							Cei	rtificate of	f Death	Re	J. No.		3/25
	Physician /Medical	_	1. Decedent's Nam KATHE		Last)			DASI	Н	2. Dete of Death	Y <sup>Da</sup> Ø1,	Yaay 9.	3. Time of Death B 3:35 PM
	Examiner		4e Facility Name (	f not institution, o	ive street and number, In Medica	l Cer	nter		4b. City, Town, or TOW	Location of Death	4c. County	of Death Bal	timore
	Funeral Director		5. Social Security N 165-09-26	571	.Sex 7.Ag	ge (In yrs. I 90	a <i>st birthd</i> ay) Yrs.	If Under 1 Yea Months Days		8. Date of Birth (Month, Day, April 2	(ear) 1, 190	9. Birthpl Count	ace (State or Foreign lry) Pa.
	Pu	- 1-	Usuel Residence of 10a. Stete	Decedent 10b. County		10c City	, Town or Lo	cation				10	Od. Inside City Limits
	72 hours after death with the Maryland natural, or items 23a or 28a-f show stell Examines must be incrited at the Almars in Director	- 1	Md.	Baltim	ore		owson						1 ☐ Yes 2 ₺ No
	4 22 20 10	2	10e. Street and Nur	mber				10f. Zip Code		10	g. Citizen of V	Vhat Count	try?
	th w	5	115 D V	ersaill	es Cr.			2120	04		US	SA	
	dea	2	11. Meritel Status		12. Was Decedent Armed Forces		S. 13.	Was Decedent of	Hispanic Origin? (S ban, Mexican, Puert	pecify Yes or No-		a - America k, White, e	
Maryland 21215-0020	urs after	2	1 ☐ Never Marri 3 ☒ Widowed	ied 2 Married				1 ☐ Yes 2 🛣 No		7 1.001., 0.0.,	Specify		ite
0	"natural", adical Englished by	3		15. Decedent's	Education		16a. Deced	dent's Usual Occi	upetion	1	6b. Kind of Bu	isiness/Ind	ustry
215	c - 1	2	Elementery/Seco		rade completed) College (1-4or	5+)	life.	DO NOT use retir	e during most of wor red)	rking			
21	should be filed within ad Mental Hygiene. marked other than "imatic event, the Marchard To Re Compile.	5	12			.,	Secre	tary			Legal		
P	be file tal Hy d othe		17. Fether's Name	(First, Middle, La	st)				18. Mother's Nar	ne (First, Middle, M	aiden Sumam	10)	
<u>a</u>	Menta Menta		John	T.	Mullal	hev			Anna	Rose		Ginty	
ary	2 should I		19a. Informant's Na				19b. Mallir	ng Address (Stree	et end Number or Ru	iral Route Number,			Code)
	ges 1 and 2 st of Health er if them 27 is or other trau		Mrs. Geor	caianna	Webber/nie	ce	647 9	hore Aci	res Rd. Ai	rnold Md.	21012		
re,	s 1 and f Health them 27 other tr		20a. Method of Disp			20b. Pl	ace of Dispo	sition (Name of natory or other p	lacel		Oc. Location -	City or To	wn, State
9			1 Burial 2	Cremation 3	Removal from State city) Entombmer					5/5/98	Norris	ville	. Pa.
Baltimore,	in jury	+	21. Signature of Fid										
Ba	permit. Page Depertment of Important: If any Injury or ance.		1. 1.	76	020				ress of Fedility WSON Funer	_			
		+	22a Part I Enter II	ha disaasa or oo	mplications that cause	d the death			Rd. Tows				Annrovimate
			shock, or hea	rt fallure. List on	mplications that cause ly one ceuse on eech l	ine.	. Do not ent	er the mode or d	ying, such as cardial	correspiratory arre-	,		Approximate Interval Between Onset end Death
	Physician / /Medical		Immediate Cause (	Einel	ACUTE	E MYC	CARD	IAL INF	ARCTION			- [	DAYS
40	Examiner		disease or condition resulting in deeth)		a								
					ARTER	Due to (or RIOSC	es e consec LERO	TIC CAF	RDIOVASC	ULAR DIS	SEASE		YEARS
,	tificate he decuted to physician and es the burial-transit		Sequentially list co- if any, leading to im- cause. Enter Unde Cause (Disease or	nditions, nmediate	b	Due to (or	as a consec	juence of):					
68760,	death certificate leade at the control of the contr		Cause (Disease or that Initiated events	injury	c	Due to for							
68			resulting in death) l	Last		Due to (or	as a conseq	dence oi).					
Box	the death certical by the attending eletached for use eletached for use eletached for use eletached.				d							-	
ğ	atta afta i for	-	Day II Other Step 16	In 4			tale of the above	- 4-4-4-1	in a la Dad I	22h Did toh		méréhiraka és	the cause of death?
0	y the coherence in the		Part II. Other signit	icant conditions	contributing to death t	out not resu	iting in the u	ngenying ceuse (	jiven in Pert I.		1		eably 4 Unknown
0.	law requires thet the deeth cer as been signed by the attendir 2 should be detached for use noieted by Physician/A									1 □ Y•	2000	3   1100	abiy 4 Onknown
Records,										24a. Was an	autopsy	24b. We	ere eutopsy findings
Ö	been sishould									perform		cor	allable prior to apletion of ceuse
360	The law requir											Of c	death?
	The page									1 🗆 Yes	No No	1 🗆	Yes 2No
Vital	Physician: The I this certificate he ral director, page		25. Was case refer examiner?						1337	ath (Check only one	)		
of	Joseph Jo		1□ Yes 🗶	No	Hospital: Inpati	ent 2 🗆 I	ER/Outpatier	t 3 DOA	ther: 4 Nursing H	lome 5 Resider	ice 6 □Oth	er (Specify	1)
u u	ding Ph h. After th funeral		27. Manner of Deatl	5 Pending	28a. Date of Inju	ay Year)	28b. Time of Injury	28c. Inj	ury at ork?	28d. Describe how	v injury occur	red	
0	Attending or death.  actor: After by the fune iffication		2 Accident	investigat	ion			M 1!	☐ Yes 2☐ No				
Division	tal or Attanding P is effer death al Diractor: After t led in by the funers Certification:		3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	d Zoe. Pieca of In	jury - At ho	me, farm, str	eet, factory, offic	a	28f. Location (Str. City or Town,		er or Rura	l Route Number,
Ö	s efter				ounding, o	to. (Opcony	,				,		
	To the Hospital or Attending Phwithin 24 hours effer death. To the Fueral Director: After thi completely filled in by the funeral Medical Certification:		29a. Certifier (Check only one)		hysician: To the best aminer: On the besis of and manners	of examinet							
	outh outhough		29b. Signature and	tipe of pention	11/18	_		29c. Lice	nse number	29	d. Date signe	d (Month, I	Day, Year)
	F S F O		D //	MI	11/	_		1	DITH 2	171	MA	y T	5
	6 2			, ,	//	10.00.00	00-1	210	0 1 1	0 - /	0,77	/ /	3
	30		RICHAR	ess of person wh DBIGG	M. D.,	7620	23a) (Type, YORK	ROAD	TOWSON,	MARYLAN	D 212	04	
	State Registrar		31. Dete filed (Mont	th, Day, Year)	8 32 Pegist	rar's Signat	enu enu	Lie					

DHMH 16 Rev 6/95

8 2 36 -3

State of Maryland / Department of Health and Mental Hygiene

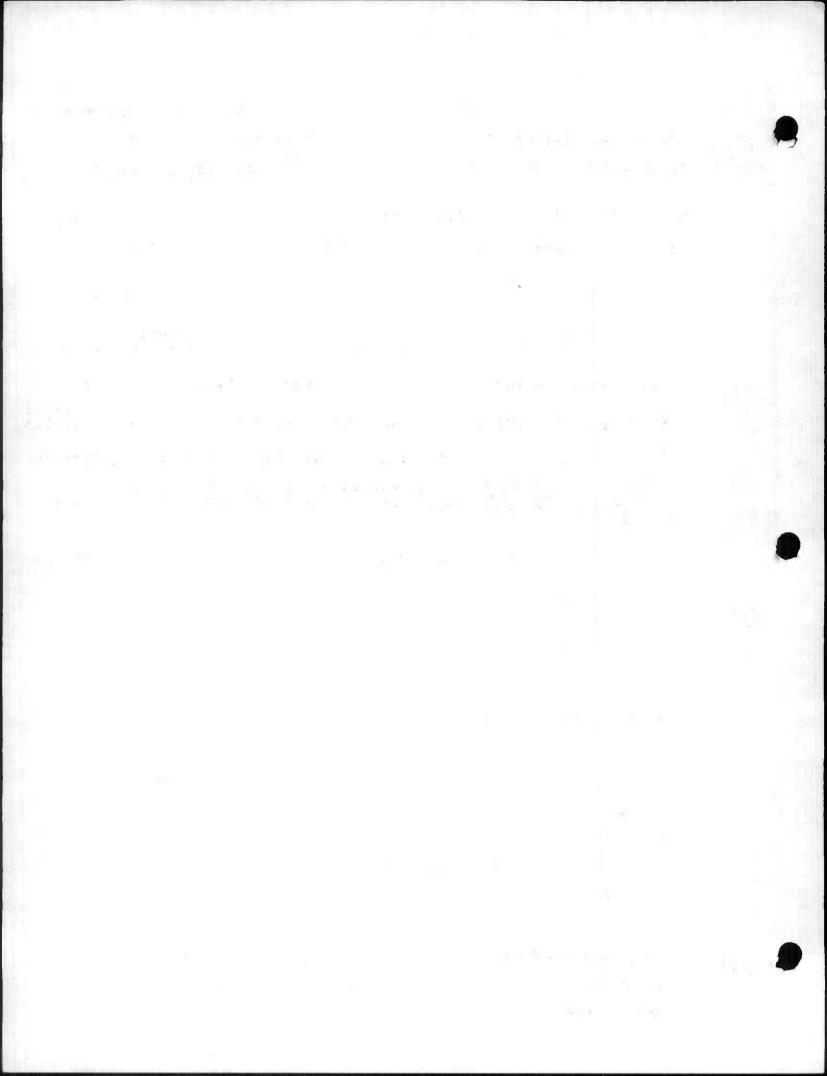
Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death Month Yaar **Physician** R. Jack Dailev 29, 1998 6:00 AM APNI) /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Union Memorial Hospital Baltimore Months Days Hours Min. Feb. 19, 1918 9. Birthplaca (State (Month, Day, Year))

Feb. 19, 1918 9. Birthplaca (State (Month, Day, Year))

Maryland 5. Social Security Number 7. Aga (In yrs. last birthday) 80 Yrs. 9. Birthplaca (Stata or Foraign **Funeral** 217-05-5410 1 XM 2 F Yrs. Director Usual Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hydiena. Important: If Item 27 is marked other than "naturel", or items 23a or 28a-f ahow any injury or other traumatic event, it a Mexical Example I must be notified anone. 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland N/A BALTIMORE 1 XYas 2 No Director 10e. Street and Number 2052 Druid Park Drive 10f. Zip Coda 2 1 2 1 1 10g, Citizan of What Country? USA Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 1 M Yas 2 □ No If Yas, Giva Yaar or Datas: WW II Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Navar Marriad X X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decadent's Education (Specify only highast grada completed) Police Elementary/Secondery (0-12) Coilaga (1-4or 5+) Dispatcher Baltimore City 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnema) Be William E. Dailey Annie Elizabeth Snyder 19e. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 21211 2052 Druid Park Drive, Baltimore, Maryland Virginia Dailey (Wife) 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata 1) Burial 2 Cramation 3 Ramoval from Stata Lorraine Park Cemetery 5/2 Woodlawn, Maryland 4 Donation 5 Othar (Specify) 21. Signature of Funeral Service License 22. Nama and Addrass of Facility Burgee-Henss Funeral Home PA 2121 3631 Falls Road, Baltimore, Maryland 21211 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediete Causa (Final Unknown disaesa or condition rasulting in daath) Examiner Sequantially llst conditions, if any, laading to immediate causa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Records, P.O. Box 68760 Physician/Medicai Dua to (or as a consaguanca of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t hronic Obstructive Pulmonery 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown à 24b. Wara autopsy findings avsilabla prior to completion of ceuse of death? 24a. Was en eutopsy performad? Completed r this cartificate has rail director, page 2 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death. Funerel Director: After this carifice 25. Was casa refarred to medical Be 26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 2 1 Yes 25€No 1 ☑ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA funeral 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Panding Invastigation 1 Matural 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) in by 4 I Homicida 12 Certifying Physician: To the best of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Cartifiar Medical To the vithin 2 29b. Signature and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) AT2438946 April 29, 1998 30. Nama and addrass of person who completed causa of death (Item 23e) (Type, Print) Lydia R. Best Union Memorial Hospital 201 East University Parkney Bultimes, Manyland 31. Data filed (Month, Day, Yaar) /32 Registrar's Signature State Registrar

DHMH 16 Rev 6/95



			518	ate of M	laiylailu		ertificate						20		3/2/
	4 Desertants Non	o /First Middle	( not)			Ce	runcate	OIL	Jeau	1	2. Date of D	Reg. N	No.		3. Tima of Death
sician	Decedent's Nam	na (First, Middle	, Last)								Month		Day	Year	3. Timla or Death
edical	JOHN		CHARLE		EAST	TER					May 1		998		8:45 PM
miner	4a Facility Nama (	(If not institution,	give streat	and number,	)			46	o. City, T	own, or Lo	ocation of Dea	th 4	4c. County	of Death	
	4812 COLI						T WILLIAM A	Van I	COL	LEGE or 24 Hrs.	PARK		RINCE		
	5. Social Security !	Numbar	6. Sex 153tM 2		ge (In yrs. la	ist birthday, Yrs.	Months	Days	Hours		8. Date of B (Month, D			9. Birth	nplaca (Stete or Fore untry)
	214-21-6				21	115.					July :	31,	1976		Md.
	Usual Residenca o	10b. County			10c. City,	Town or L	ocation								10d. Inside City Lim
ò															1 □ Yas 2 1
Director	Md.	Prince	e Geor	rges	Col	llege	Park 10f. Zip 0	`oda				100 0	Citizen of V	What Cou	unto/2
	Toe. Street and Ite	moer					101. 240 0	7000				rog. c	01112011011	WIIL 00	
runerai	4812 Co	llege A	7e.	as Dasadoni	From In 11 C	12		740	ananla O	risin? (Co.	anifu Van as N	10	USZ		rican Indian,
3	11. Marital Status		Ar	as Decedent med Forces	?	5. 13.	If Yas, specif	y Cuban	n, Mexica	an, Puerto	ecify Yes or N Rican, atc.)	10-		ck, White	
by F	3 ☐ Widowed	rled 2 Marrie	If '	☐ Yes 2🔀 Yes, Give		- 1	1 🗆 Yes 2	XNo.	Specify	y:			Specify	/: F.70-	24
2	3 🗆 WIGOWEG			aar or Datas:	1	40a Dana	adantia I laval	0	Al non			104	Kind of Br		ite
ete	(Spe	15. Decedent' city only highes				(Give	adent's Usual e kind of work DO NOT use	done du	urina mo	st of work	ing	100.	Kind of Bu	usina ss/i	naustry
Completed	Elementary/Sec	ondary (0-12)	Co	ollege (1-4or	5+)			1011160)				0	oimi.	al T	netice
	12 17. Father's Name	(First Middle I	ast)	4		Stude	ent		18. Moth	her's Name	e (First, Middl				ustice
Be		,, middia, L			_								56.770[]]		
0	Charles	10-10 P	M.		East	ter,		(64	Sus			G.	h		nett
	19a. Informant's N										el Route Num				
	Mr. Char	les M.	Easter	, Jr.	/fathe	er 24	Lovet	on F	'arms	ct.		S, M	1d. 2	1152	Four Ct-t-
	20a. Method of Dis	Cremation	3 □Remov	al from State	car	metery, cre	position (Neme em <i>etory</i> or oth	er piece	*	1	Date	20c.	Location -	City or	Town, State
		5 ☐ Other (Sp			Dula	aney '	Valley	Mem	oria	al 5	/6/98	Ti	imoni	um,	Md.
	21. Seneral of F	The second second	_			-		-							
	21. opnasio or F	uneral service L	Coupes /	10)		2	22. Name and	Address	s of Faci	ility		7	20		
	Letter.	uneral service L	Cougas	Q.		2	22. Name and Ruck To	owso	n Fu	ility unera	1 Home				
	lates	200	5	ns that cause	ed the death.	10	22. Name and Ruck To	owso rk R	n Fu	ility unera Lowso	1 Home	212			Approximate
	23a. Part1. Entar shock, or her	200	5	ns that cause use on each i	ed the death. line.	10	22. Name and Ruck To	owso rk R	n Fu	ility unera Lowso	1 Home	212			Approximate Interval Between Onset and Death
	23a. Part1. Enter shock, or her	the disease, or cart failure. List of	complication only one cau			10. Do not an	22. Name and Ruck To 050 You	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between
	23a. Part1. Entar shock, or hea	the disease, or cart failure. List of	complication only one cau		ut.	Do not an	22. Name and Ruck To 050 You nter the mode	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home	212 arrest,	204	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval Between
191	23a. Part1. Entar shock, or her	the disease, or cart failure. List of	complication only one cau		ut.	10. Do not an	22. Name and Ruck To 050 You nter the mode	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between
	23a. Part1. Entar shock, or hei Immediate Cause disaasa or conditi resulting in death)	the disease, or and failure. List of	complication only one cau		Due to (or	Do not an	22. Name and Ruck To 050 You note the mode	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between
examiner	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)	the disease, or can failure. List of	complication only one cau		Due to (or	Do not an	22. Name and Ruck To 050 You nter the mode	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between
	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or Disease)	the disease, or cart failure. List of (Final on onditions, mmediate erlying r injury	complication only one cau		Due to (or	10. Do not ar  Gun as a conse	22. Name and Ruck To 050 You need the mode special sequence of the sequence of	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between
	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)	the disease, or cart failure. List of (Final on on onditions, mmediate erlying s r injury s s	complication only one cau		Due to (or	10. Do not ar  Gun as a conse	22. Name and Ruck To 050 You need the mode special sequence of the sequence of	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between
	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease of that initiated event	the disease, or cart failure. List of (Final on on onditions, mmediate erlying s r injury s s	complication only one cau		Due to (or	10. Do not ar  Gun as a conse	22. Name and Ruck To 050 You need the mode special sequence of the sequence of	OWSO rk R of dying	n Fu Rd. 7 9, such a	liity unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between
	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or and failure. List of (Final on onditions, mmediate erlying r injury s Last	a b c	Conh	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fi	ility unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest, Hec	nd		Interval Between Onset and Death
-	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease of that initiated event	the disease, or and failure. List of (Final on onditions, mmediate erlying r injury s Last	a b c	Conh	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fi	ility unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest,	204		Interval Between Onset and Death
Physician/Medical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or and failure. List of (Final on onditions, mmediate erlying r injury s Last	a b c	Conh	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fi	ility unera Powso is cardiac	1 Home n, Md. or respiratory	212 arrest, Hec	nd		Interval Between Onset and Death
by Physician/Medical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or and failure. List of (Final on onditions, mmediate erlying r injury s Last	a b c	Conh	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fi	ility unera Powso is cardiac	1 Home n, Md. or respiratory  23b. Dic	212 arrest,  Heco d tobacc	204 204 200 use coi 28 No	3 🗆 Pr	Interval Between Onset and Death
Dy rilysiciativmedical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or and failure. List of (Final on onditions, mmediate erlying r injury s Last	a b c	Conh	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fi	ility unera Powso is cardiac	1 Home n, Md. or respiratory  23b. Did 10	212 arrest,  Head  d tobacc  Yes  is an autormed?	couse couse	3 □ Pr	to the causs of dear cobably 4 Unkn
	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or and failure. List of (Final on onditions, mmediate erlying r injury s Last	a b c	Conh	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fi Rd. 7 9, such a	ility unera Powso is cardiac	1 Home n, Md. or respiratory  23b. Did 10	212 arrest,  Head  d tobacce  Yes	couse couse	3 □ Pr	Interval Between Onset and Death  to the causs of death
Dy rilysiciativmedical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)	the disease, or and failure. List of (Final on onditions, mmediate erlying r injury s Last	a b c	Conh	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fi Rd. 7 9, such a	ility unera Powso is cardiac	23b. Die	212 arrest,  Heco d tobacco Yes  s an autormed?	couse couse	3 □ Pr	Interval Between Onset and Death Onset and Death to the causs of deatobably 4 Unknown Ware autopsy finding available prior to completion of cause
completed by rhysiciarymedical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other signi	the disease, or and failure. List of the disease, or and failure. List of the disease of the dis	b c d	Con hu	Due to (or Due to (or o	11. Do not are	22. Name and Ruck To 050 You noter the mode equence of):	owso rk R of dying	on Fu	ility unera Fowso s cardiac	23b. Die	212 arrest,  Held  d tobacce  Yes  is an autormed?  L/A2  Fyes	204  2004  2004  2004  2004  2004  2004  2004  2004  2004	3 □ Pr	to the cause of deal cobably 4 Unknown Ware autopsy finding available prior to completion of cause of death?
be completed by PhysiciaryMedical	23a. Part1. Entar shock, or hei Immediate Cause disaasa or condition resulting in death)  Sequentially list containing in death or cause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other signi	the disease, or and failure. List of (Final on on on on on on on on on on on on on	a b d Hospital	Con hu	Due to (or Due to (or obut not result	11. Do not an as a conse as a conse	22. Name and Ruck To 050 You note the mode equence of):	OWSO rk R of dying	on Fixed. The such a su	ility unera Powso s cardiac	23b. Did	212 arrest,  Here  d tobacce  Yes  is an authormed?  V/h 2  Tyes  one)	couse couse	3 Pr	to the causs of deal robably 4 Unknown to the causs of deal robably 4 Unknown to the cause of dealth?
to be completed by his sicial medical	23a. Part1. Entar shock, or hei Immediate Cause disaasa or condition resulting in death)  Sequentially list crif any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other significant in the same of the cause of the cause (Disease or the cause). The cause (Disease or the cause) is a cause of the cause (Disease or the cause). The cause of the	the disease, or and failure. List of the disease, or and failure. List of the disease of the dis	b d Hospitti	ing to death to all:	Due to (or Due to (or deput not result in the pury Furthern 1997)	as a conse as a conse as a conse as a conse as but in the consecution of the consecution	22. Name and Ruck To 050 You note the mode squence of):  equence of):  equence of):  underlying called the squence of squ	owso rk R of dying	on Fundamental Participation on In Participati	ility unera Powso s cardiac  A  t I.	23b. Did 24a. Wa per Pil	212 arrest,  Held  d tobacce  Yes  is an authormed?  V/1/2  Tyes  one)  sidenca	cco use cou 2PNo utopsy ? 2 No	3 Pr 24b. \ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	to the causs of deal robably 4 Unknown to the cause of deal robably 4 Unknown to the cause of dealth?
the property of the party of th	23a. Part1. Entar shock, or her shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list crif any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other significations or sammer?	the disease, or cart failure. List of (Final on on on on on on on on on on on on on	a b d Hospitul 286	Con hu	Due to (or Due to (or deput not result in the pury Furthern 1997)	1 1. Do not are as a conse as a conse at a c	22. Name and Ruck To 050 You note the mode squence of):  equence of):  equence of):  underlying called the squence of squ	OWSO  rk R  of dying  was give	on Fundamental Participation on In Participati	tility  unera  Powso as cardiac  A	23b. Did 24a. Wa per put h (Check only) me 5 🖫 Res	212 arrest,  Held  d tobacce  Yes  is an authormed?  V/1/2  Tyes  one)  sidenca	cco use cou 2PNo utopsy ? 2 No	3 Pr	to the causs of deal robably 4 Unknown to the cause of deal robably 4 Unknown to the cause of dealth?
To be completed by Physician/Medical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list contains and cause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other significations are referenced by the second of the saminer?  XXYes 2  27. Manner of Death  1 Natural 2 Accident 3 Suicide	the disease, or cart failure. List of (Final on onditions, mmediate erlying ring) s. Last	b d Hospite  Hospite  ation	ing to death to a Date of Inj. (Month, Do. 5 - ( -	Due to (or Due to (or	as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse	22. Name and Ruck To 050 You note the mode of):  equence of):  equence of):  underlying call of 28	OWSO rk R of dying  U  U  Othe c. Injury Work 1 Y	on Fuel Rd. 9	tility  unera  Powso as cardiac  A	23b. Did 24a. Wa per 10 10 10 10 10 10 10 10 10 10 10 10 10	212 arrest,  Held  d tobacce  Yes  is an authormed?  V/h2  Tyes  one)  sidenca e how in  (Street	204  204  208  208  208  208  208  208	3 Pr	to the causs of deal robably 4 Unknown to the cause of deal robably 4 Unknown to the cause of dealth?
To be completed by Physician/Medical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other signification of the examiner?  XXYes 2  27. Manner of Dea 1   Natural 2   Accident	the disease, or cart failure. List of (Final on on on on on on on on on on on on on	b d Hospite  Hospite  ation	ing to death to a Date of Inj. (Month, Do. 5 - ( -	Due to (or Due to (or	as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse	22. Name and Ruck To 050 You note the mode squence of):  equence of):  equence of):  underlying called the squence of squ	OWSO rk R of dying  U  U  Othe c. Injury Work 1 Y  office	on Fuel Rd. 9	tility  unera  Powso as cardiac  A	23b. Did 23b. Did 24a. Wa per 24a. Wa per 28d. Describe Sish	212 arrest,  Held  d tobacce  Yes  is an authormed?  L/h2  Pyes  one) sidenca a how in  (Street own, Ste	204  204  208  208  208  208  208  208	3 Pr	to the cause of deal cobably 4 Unknown Ware autopsy finding available prior to completion of cause of death?
Certification: To be Completed by Physician/Medical	23a. Part1. Entarshock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other significant initiated event resulting in death)  25. Was case referencements?  XYes 2  27. Manner of Death   Natural   Accident   Accident   Accident   Homicide   Accident   the disease, or an failure. List of the disease, or an failure. List of the disease, or an failure. List of the disease of the	b d Hospite  Hospite  ation ot be ped 286	al: 1 Inpati a. Date of Inj. (Month, Diese, Place of In- building, e	Due to (or Due to (or	as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse	22. Name and Ruck To 050 You need the mode of the squence of the s	OWSO rk R of dying  U  U  Othe c. Injury Work 1 Y  office	on Filed. To a such a s	ility Inera Powso Is cardiac In Ince of Deat Nursing Ho	1 Home  n, Md. or respiratory  23b. Did  10  24a. Wa per  10  10  28f. Location Control Contro	212 arrest,  Held  d tobacce  Yes  is an authormed?  L/h 2  Tyes  cone) sidenca e how in  cone, Ste   204  204  200  200  200  200  200  200	3 Pr  24b. \ Second of the sec	Interval Between Onset and Death Death		
Certification: To be Completed by Physician/Medical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list contains and cause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other significations are saminer?  XXYes 2  27. Manner of Death  1 Natural 2 Accident 3 Suicide 4 Homicide	the disease, or an failure. List of the disease, or an failure. List of the disease, or an failure. List of the disease of the	b	al: 1 Inpati a. Date of Inj. (Month, Diese, Place of In- building, e	Due to (or Due to (or	as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse	22. Name and Ruck To 050 You need the mode of the squence of the s	OWSO rk R of dying  U  U  Othe c. Injury Work 1 Y  office	on Filed. To a such a s	ility Inera Powso Is cardiac In Ince of Deat Nursing Ho	1 Home  n, Md. or respiratory  23b. Did  10  24a. Wa per  10  10  28f. Location Control Contro	212 arrest,  Held  d tobacce  Yes  is an authormed?  L/h 2  Tyes  cone) sidenca e how in  cone, Ste   204  204  200  200  200  200  200  200	3 Pr  24b. \ Second of the sec	Interval Between Onset and Death Death Onset and Death	
edical Certification: To Be Completed by Physician/Medical	23a. Part1. Entar shock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other signification of the examiner?  XXYes 2  27. Manner of Death   Natural 2   Accident 3 Suicide 4   Homicide    29a. Certifier (Check only)	the disease, or cart failure. List of the disease, or cart failure. List of the disease, or cart failure. List of the disease	b	ing to death to an analysis of the best on	Due to (or Due to (or	as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse	22. Name and Ruck To 050 You note the mode of the population of th	OWSO rk R of dying  U  U  Othe C. Injury Work 1 Y  office	on Filed. To a such a s	tility  nera  Powso is cardiac  t I.	1 Home  n, Md. or respiratory  23b. Did  10  24a. Wa per  10  10  28f. Location Control Contro	212 arrest,  Held  d tobacco  Yes  as an authormed?  L/h2  Tyes  one)  sidenca a how in  (Street own, Ste cown, Ste e, date a	204  204  200  200  200  200  200  200	3 Pr  24b. V  and (Special Control Con	Interval Between Onset and Death Death
Medical Certification: To Be Completed by Physician/Medical Examiner	23a. Part1. Entarshock, or her limmediate Cause disaasa or condition resulting in death)  Sequentially list or if any, leading to incause. Enter Und Cause (Disease or that initiated event resulting in death)  Part II. Other signification of the examiner?  **Examiner**  25. Was case reference examiner*  27. Manner of Death  1 Natural  2 Accident  3 Suicide  4 Homicide  29a. Certifier (Check only one)	the disease, or cart failure. List of the disease, or cart failure. List of the disease, or cart failure. List of the disease	b	ing to death to an analysis of the best on	Due to (or Due to (or	as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse as a conse	22. Name and Ruck To 050 You note the mode equence of):  equence of):  equence of):  underlying call treet, factory, the occurred annestigation, in 29c.	OWSO rk R of dying  U  U  Othe C. Injury Work 1 Y  office	on Fu  Rd. 9  Rd	tility  nera  Powso is cardiac  t I.	1 Home  n, Md. or respiratory  23b. Did  10  24a. Wa per  10  10  28f. Location Control Contro	212 arrest,  Lucia  d tobacce  Yes  is an authormed?  Lucia  rone)  sidenca e how in  (Street own, Ste  Co e cause d, date a  29d. [	204  204  200  200  200  200  200  200	3 Pr  24b. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Interval Between Onset and Death Death

· Registrar

MAY 0 4 1998

DHMH 16 Rsv 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Name (First, Middla, Last) 2. Data of Daath 3. Time of Deeth Month Day **Physician** 11:201.M 98 JIMOTE 20 MOLL /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, give street and number **Examiner** 420 Deristric Baltimore evilable Hebrew Centers Hospil MD If Under Nyear If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 6. Say 5. Social Sacurity Number Birthplaca (Stata or Foraign Country) 1 M 2□ F 244-22-9598 Yrs. Director Usuei Residence of Decedant 10c. City, Town or Location the Merylenc 10a State 10b. County 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be must be an attended. 1 Yes 2 No NA Baltimore Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3412 edman Koad VS. A 21207 permit. Peges 1 and 2 should be filed within 72 hours effer deeth 1 Department of Health and Mental Hyghen. Important: if item 27 is merked other than "natural", or items 23s any injury or other traumstic event Funeral 13. Wes Decedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 12. Was Decedant Evar in U,S. Armed Forcas? 1X Yas 2 ☐ No I Yes, Giva 14. Raca - Amarican Indian, 11. Marital Stetus Black, Whita, atc. 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify Black by 3 Widowed 4 □ Divorced Completed 16e. Decedant's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Spacify only highest grada completed) 16b. Kind of Businass/Industry Naval Elementary/Secondary (0-12) Coilege (1-4or 5+) 2th grade VICE 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Fether's Name (First, Middla, Last) Be Fulmore, Sr Blanche 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. informant's Name/Raiationship (Type, Print) Road Veli 3412 Redman Balto, red 2120ece Moore 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ABuriai 2 Cramation 3 Ramoval from Stata journson Forest Vel 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facilit 21. Signature of Funarai Servica Licensee 9300 21215 Avenue 04 0 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intarvai Batween Onset end Deeth **Physician** /Medical Immediate Ceuse (Final pom wis basedming disaasa or condition resulting in death) Examiner Examiner ician and buriel-transit Saquantially list conditions, if eny, laading to immadiate cause. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as e consequenca of): physician s the buriel Division of Vital Records, P.O. Box 68760 Physician/Medicai Dua to (or as a consequence of): 98 esn Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death; been signed by the should be deteched 1 Yes 2 No 3 Probably 4 Unknown P 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed rscala aun 1 pege 2 1 TYas 2 No 1 Yas 2 1000 certificate or Attending Physicien: 25. Was case referred a medical exeminar? funeral director, 26. Place of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) RENO 1 Inpatiant 1 Yas 2 ER/Outpatient 3 DOA Certification: To After this 28a. Date of Injury (Month, Day Year) 27. Manney of Death 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Panding efter deeth. 1 Yes 2 No invastigation 2 Accidant 6 Could not be dateminad 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 Homlcida hours 6 24 hours Hospital 29a. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.
2 Madical Experiment: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and mannar stated. Medical completely 2 Madical Ex To the Vithin 2 29d. Data signed (Month, Day, Yaar) 29b. Signature and titia of cartifie 29c. Licanse number

we.

suite# 300. Both MD 21211

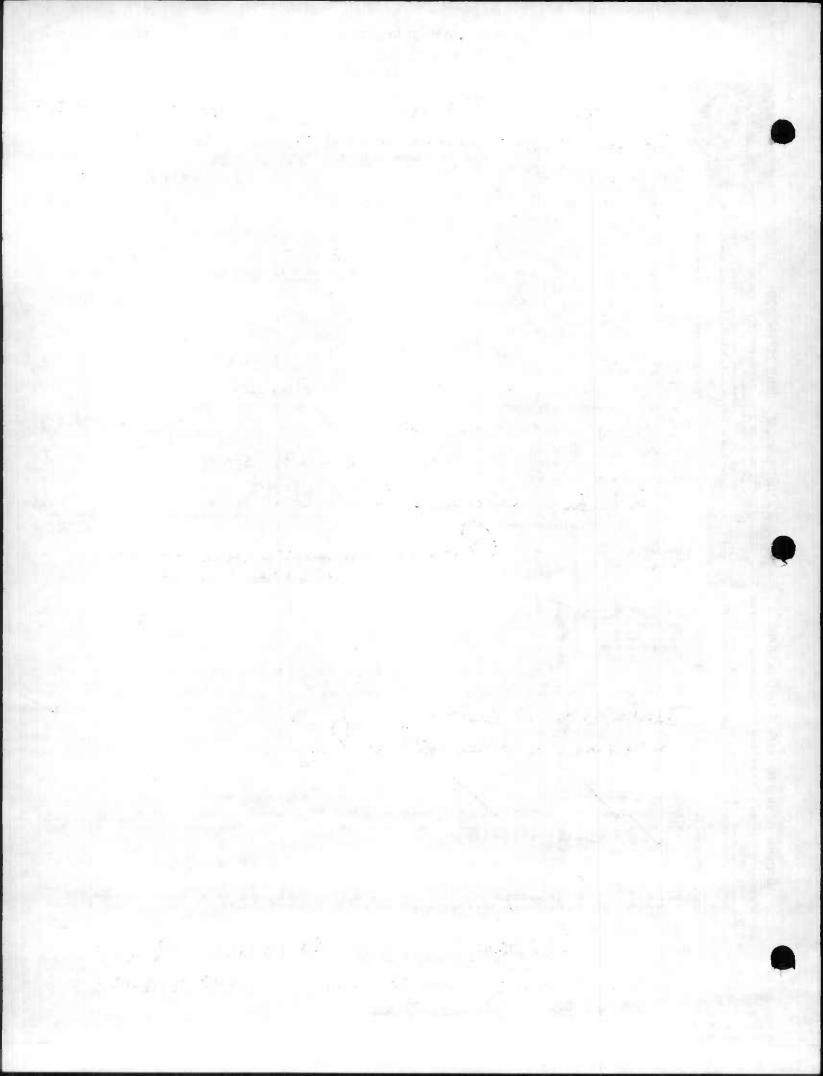
Willia

Orcens 1 1,40 32 Registrar's Signature

30 Name and addrass of person who compiated cause of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygieneg

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death FINN **Physician** 8:157m EL12ABETH 184 1998 MAY /Medical 4a Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner CENTER. BALTIMORE NORTHWEST HOSPITAL Randallstown 5. Sociel Security Number If Under 1 Yeer 8. Date of Birth
Month, Day Year)
Nov. 24,1931 9. Birthplece (Stete or Foreign County)
Maryland 7. Age (In yrs. lest birthdey) **Funeral** 1□M 20 F Months Deys Hours Min 66 219-28-4327 Yrs. **Director** Usual Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show eny Injury or other traumatic event, the Medical Event enter the notation and page. 10a Stete 10h Count 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Baltimore Owings Mills Md. Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21117 105 Maybin Circle U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specity Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Black, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: p White 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) Homemaker Housewife 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Lest) Be Margaret B. Price John Russell Ditzel 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) 105 Maybin Circle, Owings Mills, Md. 21117 Richard R. Finn 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State Maryland Veterans Cem. May 6, 1998 Owings Mills, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility 21. Signature of Funeral Service Licens Eckhardt Funeral Chapel 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,

Approximately a such as cardiac or respiretory arrest,

Approximately a such as cardiac or respiretory arrest, Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical a.Cl1 RONIC DISEASE OBSTRUCTIVE PULMONARY Examiner Due to (or es e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): USe as signed by the a 23b. Did tobacco use contributs to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yss 2 No 3 Probably 4 Unknown CORONARY ARTERY 9152ASE. by 24b. Were autopsy findings avellable prior to 24a. Was an autopsy performed? Completed completion of cause of death? page 2 s 1 ☐ Yes 2 No certificate or Attending Physician: funeral director, Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 28a. Date of Injury (Month, Dey Year) After 1 Neturel 5 Pending death. 1 Tyes 2 No investigation 2 Accident after deatl 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 2 4 Homicide filled in • Funerel Hospital 29a. Certifier 📂 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. Medicai To the Hosp within 24 hos To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and menner stated. PHYSICIAN 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier HOUSE MAY INT D42723. 1998 Jona 3745 FOXFORD STREAM BALTIMORE MD 218 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) HARISH MD 21236. HYVERAINAGLINOIM who Daylo 31. Date filed (Month, Dey, Year) State MAY 04 1998 Registrar

- Interest with the second

... 1ti ~

.for20 shive Eng

Jours Sugarol Liveral

I'm Merin Sirolo, Gales Ell, e. . 1117

cerles telerant time aux 6, 100 where 1211, ic.

locati Internal them of

lifer heighterwork Rd., 2-31 (411s, 2.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 2. Dete of Deeth 1. Decedent's Name (First, Middle, Last) Day Month **Physician** T ... 5:40AM Pauline Foster 01 1998 May /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) **Examiner** 10100 Daventry Dr. Cockeysville Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | August 2,1932 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 2 F 215-30-8878 Yrs. 65 Mary land Director Usuel Residence of Decedent with the Maryland 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits "naturel", or items 23a or 28a-f show of cal Examiner must be notified at MD. Baltimore Cockeysville 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10100 Daventry Dr. 21030 USA Pages 1 and 2 should be filed within 72 hours efter death a nent of Health and Mentel Hygiene.
Int: If Hear 27 Is marked other than "naturel; or Items 23, any or other traumatic severt, in Modes Estantics many or other traumatic severt, in Modes Estantics many. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 월 No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11 Maritel Status Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: py White 3 ☐ Widowed 4 ☐ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Administrator Medical Practice 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Father's Name (First, Middle, Last) Be William Lucille Τ. Livingston Hopkins P 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Anna Brendel/Friend 10100 Daventry Dr. Cockeysville, MD. 21030 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20a. Method of Disposition permit. Pages Department of Important: If its any Injury or o 1 XBurlel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Cemetery 5-4-98 Timonium, MD. 22, Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, MD. 21204 Approximete Intervel Between Onset end Deeth 23a. Part. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) colon /Medical mos Examiner Due to (or as a consequence of): Examiner physician end Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be Physician/Medical Due to (or as a consequenca of): 80 for use es signed by the a 23b. Dfd tobacco use contribute to the cause of death? Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? should should 24a. Was an eutopsy Completed has page 2 1□ Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: 25. Was case referred to medical exeminer? director Be 26. Placa of Death (Check only one) Hospitel: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28d. Describe how injury occurred 27. Manner of Death 1 Neturel 28b. Time of 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 5 Pending investigation 1 Yes 2 No thin 24 hours after death.

the Funeral Director: Af mpletely filled in by the fu death. 2 Accident 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29e. Certifier (Check only one) within 2 To the f 29d. Dete signed (Month, Dey, Year) 29b. Signature end title of certifier 29c. License number cause of death (Item 23e) (Type, Print) 30. Name end eddress of person who completed Oster Drive, Towson, MDZ1204 401 Robert 31. Date filed (Month, Dey, Year) Registrar's Signature Registrar

DHMH 16 Rav 6/95

TOTALO WELD SHERWAY NAME OF THE PARTY

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ( Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Richard Frosell Paul 4:50AM 02 1998 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore Manor Care Nursing Home 5. Social Sacurity Number If Under 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplaca (Stete or Foreign Country) 8. Date of Birth (Month, Day, Year) Days Hours 1X M 2□ F Yrs. 68 129-26-4440 Usuel Rasidence of Deceden April 9 1930 New York 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore Catonsville 1 Yes 2 No 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 21228 719 Maiden Choice Lane U.S.A. 12. Wes Decedent Ever In U,S. Armed Forcas? Wes Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, atc. 1 X Yas 2 □ No If Yes, Give Year or Datas: 52-54 1 Never Marriad 20 Married 1 ☐ Yes 2 ☑ No Specify: white Specify: 3 Widowed 4 Divorced 15. Decedent's Education 16a. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) U.S. Government engineer 17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Sumeme) Frances Ora Muffley Herbert Carl Frosell 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 10228 Club House Ct., Ellicott City, MD. 21042 Lisa Brierley, daughter 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Mathod of Disposition Date 1 ☐ Burial 2 M Cremetion 3 ☐ Removel from Steta Baltimore/Washington Crem. 5/3/98 Laurel, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funaral Service Licensee 22. Neme and Address of Fecility Witzke Funeral Homes, Inc. 23e. Part1. Enter the diseesa, or complications that causad the deeth. Do not enter the mode of dying, auch as cerdiac or raspiratory arrest, shock, or heart feiture. List only one causa on each line. 21228 Approximata Interval Between Onset and Deeth Immadiata Ceuse (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immadiate ceusa. Entar Underlying Ceuse (Diseese or Injury that initiated avants resulting in daeth) Last Dua to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part !. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings aveileble prior to 24e. Wes an autopsy performed? complation of causa of death? 1 Yes 2 No 1 Yes 2 → No 25. Wes cese referred to madicel examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Data of Injury (Month, Dey Year) 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

Contrying Physician: To the bast of my knowledge, death occurred et the time, data end plece, end due to the ceusa(s) end menner es steted.

20 India Examinar: On the basis of examination antion in my opinion, death occurred at the time, data end place, and due to the ceuse(s)

28f. Location (Straat and Number or Rural Route Number, City or Town, Steta)

29d. Date signed (Month, Dey, Year)

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

MD.

Director

Funeral

þ

Completed

Be 2

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notified at

should be filed within 72 hours effer and Mentel Hygiene.

merked other than "natural", or ite

ages 1 end 2 should be fill nt of Health end Mentel H it filem 27 is merked oth

other 1

ò permit. Page Depertment of Important: If any injury or

Baltimore, Maryland 21215-0020

the Maryland

death

1. Neturel

2 Accident

3 Suicida

29e. Cartifian

4 Homicide

29b. Signature and the of ce

Physician/Medical Examiner physician and s the burial transit the signed by the ò should ! Completed pege 2 s certificate Be 2 Medicai Certification:

Records, P.O. Box 68760 Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifics completely filled in by the funeral director, I

Registrar

State

30. Name and add who completed cause of de

31. Dete filed (Month, Day, Year) 32. Regis

menner steted.

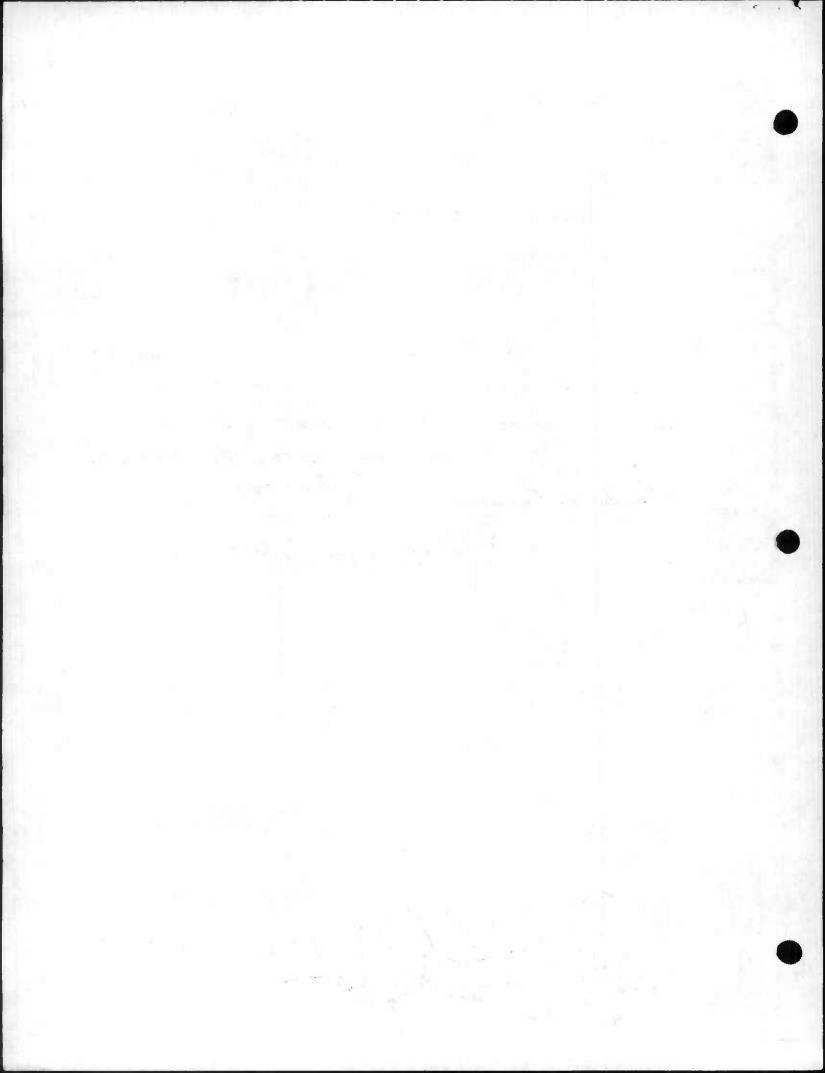
MAY 04 1998

5 Pending investigation

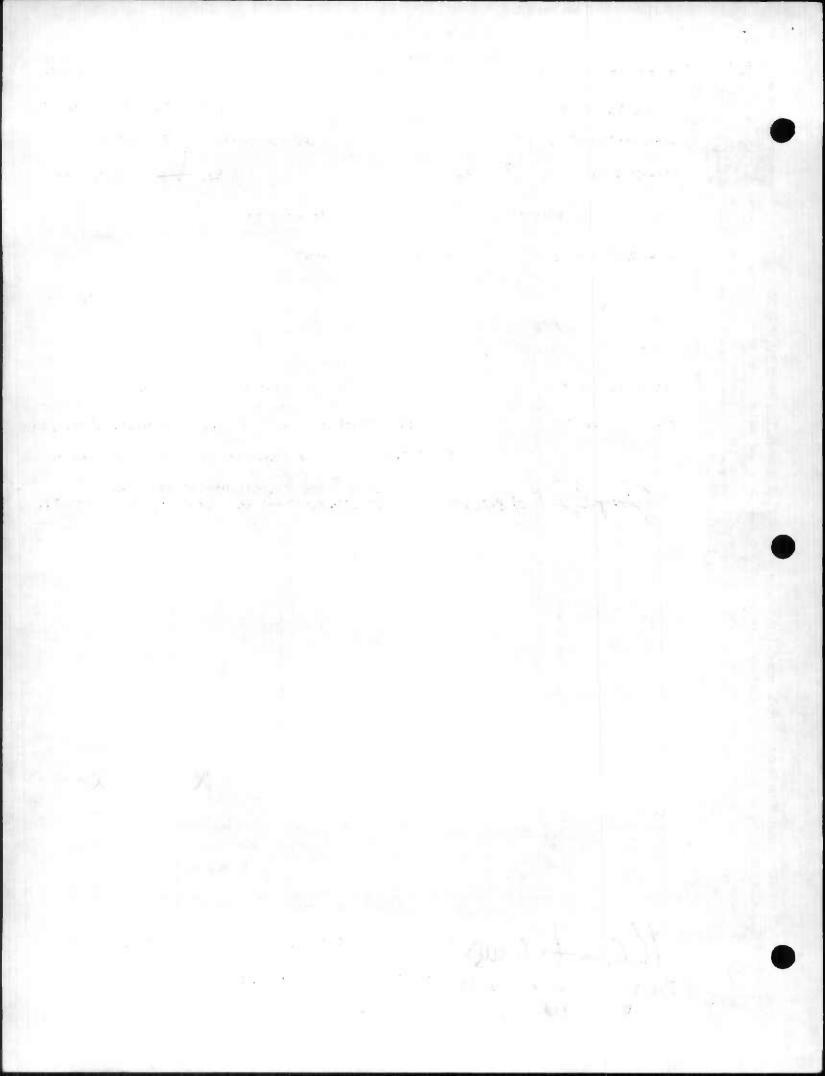
6 Could not be datermined

who Davidson

28e. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify)



Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Sheila Elaine Fox  Northwest for institution, give street and number)  Northwest Hospital E.R.  Should security Number  Sheila Elaine Fox  Northwest Hospital E.R.  Sheila Elaine Fox  Sheila Elaine Fox  Northwest Hospital E.R.  Sheila Elaine Fox  Sheila Elaine Fox  April B. Balt Sheila Elaine  Sheila Elaine Fox  Sheila Elaine Fox  Northwest Hospital Elaine  Sheila Elaine Fox  Sheila Elaine Fox  Northwest Hospital Elaine  Sheila Elaine Fox  Sheila Elaine Fox  Northwest Hospital Elaine  Sheila Elaine Fox  Northwest Hospital Elaine  Sheila Elaine Fox  Sheila Elaine Fox  In Marital Status  In Northwest Marital Elaine  In Northwest Marit	
Funeral Director    Social Security Number   S	ton
10a. State   10b. County   10d. State   10b. County   10d. State   10d. County   10d. State   10d. County   10d. State   10d. St	le City Limits
John Nicholas Fox  Loretta Mosman  19a. Informant's Name/Relationship (Type, Print)  Mrs. Loretta Fox  14010 South East 20th Street Vancouver, Wash  20a. Method of Disposition  12 Burist 2 Coremeter, crematory or other place)  12 Signature of Funeral Service Licensee  Physician  1 Medical  Examiner  1 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions, fany, leading to immediate cause. Einer Underlying  2 Sequentially list conditions. Seq	Yes 21 No
John Nicholas Fox    19a. Informant's Name/Relationship (Type, Print)   19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   Mrs. Loretta Fox   14010 South East 20th Street Vancouver, Wash   20a. Method of Disposition   1 Character   20a. Method of Disposition   1 Character   20a. Method of Disposition   20b. Place of Disposition (Name of cemetery, crematory or other place)   1 Character   20c. Location - City or Town, State   20c. Location	ın,
John Nicholas Fox    19a. Informant's Name/Relationship (Type, Print)   19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)   Mrs. Loretta Fox   14010 South East 20th Street Vancouver, Wash   20a. Method of Disposition   1 Character   20a. Method of Disposition   1 Character   20a. Method of Disposition   20b. Place of Disposition (Name of cemetery, crematory or other place)   1 Character   20c. Location - City or Town, State   20c. Location	
Mrs. Loretta Fox  14010 South East 20th Street Vancouver, Wash  20a. Method of Disposition  1	
Considering the latter of th	30003
21. Signature of Funeral Service Leanuee  22. Name and Address of Fecility  Loring Byers Funeral Directors, Inc.  8728 Liberty Road Randallstown, MD 21133-  Robert Consellation of heart fellure. List only one tause on aach line.  Physician    Medical Examiner	te
Physician /Medical Examinet  Immediate Cause (Finel disease or condition resulting in death)  Bua to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Consequence of injury cause (Disease or injury cause (Disease or injury cause (Disease or injury cause)):	kimate
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury C.	and Death
2 c.	
D de de de de de de de de de de de de de	
d	
	opsy findings prior to n of cause
of death?  Yes 2 No  Other: 4 Nursing Home 5 Residence 6 Other (Specify)	2 No
1 Inpatient 2 DA 4 Nursing Home 5 Hesidenca 6 Dottner (Specify)	
29a. Certifier (Check only and title of certifier 29b. Storture and title of certifier 29b. Storture and title of certifier 29c. License number 29d. Date signed (Month, Day, V APRIL 29, 199	
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  111 Penn Street, Baltimore, Maryland 21201  State  31. Date filed (Month, Day, Year)  62. Psiglistrat's elignature	use(s)

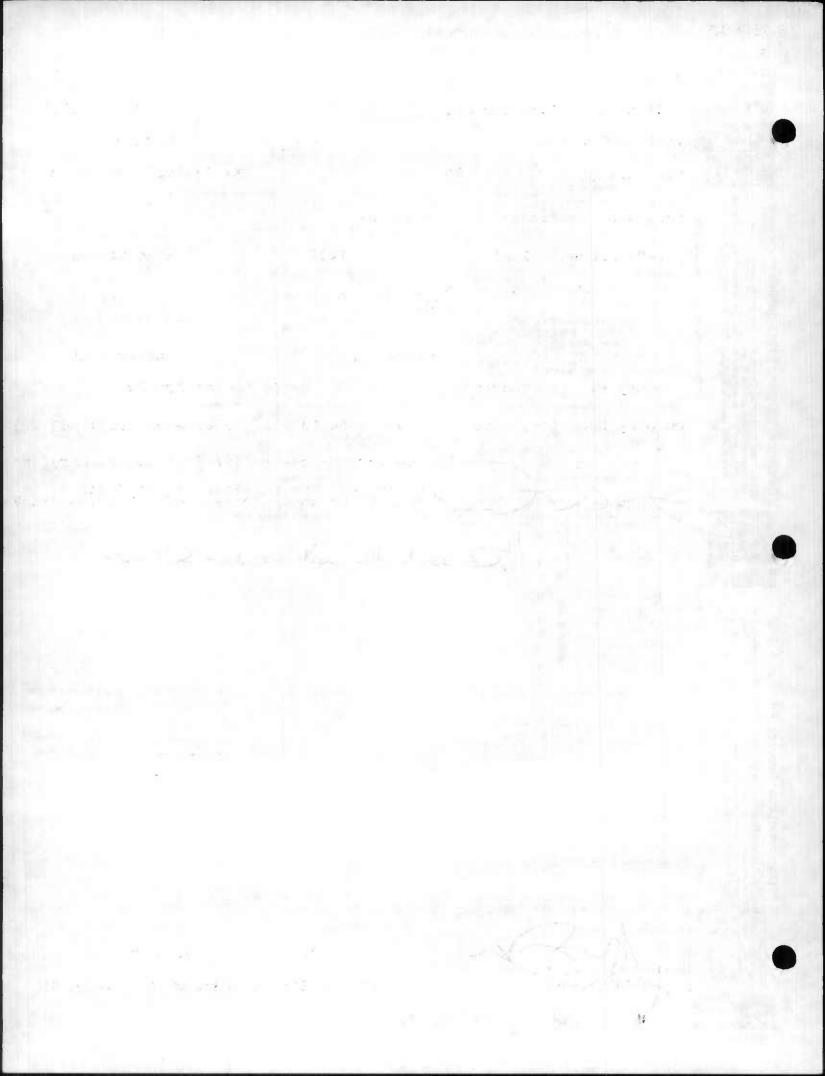


98-2489-005

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

						00,	tificate of	200	2011	1 - 2 - 42	Reg. No.			700
/siçlan ledical		. Decedent's Name (First, Midd Gilbert S.		cich s	Sr.		100			2. Date of D Month MAY	Dey	, 199	Year	3. Time of Deeth 6:45A.M.
aminer	48	a Fecility Name (If not institution		and number)				4b. Cit	y, Town, or Lo	ocation of Dee	th 4c. C	County o	of Deeth	
		2402 TIONESTA	ROAD 6. Sex	7 40	o (In use last	histograf	If Under 1 Year	LAN	ISDOWNE	P Date of B	_	LTIM		no /State or Femion
al or	2	Social Security Number  220-18-6683  Isual Residence of Decedent	1 PM 2		70	Yrs.	Months Days	Ho	ours Min	8. Date of B (Month, D May 14	4, 192	27	County	yland
eral Director	10	0a. State 10b. Count			10c. City, To					FI.	63		100	d. Inside City Limits
Directo	I.	-	ltimor	. е	Lai	nsdo					10-02			
2	1	0e. Street end Number 2402 Tione	ata Da				10f. Zip Code 2122	7					hat Country	
era	-	1. Maritel Status		s Decedent	Ever in U.S.	13. V			ic Origin? (Sp	ecify Yes or N			Stat - American	
by Funeral		1 Never Married 2 Me 3 Widowed 4 Divorce	rried 158	ned Forces? Yes 2 ☐ ! Yes, Give ar or Dates:		6	Was Decedent of I f Yes, specify Cub 1 ☐ Yes 2 No		exican, Puerto ecify:	Rican, etc.)			White, et.	
led !		15. Decede	nt's Education			6a. Deced	dent's Usual Occup	pation			16b. Kin	d of Bus	siness/Indu	ıstry
Completed	-	(Specify only higher Elementery/Secondary (0-12)	1	oleted) Itege (1-4or 5	,		kind of work done DO NOT use retire	during ed)	most of work	ding.	Con			
CC	11	7. Fether's Name (First, Middle	, Last)		Co	ar pe	nter	18. 1	Mother's Nam	e (First, Middle			ructi	LOII
To Be		Emory Will		odri	ch					Louise				
-		9a. Informant's Name/Relation				9b. Mailin	ng Address (Street	t and N	lumber or Rur	ral Route Num	ber, City or	Town, S	State, Zip C	Code)
	I	Dorothy Good	rich,	wife	2	2402	Tiones	sta	Road	Lanso	downe	. N	Maryl	land2122
	-	Oa. Method of Disposition			20b. Place ceme	of Dispos	sition (Name of natory or other pla	ace)		Date	20c. Loc	ation - (	City or Tow	m, State
		1X Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		I from State					tery	5/6/98	Balt	imo	ore,	Marylan
d	(2	1. Signature of Funeral Service	Licenson			22.	. Name and Addre	ess of l	Facility					
k	D	100	7	5		A A	mbrose 719 Ham	r'u	neral nds F	Home erry F	Road	ans N	adowr Marvl	ne land2122
	3	Part1. Enter the disease, of shock, or heart failure. Lis	or complications	s that caused	the death. D									Approximate Intervat Between
	1		1	2										
al	1.0	Later Company of the		^									- (	Onset and Death
er		mmediate Cause (Final disease or condition	. 1	7	2 050	160	the co	2	War.	0 - =	Q.7	ca		Onset and Death
		nmediate Cause (Final disease or condition esulting in death)	. 1	tro	Due to (or as	Jaconseque	of can	be	wax	ular	23	ça		Onset and Death
iner		fisease or condition	. /	tre	Due to (or as	16ce	of Car	sdi	Nax	ular	23	ça		Onset and Death
xaminer	m.co	Issesse or condition exuiting in death)  Sequentially list conditions, any, leading to immediate	· /	tre	Due to (or as	a conseq	juence of):	bz	Nax	ular	23	ça		Onset and Death
al Examiner	00 = 00	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underfying Jause (Disease or injury	[			a consequ	uence of):	sd	Nax	ular	23	ça		Onset and Death
edical Examiner	00m 00m	Isease or condition exuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying	{		Due to (or as	a consequ	uence of):	sde	nax	lar	23	ça		Onset and Death
Φ	00m 00m	Issease or condition exuiting in death)  sequentially list conditions, i any, leading to immediate ause. Enter Underlying Jause (Disease or Injury hat intigated events	{:_			a consequ	uence of):	sdo	nax	ular	23	ça		Onset and Death
- w	00m 00m	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esuiting in death) Last	{		Due to (or as a	a consequ a consequ	uence of):						جو	Onset and Death
Ф	00m 00m	Issease or condition exuiting in death)  sequentially list conditions, i any, leading to immediate ause. Enter Underlying Jause (Disease or Injury hat intigated events	a /		Due to (or as a	a consequ a consequ	uence of):			23b. Dic	d tobacco u	use con	OS tributs to t	Onset and Death
Physician/Me	SH GO# 2	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esuiting in death) Last	a A		Due to (or as a	a consequ a consequ	uence of):			23b. Dic		use con	جو	Onset and Death
by Physician/Me	SHOCHE	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esuiting in death) Last	a A		Due to (or as a	a consequ a consequ	uence of):			23b. Dic	d tobacco u	use con	tribute to t	the cause of death? abiy 4 Inknow
by Physician/Me	SHOCHE	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esuiting in death) Last	a A		Due to (or as a	a consequ a consequ	uence of):			23b. Dic 1 C 24a. Wa	d tobacco u	use con	tribute to t	the cause of death?
by Physician/Me	SHOCHE	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esuiting in death) Last	a A		Due to (or as a	a consequ a consequ	uence of):			23b. Die 1C 24a. Wa por INSPI	d tobacco u  Yes 20  is an autopo	use con	tribute to t	the cause of death?  abiy 4 Unknown  a autopsy findings lable prior to pretter to cause
Completed by Physician/Me	SH GCC##	Issease or condition escuting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events escuting in death) Last  an II. Other significant conditi			Due to (or as a	a consequ a consequ	uence of):	iven in	Part I.	23b. Die 1C 24a. Wa por INSPI	of tobacco us an autopreformed?  ECTION  I Yes 20	use con	tribute to t	the cause of death?  abity 4 Unknown a autopsy findings lable prior to spletion of cause eath?
Be Completed by Physiclan/Me	SH GCCHT	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esuiting in death) Last		ng to death b	Due to (or as a	a consequ a consequ	uence of): uence of): uence of):	iven in	Part I,	23b. Die 1C 24a. Wa per INSPI	d tobacco u l Yes 20 is an autopt formed? ECTION l Yes 20 r one)	use con	tributs to t 3 Probe 24b. Wern avail com of de	the cause of death?  abiy 4 Unknown a autopsy findings lable prior to puletion of cause eath?  Yes 2 1 No
To Be Completed by Physician/Me	SH GCC ##	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events esuiting in death) Last  ant II. Other algnificant conditions of the condition	al Hospital	ng to death b	Due to (or as a ut not resulting ant 2 EFM ry 286	a consequence of the unit of t	uence of): uence of): uence of): uence of):	iven in	Part I,	23b. Did 1C 24a. Wa poot INSPI 1C	d tobacco u  Yes 20 is an autopt formed?  ECTION  Yes 20 rone) sidence 6	No No	tribute to t 3 Probe 24b. Wern of de 1 D	the cause of death?  abiy 4 Unknown a autopsy findings lable prior to puletion of cause eath?  Yes 2 1 No
To Be Completed by Physician/Me	SH GCC ##	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events essuiting in death) Last  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events essuiting in death) Last  art II. Other significant conditions are incommented to medical examiner?  Conditions are informed to medical examiner?	at Hospital	ng to death b	Due to (or as a ut not resulting ant 2 EFM ry 286	a consequence of the consequence	tuence of):  uence	26.	Part I,	23b. Did 10 24a. Wa port INSP! 10 th (Check only)	d tobacco u  Yes 20 is an autopt formed?  ECTION  Yes 20 rone) sidence 6	No No	tribute to t 3 Probe 24b. Wern of de 1 D	the cause of death?  abiy 4 Unknown a autopsy findings lable prior to puletion of cause eath?  Yes 2 1 No
To Be Completed by Physician/Me	SH GCC ##	Issease or condition esuiting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury hat included events esuiting in death) Last  ant II. Other significant conditi  ant III. Other significant conditi  5. Was case referred to medic examiner?  1. Yes 2 No  7. Manner of Death 1. Yes ause	al Hospital	it 1 □ inpatre  1 □ inpatre  Date of inju (Month, Da	Due to (or as a ut not resulting ant 2 EFW Year) 28b	a consequence of the unit of t	tuence of):  uence	26. her: 4	Part I.  Place of Deat	23b. Did 10 24a. Wa por INSPI 10 th (Check only ome XXRec 26d. Describe	d tobacco u  Yes 2D  is an autopt formed?  ECTION  Yes 2D  r one)  sidence 6 is how injury  (Street and	No No Dithe	tribute to t 3 Probe 24b Wer or (Specify) er (Specify)	the cause of death?  abiy 4 Unknown a autopsy findings lable prior to puletion of cause eath?  Yes 2 1 No
To Be Completed by Physiclan/Me	SH GCC ##	Issease or condition essetting in death)  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury nat initiated events essetting in death) Last  an II. Other significant conditions of the condition of the conditio	al Hospital	ng to death b	Due to (or as a ut not resulting ant 2 EFW Year) 28b	a consequence of the unit of t	tuence of):  uence	26. her: 4	Part I.  Place of Deat	23b. Did 10 24a. Wa por INSPI 10 th (Check only ome XXRec 26d. Describe	d tobacco us an autopriformed? EXCT ION I Yes 2 D rone) sidence 6 s how injury	No No Dithe	tribute to t 3 Probe 24b Wer or (Specify) er (Specify)	the cause of death?  abity 4 Vinknow re autopsy findings lable prior to spletion of cause eath?  Yes 2 Cl No
Certification: To Be Completed by Physician/Me	Sili GCOttin	Issease or condition escuting in death)  Sequentially list conditions, lany, leading to immediate ausse. (Disease or injury nat initiated events escuting in death) Last  an II. Other significant conditi  The secution of the sequence of th	Hospital Ing Japanian 28e Ing Physician: Examiner: Or	it 1 ☐ Inpatre Date of Inju /Month, Da	out not resulting  ant 2 ERM  Py Year)  28t  ury - At home.  a. (Specify)  of my knowled  f exemination	a consequence of the unit of t	tuence of):  uence	26. And the state of the state	Place of Deal Nursing Ho 2 No	23b. Dis 1C 24a. Wa per INSPI 1C th (Check only ome XXRec 28d. Describe 28d. Describe 28d. Describe	d tobacco u  I Yes 2D  is an autops formed?  EXTION  I Yes 2D  r one) sidence 6 is how injury  (Street and own, State) e cause(s) 6	No No Clother pocume	tribute to t 3 Probe 24b. Werr avail com of de 1 Probe ar or Flural i	the cause of death?  abity 4 Inknown as autopsy findings lable prior to spletion of cause eath?  Yes 2 Cl No  Route Number,
To Be Completed by Physician/Me	S# GCC## P	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events essuiting in death) Last  Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury hat initiated events essuiting in death) Last  Sequentially list conditions ause of light or injury hat initiated events essuiting in death) Last  Sequentially list conditions.  Sequentially list conditions, any, leading the light of light or injury hat initiated events essuiting in list conditions.  Sequentially list conditions, any, leading the light of light or light of light or light of light or li	Hospital 28a ing physician: 1 Examinar: Or an	t □ Inpatie Date of Injuiding, etc	out not resulting  ant 2 ERM  Py Year)  28t  ury - At home.  a. (Specify)  of my knowled  f exemination	a consequence of the unit of t	tuence of):  uence	26. 4 any at a sime, de opinior	Place of Deal Nursing Ho 2  No	23b. Dis 1C 24a. Wa per INSPI 1C th (Check only ome XXRec 28d. Describe 28d. Describe 28d. Describe	d tobacco u l Yes 2D s an autopr formed? EXTION l Yes 2D r one) sidence 6 a how injury (Street and own, State) e cause(s) e b, dete end	No No No No No No No No No No No No No N	tribute to t 3 Probe 24b. Werr avail com of de 1 Probe ar or Flural i	the cause of death?  abity 45Unknown  a autopsy findings liable prior to pletion of cause eath?  Yes 20 No  Route Number, ated, the cause(s)
edical Certification: To Be Completed by Physician/Me	S# GCC## P	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury nat initiated events eauting in death) Last  5. Was case referred to medical examiner?  **Tother algnifficant conditions and it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions are it. Other algnifficant conditions.	Hospital 28a ing physician: 1 Examinar: Or an	t □ Inpatie Date of Injuiding, etc	out not resulting  ant 2 ERM  Py Year)  28t  ury - At home.  a. (Specify)  of my knowled  f exemination	a consequence of the unit of t	uence of):  uence	26. And the state of the state	Place of Deal  Nursing Ho  No  No  No  No  No  No  No  No  No	23b. Dis 1C 24a. Wa per INSPI 1C th (Check only ome XXRec 28d. Describe 28d. Describe 28d. Describe	d tobacco u  Yes 2D  is an autopt formed?  ECTTON  Yes 2D  r one)  sidence 6 is how injury  (Street and own, State)  e cause(s) e e, dete end  29d. Date	No No Clother pocume	tribute to t 3 Probe 249. Werr eval com of de 10 in (Specify) ad inner as sta ind due to t if (Month, D	the cause of death?  abity 45Unknown  a autopsy findings liable prior to pletion of cause eath?  Yes 20 No  Route Number, ated, the cause(s)
edical Certification: To Be Completed by Physiclan/Me	Siff of the Pi	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jaune (Disease or injury hat initiated events essenting in death) Last  5. Was case referred to medical examiner?  **The condition of the condition	Hospital 28a ing physician: I Examiner: Or an	t □ inpatie Date of injuding, etc	out not resulting  ant 2 ERM  Py Year)  28t  ury - At home.  a. (Specify)  of my knowled  f exemination ated.	a consequence of the unit of t	uence of):  uence	26. And the state of the state	Place of Deal  Nursing Ho  No  No  No  No  No  No  No  No  No	23b. Dis 1C 24a. Wa per INSPI 1C th (Check only ome XXRec 28d. Describe 28d. Describe 28d. Describe	d tobacco u l Yes 2D s an autopr formed? EXTION l Yes 2D r one) sidence 6 a how injury (Street and own, State) e cause(s) e b, dete end	No No Clother pocume	tribute to t 3 Probe 249. Werr eval com of de 10 in (Specify) ad inner as sta ind due to t if (Month, D	the cause of death?  abity 45Unknown  a autopsy findings liable prior to pletion of cause eath?  Yes 20 No  Route Number, ated, the cause(s)
edical Certification: To Be Completed by Physician/Me	Siff of the Pi	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jaune (Disease or injury hat initiated events essenting in death) Last  5. Was case referred to medical examiner?  **The condition of the condition	Hospital 28a ing physician: 1 Examinar: Or an	t □ inpatie Date of injuding, etc	out not resulting  ant 2 ERM  Py Year)  28t  ury - At home.  a. (Specify)  of my knowled  f exemination ated.	a consequence of the unit of t	uence of):  uence	26. Auny and a sime, de opinior use nun	Place of Deal  Nursing Ho  No  See end pleca, death occur	23b. Direction of the Check only of Total Check only of Total Check only of Total City of City of Total City of City of City of Total City of	an autoproformed?  EXTION  I yes 20  rone)  sidence 6  a how injury  (Street and own, State)  e cause(s) 6  d, dete end ()  29d. Date  MAY 4	No No No No No No No No No No No No No N	tribute to t 3 Probe 24b Wern evall com of de 1	the cause of death?  abity 4 Unknown  as autopsy findings liable prior to pletion of cause eath?  Yes 2 No  Route Number, ated, the cause(s)  ay, Year)
Medical Certification: To Be Completed by Physician/Me	S ## G G G G G G G G G G G G G G G G G G	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jaune (Disease or injury hat initiated events essenting in death) Last  5. Was case referred to medical examiner?  **The condition of the condition	Hospital 28a ing ligation 28a ing Physician: I Examinar: Or an er	It Impates Date of Injur/Month, Date of Injur/Month, Date of Injur/Month, Date of Injur/Month, Date of Injury/Month, Date of Injury/	out not resulting  ant 2 ERM  Py Year)  28t  ury - At home.  a. (Specify)  of my knowled  f exemination ated.	a consequence of a consequence of the unit	uence of):  uence	26. Auny and a sime, de opinior use nun	Place of Deal  Nursing Ho  No  See end pleca, death occur	23b. Direction of the Check only of Total Check only of Total Check only of Total City of City of Total City of City of City of Total City of	an autoproformed?  EXTION  I yes 20  rone)  sidence 6  a how injury  (Street and own, State)  e cause(s) 6  d, dete end ()  29d. Date  MAY 4	No No No No No No No No No No No No No N	tribute to t 3 Probe 24b Wern evall com of de 1	the cause of death?  abity 4 Unknown  as autopsy findings liable prior to pletion of cause eath?  Yes 2 No  Route Number, ated, the cause(s)  ay, Year)
edical Certification: To Be Completed by Physician/Me	S ## G G G G G G G G G G G G G G G G G G	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Jause (Disease or injury nat initiated events exulting in death) Last  ant II. Other algnificant conditions are also become a conditions of the condi	Hospital 28a ing ligation 28a ing Physician: I Examinar: Or an er	In Impalie Date of Injur/Month, Date of Injur/Month, Date of Injur/Month, Date of Injury (Month), Date	Due to (or as a substitute of the substitute of	a consequence of a cons	uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  28c. Inju Wc M  1	26. Auny and a sime, de opinior use nun	Place of Deal  Nursing Ho  No  See end pleca, death occur	23b. Direction of the Check only of Total Check only of Total Check only of Total City of City of Total City of City of City of Total City of	an autoproformed?  EXTION  I yes 20  rone)  sidence 6  a how injury  (Street and own, State)  e cause(s) 6  d, dete end ()  29d. Date  MAY 4	No No No No No No No No No No No No No N	tribute to t 3 Probe 24b Wern evall com of de 1	the cause of death?  abity 4 Unknown  as autopsy findings liable prior to pletion of cause eath?  Yes 2 No  Route Number, ated, the cause(s)  ay, Year)

Registrar DHMH 16 Ray 6/95



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Gualtney hester 1998 James ADRIL /Medical 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** OSEDALE
If Under 24 Hrs. 8. Date of B FRANKLIN HOSPITAL CENTER BALTIMORE SQUARE Date of Birth (Month, Day, 8-13 Birthplace (State or Foreign Country)
 Vinginia 7. Age (In yrs. lest birthdey) 5. Social Security Number **Funeral** 1**Ø**M 2□F Months Deys Hours Min 214-12-9791 Director Usuel Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, me Medical Examinar must be notified at 1 ☐ Yes 2 No Baltimore Ma Middleriver Directo 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number U.S.A Oak Grove 21220 Drive Funeral FAULINEY, JAMES 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 14. Race - American Indian, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status Bieck, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: þ White 3 ☐ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) Etementery/Secondary (0-12) end Mental Hygiene. Carpenter Steamship N/A 8 18. Mother's Neme (First, Middle, Maiden Surname) 17. Fether's Neme (First, Middle, Last) Be Unknown UNKNOWN P 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Balto. Md. 21220 Department of Health e Important: If item 27 le any injury or other tra Grove Rd Dak Beatrice torbes 20b. Piace of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 ☐ Burial 2 ACremation 3 ☐ Removal from State May 1,1998 Balto, Md. 21202 4 ☐ Donation 5 ☐ Other (Specify) Mount Cemetery 22. Name and Address of Fecility Charles S. Zeiler & Son, INC. 6224 Eastern Avenue Balto. Md. 21224 death. Do not enter the mode of dying, such as cardiac or respiratory errest, 23e. Pert1. Enter the disease, or compilications that caused the shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Pneumoni Immediate Cause (Final disease or condition resulting in death) 2 days /Medical Examiner Due to (or es e consequence ot): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760 Due to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. the 1 Yes 2 No 6 3 Probably 4 Unknown ObsTRUCTIVE PULMONARY Disease Completed by 24b. Were eutopsy findings available prior to completion of cause of death? been significant 24e. Wes an autopsy performed? hypertrophy Trostatic MULTIFOCAL 1 ☐ Yes 2 ☐ No TACHYCARDIA AIRIAL Physician: director, 25. Was cese referred to medicei examiner? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) To Hospitai: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this funeral 27. Menner of Deeth

1. Naturel
2. Accident 28b. Time of Injury 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? Certification: After or Attending 5 Pending 1 Yes 2 No death. Investigation I Director: A 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, efc. (Specify) 4 ☐ Homicide hours after within 24 hours at To the Funeral D completely filled is Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) and menner as steled.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete and place, and due to the ceuse(s) end manner stated. 29a. Certifier edical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier words 30. Neme and address of person who completed cause of deeth (Item 23s) (Type, Print) FRANKLIN SQUARE Deborah

32. Registra

DHMH 16 Rev 6/95

State

Registra

31. Dete filed (Month, Day, Year)

MAY 04

The contract of the second states

# Please Type or Print in Biack Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month **Physician** May 3, 8:35 a.m. Genevieve Elvira Gabel 1998 /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimore Baltimore Gilcrest Center if Under 24 Hrs. 8. Date of Birth May 22, 1918 If Under 1 Yaar 9. Birthplace (State or Foreign Country Ohio 5. Social Security Number 7. Age (In vrs. last birthday) Funeral Months Days Min. 1 M 2 F Hours 79 295-03-6115 Yrs Director Usual Residence of Decedent the Meryland 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yas 2 M No Md. Baltimore Catonsville Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number With 941 Masefield Road 21207 U.S.A. Funeral deeth Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mentiel Hygiene. Important: If item 27 is marked other than "natural" or hanny injury or other traumate. 1 ☐ Yes 2 ☐ No If Yes, Give 1 Naver Marriad 2 Merried Specify: White Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 ☐Widowed 4 ☐ Divorced Yaer or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker 12 Housewife 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Elizabeth Rose Louis Nelsen 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 941 Masefield Rd., Catonsville, Md. 21207 Donna E. Noon - Daughter 20b. Place of Disposition (Neme of 20c. Location - City or Town, State 20a. Mathod of Disposition Dete cemetery, cremetory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Metro Crematory May 4, 1998 Baltimore. Md. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility 21. Signature of 21117 Eckhardt Funeral Chapel 23a. Part f. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Appropriately and the death. Md. **Physician** Immediate Cause (Finet disease or condition resulting In deeth) /Medical 3 month metastatic uncertain CANCER Examiner Examiner Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco usa contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown probable acute stroke signed I by 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24a. Wes en eutopsy Completed DAVICIO sons disease page 2 s 1 Yes 2 No 1 ☐ Yes No certificate Hospital or Attending Physician: funeral director, Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) HOSPICE Hospitel: 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 28c. Injury et Work? 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending efter death. 2 No 2 Accident Investigation 6 Coutd not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) in by 4 Homicide 24 hours e 1 Cartifying Physician: To the best of my knowledge, death occurred at tha tima, dete and pleca, end due to the ceuse(s) and menner as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end pleca, end due to the cause(s) and manner stated. 29a, Certifier Medical (Check only one) within 2 To the the th 29d. Data signed (Month, Day, Year) 29c. Licansa number 29b. Signature and title of certifier 0 125205 uno of death (Item 27%) (Type, Print) 30. Neme and eddress of person who completed N. Charles St Bolto. Md 21204 Kiley 31. Date filed (Month, Dey, Year) MAY 04 Registrar

And the state of t 1 2 0 1 2

ero willie .

A second of the

nid there are to pin

TOTAL PROPERTY.

Beene E. Drom - Entretero (41 productole De., detornydle, H. 21267

. Brown Committee to M. 1965 Billions, Mr.

THE constitutional Canal

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day **Physician** Henry Clay Gaither April 30, 1998 5:58 a.m /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Johns Hopkins Bayview Hospital Baltimore 7. Age (In yrs. lest birthday) 5. Social Security Number Birthplace (Stete or Foreign Country) **Funeral** 1☐M 2□ F Yrs. 219-10-6605 73 Director Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Baltimore Millers Island 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with I Department of Haalth and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 3 and highry or other traumatic event, tra Medical Examiner must be nonce. 9200 Hinton Ave. 21219-1628 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 (X)Yes 2 □ No If Yes, Give Year or Dates: 14. Raca - American Indian. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 WW II 1 Yes 2 XNo Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 yrs. Contractor/Sel Employed Excavation 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) John Bel1 Gaither Lillian E. Thornberg 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 9200 Hinton Ave. Baltimore, Maryland 21219-1628 Mrs. Elizabeth E. Gaither/Wife 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State Druid Ridge Cemetery 5/4/98 Pikesville, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Puneral Pervice Licegies 22. Name and Address of Facility 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 an hat caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, 23a. Part 1. Enter the disease, of complications that caus shock, or heart failure. List only one cash on each Approximete Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting In death) /Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (of as a consequenca of) Division of Vital Records, P.O. Box 68760 edical Due to (or as a consequence of): Physician/M 95 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown à 8 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 2 0000 2 PNo 1 □ Yas 2 □ No 1 Yes confilicate 25. Was case referred to medical exampler? Be 26. Piace of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Inpatient 2 ER/Outpatient 3 DOA 報 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 ☐ Accident after deat Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide b Funeral P t Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the cause(s) end manner as stated. 29a. Certifier Medical 2 Medical Examinar: On the besis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the To the 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number 30. Name end address of person who completed cause of death (Item 23e) (Type, Print)

Donald H. Dembo, M.D.

July Davidson

2411 West Belvedere Ave, Baltimore, Maryland 21215-5271 32. Registrar's Signature 31. Date filed (Month, Dey, Year)

State Registrar

A Charles And Charles Control of the the same of the first condition and the same of the sa \$ 0 a 6 a 6

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				,	Certifi	cate of	Death		Reg. No.	13	737
Physic	ian	1. Decedent's Neme (First, Middle, L						2. Date of De Month		Year	3. Time of Death
Physic /Med		Derek Godfrey	Gill				APRIL	27,	1998	04:30AN	
Exam		4e. Fecility Neme (If not institution, gi		)				Location of Deeti		The second second	
Funero	P	St. Agnes Hosp  5. Social Security Number 6.		ge (In yrs. lest bi	irthday) If (	Jnder 1 Yeer					re City
Funera Director		556-98-0368		5	Yrs. Mo	nths Days	Hours Mir		y, Year) 3, 1932	Engl:	ce (Stete or Foreign y) and
9 8	1	Usual Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	vn or Location	2				110	d. Inside City Limits
the party of all	5	Maryland Howard			icott					10	1 ☐ Yes 2K No
The N	ect	10e. Street and Number		III.L.		f. Zip Code			10g. Citizen of	What County	
ith with 23s or ust be	Funeral Director	8685 Ridge Road	<u> </u>			21043		-	Engla		, ·
1020 ours after death with the Marylas raf, or thems 23s or 28s-f show Examiner must be notified at	by	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Deceden Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	? No			Hispanlc Origin? ( ben, Mexican, Pue Specify:	Specify Yes or No rto Ricen, etc.)		ce - America ck, White, et y: Whit	ic.
5-00 72 hour natural disel Ex	eted	15. Decedent's E (Specify only highest g	Education rade completed)	16a	. Decedent's	Usuel Occu	petion during most of w	orkina	16b. Kind of B	usiness/indu	istry
121 Pan	ald III	Elementary/Secondery (0-12)	College (1-4or	5+)	life. DO N	OT use retire	Professo		Educa	ation	
and 212 be filled within the Hygiene. d other than event, the M	S	12	5+		UIIIVE	ISILY					
Maryland 21215-0020 d2 should be filed within 72 hours at th and Mennie hypgene. 7 is marked other than "natural", or traumetic event, the Medical Exam	To Be Completed	17. Father's Neme (First, Middle, Las Thomas Godfrey	•					ame <i>(First, Middle,</i> Hallam	, Meiden Sumai	ne)	
and w	-	19a. Informent's Neme/Relationship	(Type, Print)	198	b. Mailing Ad	dress (Stree	t end Number or F	Rurel Route Numb	er, City or Town	, Stete, Zip C	Code)
<b>电型积</b> 6		Cheryl Gill/wi	fe	8	685 Ri	dge R	oad, Ell:	icott Ci	ty, Mary	yland	21043
Baltimore, emit. Pages 1 an appartment of Heal mportant: if Item Z my Injury or other		20a. Method of Disposition  1 Burial 2 Cremation 3 4 X Donation 5 Other (Spec		cemete	of Disposition ery, cremator		ace)	Dete	20c. Location	- City or Tow	m, State
Baltin permit. Pa Department Important any Injury once.		21. Squarture of Juneral Service Lice Ronald S.	Wade, Di	rector			ess of Fecility tomy Boa			imore	Street
		Part1. Enter the disease, or cor hock, or heart failure. List only	nplications that couse	d the death. Do			e, Maryl ing, such es cerdia				Approximete
Physician	п	nock, or heart failure. List only	y one ceuse on each	line.							Interval Between Onset and Death
/Medical	П	tmmediate Cause (Final disease or condition	it.	conten-	SITO	\					45 mid
Examiner		resulting In deeth)	а.	Dee to (or as a	consequenc	e <sub>r</sub> of):	1	1		1	13 11111
D #	Iner		R.	turer	1 ah	dama	ml ac	artic a	nanv	M?	45 min
58760, icete be executed physician and s the burial-transit	Саш	Sequentially list conditions,	D	Due to (or as a	consequenc	e of):	V CA T		1		
So exe	Ü	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury	0						/		
68760, ficate be ex physician as the burial	dica	that Initiated events resulting In death) Last	0.	Due to (or as a consequence of):							
5 0 6	Physician/Medical Examiner		d								
BOX ath cer attendir for use	lan										
the de	ysic	Part II. Other significant conditions	contributing to death	but not resulting i	in the underly	ring ceuse g	iven In Part I.	23b. Dld	tobacco use co	ontribute to 1	the cause of death?
Je page	by Ph							. 10	Yes 2KNo	3 Probe	ably 4 □ Unknown
Records, he law requires t e has been signe age 2 should be	8							24a. Was	an autopsy	24b. Wer	e eutopsy findings leble prior to
law requires been as been as 2 should	Diet	-						penc	mear	com	pletion of ceuse eath?
The law	Completed	V V						10	Yes 2 No		Yes 21€ No
	Be C	25. Was cese referred to medicel					26. Place of De	eath (Check only			
Of VITa Physician: ribis certific aral director,	To E	examiner? 1 ☐ Yes 2 🕱 No	Hospital:	ient 2X ER/O	utpatient 3	DOA O	her.	Home 5 ☐ Resi		her (Specify)	
g Ph er thi		27. Manner of Death	28a. Date of Inj (Month, D		Time of Injury	28c. Inju		1	how Injury occu		
ath. Aff	atic	1 Naturel 5 Pending 2 Accident Investigation	on	0, 104.7	N		Yes 2 No				
Division  or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not lead to determine	259. PIECE OF IT	njury - At home, fa	arm, street, fa	actory, office		28f. Location ( City or To	Street end Num. wn, Stete)	ber or Rurel	Route Number,
of aft of of of of of of of of of of of of of	Cer		John Strang, C	(0,000.1)							
Division or to the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Certifier 1 Certifying P (Check only one) 2 Medical Exa	hysician: To the best miner: On the basis of and menner s	of examination ar	e, death occu nd/or investig	erred at the tation, in my	ime, date and pled opinion, death occ	ce, and due to the curred et the time,	cause(s) and m date and place,	anner as sta and due to t	ted. the cause(s)
o the	M	29b. Signature and title of certifier	4 10			29c. Licen	se number		29d. Date signe	ed (Month, D	ley, Year)
F 3 F 8		1 marc =	10 DO. N	An		00	1629	/	April:	27 1	998
		20 Name and address of same	Ma	doub (from 05=)	(Tune Driet)	U2	6220		. Bili	-	0111
		30. Name and eddress of person who MARC LEFFER, M	D, ST AG	DES EME	ZENCY	9000	ATON AV	E. BALTIMO	RE, MARYL	AND ZI	229
St	ate	31. Date filed (Month, Dey, Yeer)	32#Rggist	rar's Signature		-					
Regist		MAY 0 4 1998	guia	Devideon-B	andella						

DHMH 16 Ray 6/95

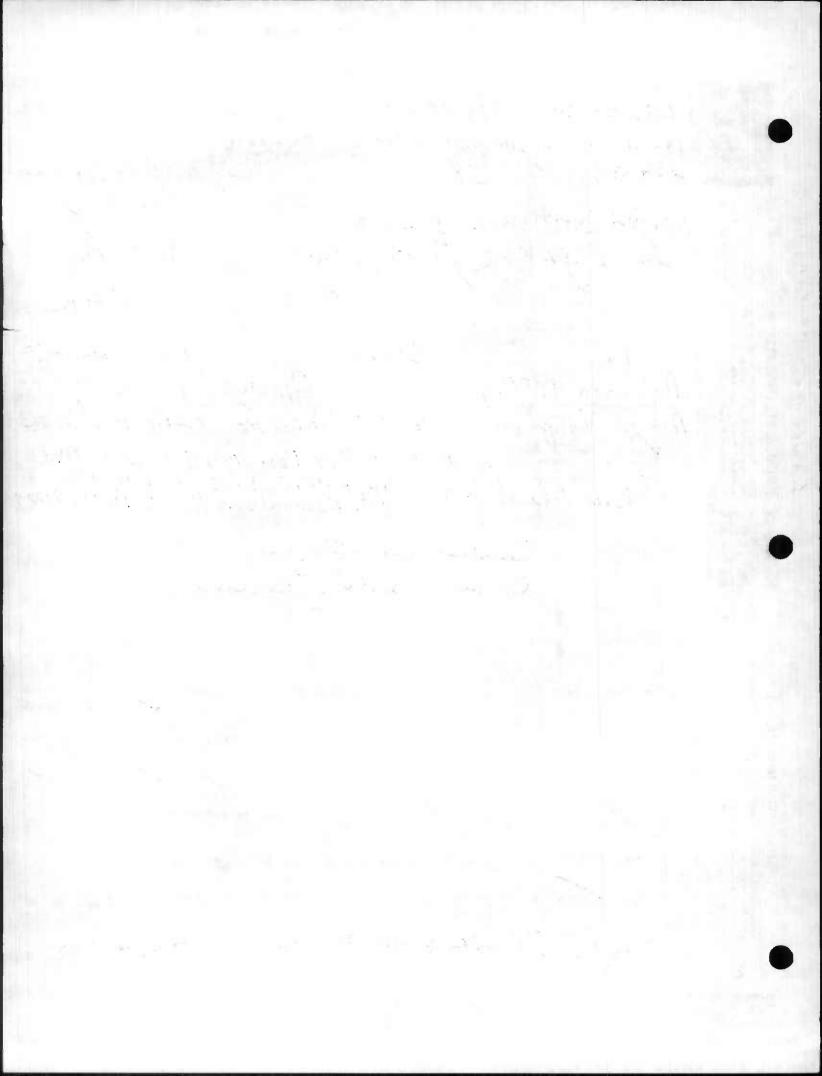
NAME Gill G. Derrely

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Degedent's Name (First, Middle, Last) Day **Physician** KING April 1998 8:05 A.M. WRENCE 0 Center Rosedale Rosedale Ab. Chy, ... Rosedale If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth Month, Day, 1 Month, Day, 1 Man, 31 /Medical 4c. County of Deeth 4a Facility Nama (If not Institution, giva streat and number) Examiner SQUARE 6. Sex Hospita FRANKlin MORE 5. Social Security Number 239-50-6/50 Usual Residence of Decedent 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foraign **Funeral** 10 M 2 F Director the Merylend 10e State 10b 10c. City, Town or Location 10d. Insida Pity Limits item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, its Wad cal Examiner must be notified at Yas 2 No Director MARY and Number MOR 10f. Zip Code 10g. Citizen of What Country 2122 UR Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, Whita, atc. filed within 72 hours efter 1 Yes 2 12 If Yes, Giva Year or Dates: 1 Never Married 2 Married 2 DONO 1□ Yes 2□ No altimore, Maryland 21215-0020 Specify: p 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working iffe. DO NOT use retired) 16b. Kind of Business/Industry 15. Dacedent's Education (Specify only highest grade completed) 12 should be filed within 7 and Mental Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) 0 18. Mother's Name (First, Middle, 17. Father's Name (First, Middle, Last) Maiden Sumame) Be Hoderson AWRENC 19a. Informant's Name/Relationship (Typ Peges 1 end 2 ment of Health e 21245 20b. Plece of Disposition (Name of cemetery, crematory or other) 20a. Method of Disposition Date 1 Burial 2 □ Cramation 3 DRemoval from State 9 4 ☐ Donation 5 ☐ Other (Specify) any injury 21. Signature of Funeral Sarvice Licenses R RSh 23a. Part1. Enter the disease, or complications that cut ed the death. Do not enter shock, or haart failura. List only one cause on such line. Approximete Interval Between Onset and Death Phytikian Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated avents resulting in death) Last Due to (6 and e consequenca of): Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or as a consequenca of): 98 esn signed by the e 23b. Did tobacco use contributa to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? page 2 s certificate hes 2 No 20 No Hospital or Attending Physicien: director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 DER/Outpatient 3 DOA After this funeral 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Certification: 5 ☐ Pending investigation 1 BNatural efter death. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide hours e 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner statad. 29a. Certifier Medical completely To the I within 2 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dav. Year) 30. Name and addones of person who completed cause of death (Item 23a) (Type, Print)

State Registrar 31. Date filed (Marth, Day, Year)

MAY 0 4 1998

2. Remarks Signature



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. -1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Yee Month Ores Abri 4.25 AM 1998 30 4e. Facility Neme (If not institution, give street end number) or Location of Deeth 4b. City, Town 4c. County of Deeth Ba 100 N. Broadway Hos more pital CITY 5. Sociel Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 6 50 Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) Deys 1 M XX 72 Yrs. 220-12-9926 MAY 31,1925 MARYLAND Usual Residence of Decedent 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits MD BALTIMORE ESSEX 1 Yes XXNo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 810 EASTERN BLVD. 21221 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 X Never Married 2 ☐ Married 1 Yes 2√ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) CLERK STATISTICS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) HARRY HESS WILHELMINNA POETZEL 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MARGARET PIOTROWSKI/SISTER 810 EASTERN BLVD. BALTIMORE, MD 21221 20b. Place of Disposition (Neme of cemetery, cremetery or other plece) SACRED HEART OF 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) BALTIMORE, MD JESUS 5/2 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility CHARLES S. ZEILER & SON, INC. 6224 EASTERN AVENUE BALTIMORE, MD 21224 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete intervel Between Onset end Deeth Immediete Ceuse (Final diseese or condition resulting in deeth) lar cooquiation Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Fail Due to (or es e consequence of): Se weeks 12515 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contribute to the causs of death? 1 Yes 20 No 3 ☐ Probably 4 ☐ Unknown 24b. Were sutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neture 1 ☐ Yes 2 ☐ No 2 Accident

Examiner pue Records, P.O. Box 68760 Physician/Medical the Completed certificete of Vital Be To this Medical Certification: After Division Hospital or Attanding I 24 hours effer death. by the Director:

**Physician** 

/Medical

Examiner

Director

Funeral

Şq

Completed

Be

Hygiene.

end Mental

permit. Page: Depertment of Important: If any Injury or o

Physician /Medical

**Examiner** 

Baltimo

**Funeral** 

Director

25. Wes case referred to medical 27. Menner of Deeth 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, Stete)

4 Homicide

31. Dete filed (Month, Day, Year)

29a. Certifier

1 Certifying Physicisn: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Msdical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner stated. 29c. License number 29d. Dete signed (Month, Dev. Yeer)

29b. Signeture end title of certifier

MAY 0 4 1998

050853

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Pethkan VITay

821 N. Eutaw St. #407 Baltimore MD

State Registrar



To the Hospital within 24 hours e To the Funeral Completely filled i

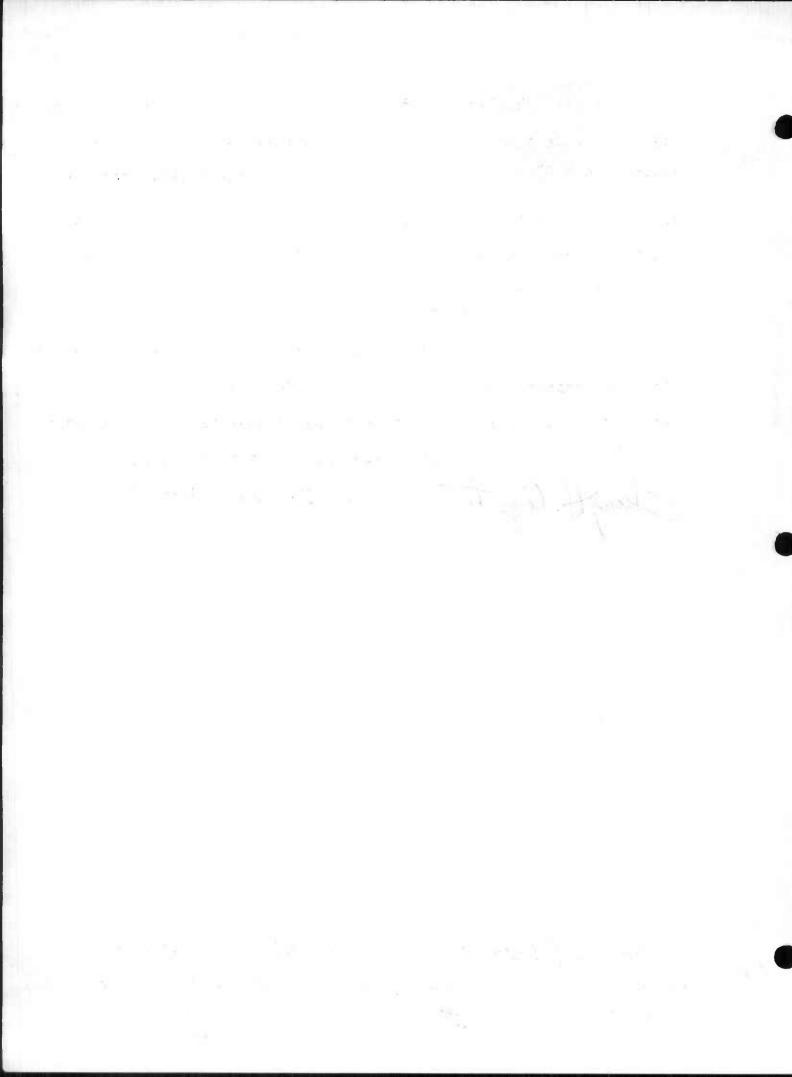
V - rough P | 12

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Certificate of Death	Reg. N	98 13/40
	Physici	an	1. Decedant's Nama (First, Middla, Last)	ińc		Oay Yaar
U	/Medic		Ronald Charles Hopk	4b. City, Town, or Lo	-	5, 1998 1:45 AM
A	Examir	ner	4a. Facility Nama (If not Institution, giva street and number)  1310 Dellwood Avenue	Baltimo		4c. County of Death
Н	Funeral		5. Social Security Number 6. Sax 7. Aga (In yrs. last b	pirthday) If Undar 1 Yaar   If Undar 24 Hrs.	8. Data of Birth (Month, Day, Yea	N / A  9. Birthplaca (Stata or Foreign Country)
	Director		1014	Yrs. Months Days Hours Min.		1940 Maryland
	how			wn or Location		10d. Insida City Limits
	8a-f s	Director	Maryland N/A	Baltimore		1 □ Yas 2 □ No
	th with th		1310 Dellwood Avenue	10f. Zlp Coda 2 1 2 1 1	10g. C	Citizan of What Country?
Maryland 21215-0020	within 72 hours after death with the Maryland ena. than "natural", or items 23a or 28a-f show the Medical Examinar must be incitined at	by Funeral	3 Widowed 4 Divorced If Yas, Giva Yaar or Datas: 1 Q 5 Q 6	13. Was Decedant of Hispanic Origin? (Spe if Yas, specify Cuban, Maxican, Puarto f	cify Yas or No- Rican, atc.)	14. Raca - Amarican Indian, Black, White, atc.  Specify: White
5-0	72 ho natur	Completed	15. Decedant's Education (Specify only highast grada complated)	a. Dacedant's Usual Occupation (Giva kind of work dona during most of workii lifa. DO NOT usa retired)	ng 16b.	Kind of Businass/Industry
121	within ena. then	du	Elamantary/Secondary (0-12) Collaga (1-4or 5+)	'iifa. DO NOT usa retired) 'arehouse Manager		Building Supplies
d 2	Hygie ther ther		17. Fathar's Nama (First, Middla, Last)		(First, Middle, Maide	
lan	id be ental ked o	To Be	Albert R. Hopkins, Jr.	Ruth	Marie Co	onwav
ary	d 2 should th and Mer 7 is marks traumatic	-		9b. Mailing Addrass (Straat and Number or Rura		
	and 2 alth a 27 is		Arlene Hopkins Wife	1310 Dellwood Aver	nue Baltí	imore, MD 21211
Baltimore,	Pages 1 annent of Healt		20a. Mathod of Disposition 20b. Place cematric	of Disposition (Nama of ary, cramatory or other place) top Service Co. 5	Data 20c.	Location - City or Town, Stata Towson, MD
alti	permit. Pa Departmer Important: any injury		21. Signatura di Funaral Sarvice Licensee	22. Nama and Addrass of Facility		
m	80 = 20		Jan H. Car Denter.	Burgee-Henss Fun 3631 Falls Road	eral Hon	ne, P.A.
	Physiclan		202 Dant 1. Entar the disease or complications that caused the death. Do shock, or heart failure. List only one cause on each line.	not antar tha moda of dying, such as cardiac o	r raspiratory arrast,	Approximata Interval Between Onsat and Death
A.	/Medical Examiner		Immadiata Causa (Final diseasa or condition rasulting in death)  a. Conglot	WE CARDIOMYOF	ATHY	11995
	D €	Iner	b. Adult or		, Melli	tub 1989
	and	Examiner		a consequance of):		1000
60,	M		Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disaase or injury that initiated avants	Atnal Fibrillation	27	1996
68760	ifficate ig phy as the	edicai	rasuring in death) Last	a consequence of):		1989
Box	aath certii attending I for usa a	Gard.	a Cevebro VK	ASCULAY DISEAS	e	1709
m.	tha daath ce y tha attendii ached for usa	icla	Part II. Other eignificant conditions contributing to death but not resulting	in the underlying cause given in Part I	23h Did tobacc	co use contribute to the causa of death?
P.O.	by the	Physician/N	- Himitonnin	in the andanying oddoù giran in ratt.		2□ No 3 Probably 4 Unknown
	es that igned b	by	- MARCHENINOV)			
Records,	a law requires that tha daath cer has been signed by tha attendin ja 2 should be datached for usa	Completed	- History of Tobacco AV	10 Alcohol Use	24a. Was an aut parformed?	topsy 24b. Wara autopsy findings available prior to completion of cause of death?
	Tha Tha sate h	Соп	(guit 1989)		1 ☐ Yas	2 No 1 Yas 2 No
Vita	clan: artific ector,	Be	25. Was casa rafarred to medical axaminar?	28. Placa of Death	(Check only ona)	
of Vital	Physic this o	. To	1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpatiant 2 ☐ ER/O  27. Manng of Daath   28a. Data of Injury   28b.			6 ☐Other (Specify)
uo	Aftar funa	tion	1 ☑Natural 5 ☐ Panding (Month, Day Year)	. Tima of 28c. injury at Work?  M 1 ☐ Yas 2 ☐ No	28d. Dascribe how inj	jury occurred
Division	Attan r daat ctor: y tha	fica	3 Sulcida 6 Could not be			and Number or Rural Routa Number,
ă	alor afta	Certification:	4 Homicida building, atc. (Specify)		City or Town, Sta	ita)
	To the Hospital or Attending Physician: The is within 24 burs after death.  Within 24 burse all director: After this cardificate ha completely filled in by the funeral director, page	edical (	29a. Cartifiar (Check only one)  1	ga, daath occurred at tha tima, data and placa, a and/or invastigation, in my opinion, daath occurre	ind dua to tha causa( ad at tha tima, data a	(s) and mannar as stated. ind placa, and dua to tha causa(s)
	To th To th comp	M	29b. Signatura and titla of certifiar	29c. Licansa number	29d. D	Data signed (Month, Day, Year)
			Mada Kungu, M.D.	D40783	4	427198
1	1/1		30. Nama and addrass of person who complated causa of death (Itam 23a)		1. A 1 V	1 C. CK
	11/		21 Data filed (Month Day Yord)	VIT MEBILAL GR	. 10 Nbx	the overly sixely
	Sta Registr		31. Data filed (Month, Day, Yaar)  33. Ragistrar's Signatura	andere		

DHMH 16 Rev 6/95

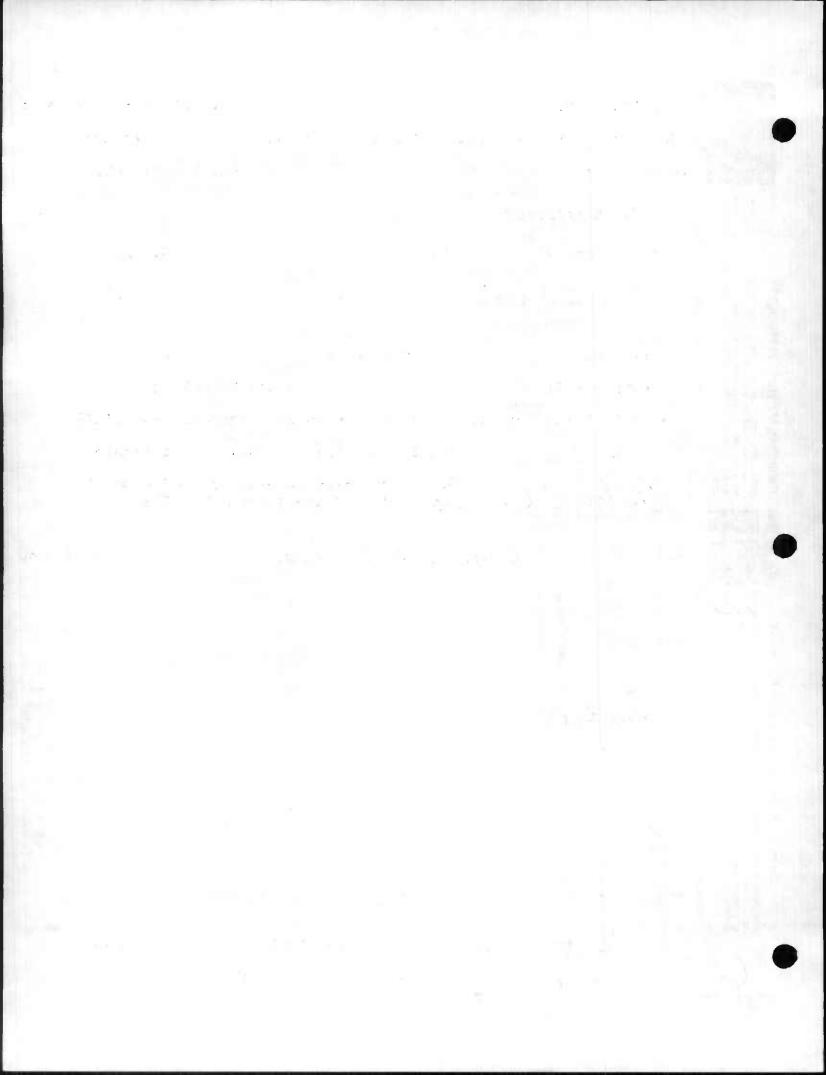


# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene, Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Death 1. Decedent's Nama (First, Middle, Last) **Physician** Lillie E. Harris April30,1998 12:05 am /Medical 4b. City, Town, or Location of Deeth 4e Facility Neme (If not institution, give street and number) 4c. County of Deeth **Examiner** Genesis Eldercare Heritage Center Dundalk Baltimore If Undar 1 Yaar If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Oct. 27, 1907 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplaca (State or Foraign Country) **Funeral** Deys Months Hours 1 ☐ M 250 F 90 Pa. 188-07-0681 Director Usuet Residence of Decedent the Maryland r 28a-f show 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. Baltimore Dundalk 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 end 2 should be filed within 72 hours efter death with 1 Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 2 eny liqury or other traumetic event, tra Medical Examiner must be rule bords. 101 Center Place Apt. 419 21222 U.S.A. Funeral 12. Was Dacedant Evar in U,S.
Armed Forces?
1 ☐ Yes ② No
If Yes, Give
Yaar or Dates: Race - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 □ Never Married 2 □ Married Specify:White 3altimore, Maryland 21215-0020 1 Yes 2 XNo Specify: à 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 yrs. Housewife Home 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Joseph Harris Susie A. Poling 19b. Melling Address (Streat and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) Jean L. Shirk sister 2628 Masseth Ave. Edgemere Md. 21219 20b. Place of Disposition (Name of cametery, cremetory or other place Metro Crematory 20c. Location - City or Town, State 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 5 - 1Baltimore 22. Name end Address of Fecility
Connelly Funeral Home Of Dundalk 21. Signeture of Funeral Service Licensee 7110 Sollers Point Rd. 23a. Pert1. Enter the disease, or complications that caused the define. Do not enter the mode of dying, such as cerdiac or respiretory errest shock, or heer failure. List only one cause on each line. Approximate Interval Between Onset and Daath Physician /Medical Immediate Cause (Final disease or condition rasulting in death) Examiner Examiner Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by t 3 Probably 4 DUnknown 1 Yes 2 No by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed page 2 certificete has 2 No 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was cesa rafarred to medical examiner?

1 Yes 2 No director, 26. Place of Deeth (Check only one) Be Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident efter deatl Director: 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide A 24 ho. Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and menner stated. 29a. Certifier Medical completely (Check only one) within 2 To the To the 29d. Data signed (Month, Dey, Year) 29c. License number 29b. Signeture end little of certified 127566 MD 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Allen HettemAN 1838 31. Data filad (Month, Day, Year) MAY 0 4 State



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Death 3. Tima of Death 1. Decedent's Name (First, Middle, Last) **Physician** 1998 3:56 am 110 Alvie Lonzo Haste /Medical 4b. City Town, or Location of Dea 4c. County of Death 4a Facility Name (If not institution, give street end number) Examiner ltimore ale 6.9ex 1XM 2□ F Under 24 Hrs. Birthplace (State or Foreign Country) Social Security Number **Funeral** Days 66 Director 09/12/31 Kentucky 268-26-6496 Usuel Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County 7 is marked other than "naturel", or frams 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2X No Middle River Baltimore Director 10f. Zip Code 10g. Citizan of What Country? 10e. Street and Number 21220 U.S.A. 15 Foxglove Lane Funeral 72 hours after death 14. Raca - American Indien. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status Black, Whita, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1949 1 ☐ Never Married 2 ☐ Married 1□ Yes 21XNo Specify: by 1952 white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) college Professor Important: If item 27 ie merked other i any injury or other traumatic event, in once. 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Neme (First, Middle, Last) and Mentai Mary Ophelia Sneed Haste John 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 1415 Pinefield Dr.; Conway, Arkansas Health Diana Hardy/ daughter Baltlmore. 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Department of 5/2/98 | Catonsville, MD Metro Crematory, Inc. 22. Name and Address of Facility Johnson Funeral Home, P.A. 21. Signature of Funaral Service Licegue 8521 Loch Raven Blvd.; Towson, MD 21286 or complications that caused the death. Do not anter the mode of dying, such as cardiac or reaplratory arrest, Approximate Intarval Batween Onset and Deeth **Physician** Cancer with Metastasis Immediate Cause (Final disease or condition rasulting in death) Attaction) **Examiner** Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaasa or injury that initieted events resulting in deeth) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, The law requires that the death certificate for Due to (or as a consequance of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Heast by 24b. Were autopsy findings availabla prior to completion of causa of death? Completed 24a. Was an autopsy performed? Hes 1 Yes 2 X No 1 Yas No certificate or Attending Physician: 25. Was casa rafarred to medical examiner? Be 26. Place of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 ☐ Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funerai 28d. Describe how injury occurred 27. Manner of Daath 28b. Time of Injury 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) Certification: After t 5 Pending Investigation 1 Natural 2 Accident 1 Yes 2 No death. i Director: A 6 Could not be detarmined Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 Homicide Hospitai 24 hours 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the cause(s) and manner stated. Medical 29a. Certifiar (Check only within 2. 29c. License number 29d. Date signed (Month, Dev. Year) 29b. Signature and title of certified avou 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) Hanklin Square Drive Baltimore, MI) 9000

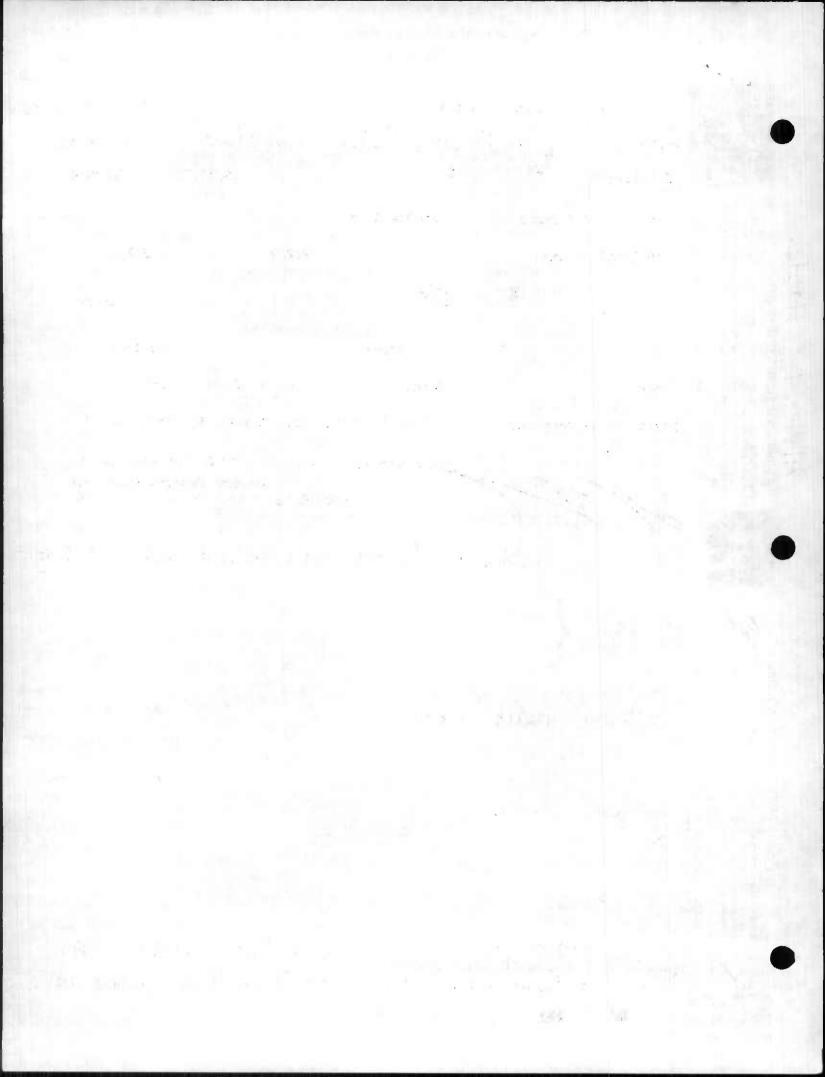
sistrar's Signature Julia Davidson

**DHMH 16 Rev 6/95** 

Registrar

31. Date filed (Month, Day, Year)

MAY 0 4 1998



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth HEFFTER Month 3-30PM EDNA APRIL 30 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death ROCK GLEN NURSING REHAB Baltimore Catonsville | H Under 1 Year | H Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) | Min. | May 18, 1912 5. Social Security Number 9. Birthplace (Stete or Foreign Country) Mary Land 6. Sax 7. Aga (In yrs. last birthdey) 1□M 200 F Yrs 218-72-6021 Usuel Rasidance of Decedan 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Maryland Baltimore Catonsville 10e. Street end Number 10g. Citizan of What Country? 10f. Zip Coda 10 N. Rock Glen Road 21229 U.S.A. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forcas? 14. Rece - American Indian, Black, Whita, atc. 1 ☐ Yes 2 ☒ No If Yas, Give Yaar or Datas: 1 Nevar Married 2 Merried 1 ☐ Yas 2 No Specify: Specify: 3 ₩ Widowed 4 Divorced White 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b, Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Own Home Homemaker 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Herrietta Greffen Horace W. Keith 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4606 Chatham Drive Bloomington, Indiana 47404 Joyce M. Maslin ( Daughter) 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata ₩ Burial 2 Cramation 3 Ramoval from Stata 5/4/1998 Baltimore, MD Loudon Park 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Facility Witzke Funeral Homes, Inc. 21. Signatura of Funaral Sarvice Licansee Robert 1630 Edmondson Ave Catonsville, MD 21228 23a. Part1. Enter the disaesa, or candications that caused the death. Do not anter the mode of dying, such es cardiac or respiretory errest, Approximate

Physiclan /Medical

signed by the attanding physicial and defended for use as the burial-transit

Division of Vital Records, P.O. Box 68760

**Physician** 

/Medical

Examiner

10a. Stata

Directo

Funeral

g

Completed

Be

2

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiane. Important: If them 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumetic event, the Medical Examinar mass he maritime.

Baltimore, Maryland 21215-0020

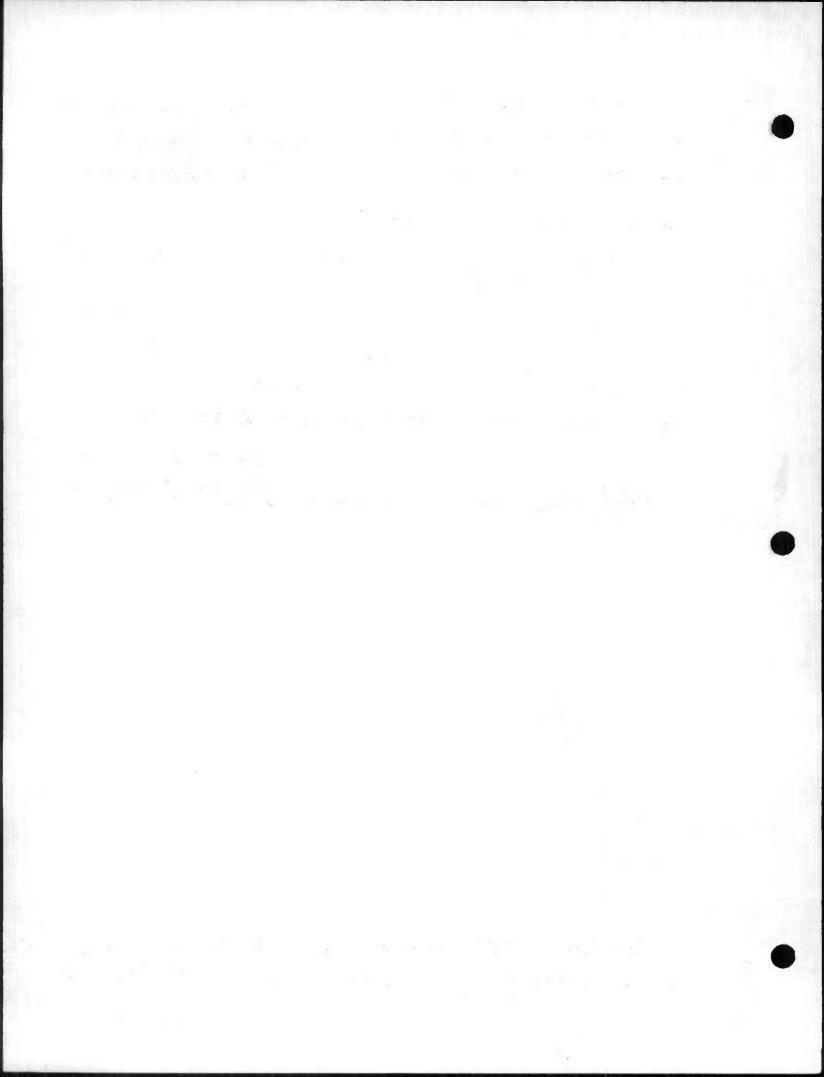
	STOCK, OF FRANCISC TRINGS. LIST OTHY OTH	o causa on agon mia.				Onset end Death			
	Immediata Causa (Final disaasa or condition rasulting In death)	Atheroscl	lerotic	Cardiovasa	ular disease	years			
_	lasoling in death)	Dua to (	or as a consequance	of):	11 1 >				
line	_ b	Bilateral	Carotid	artery a	therosclerosis	years			
il Examiner	Sequentially list conditions, if any, laading to immediate causa. Enter Undarlying Cause (Disease or Injury that initiated evants	Due to (	or as a consequence		1				
lica	thet initiated evants resulting in death) Last		or es e consequenca						
Med									
an	0								
sici	Part II. Other significant conditions con	tributing to deeth but not ras	sulting in the underlying	ng causa givan in Part I.	23b. Did tobacco use cont	tribute to the cause of death?			
by Physician/Medical	Rheum.	atorid c	arthrit	ris	1 □ Yes 2 No	3 ☐ Probably 4 ☐ Unknown			
Completed b	05	tee por	राउ ठ		24a. Was an autopsy performed?	24b. Wara autopsy findings available prior to completion of cause of death?			
Сош		1			1 □ Yas 2 ØNo	1 Yas 20 No			
Be	25. Was casa rafarred to medical axaminar?				eath (Check only one)				
P	1 ☐ Yes 2 ☐ No	ospital: 1 Inpatiant 2	☐ ER/Outpatient 3☐	DOA Other: 420 Nursing	Home 5 ☐ Rasidance 6 ☐ Othai	r (Specify)			
ation:	27. Mannar of Death  1 Natural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Dey Year)	28d. Describe how injury occurre						
Certification:	3 ☐ Suicida 6 ☐ Could not be determined	28a. Place of Injury - At h building, atc. (Speci	noma, farm, street, fac	tory, office	28f. Location (Street and Number City or Town, State)	f. Location (Street and Number or Rural Route Number, City or Town, State)			
Medical (	29a. Certifiar (Check only one) 1 Certifying Phys	ician: To the best of my knower: On the basis of examine end menner stated.	owiedga, death occur ation and/or investige	ed et the tima, data and plaction, in my opinion, daath occ	ce, and dua to tha causa(s) and man curred at tha tima, data and place, ar	nnar as stated. nd dua to the cause(s)			
Σ	29b. Signeture end titla of certifiar			29c. License number	_	(Month, Dey, Year)			

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completally filled in by the funeral director;

Homatun H Halem M.D D 15503 May 1, 19
30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print) hin st. Balto, MD 21217 31. Data filed (Month, Day, Year) MAY 04

State Registrar



98-1840-510

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		Items: 23 part I,27 per MEO G-759 5/6/98 reCertificate of Death  1. Decedent's Nama (First, Middla, Last)  2. Data of Deeth											3. Tima of Death
Physici		Michael Hammons								APRIL	2, 19	998	7:17A.M.
/Medi Examir	_	4a Facility Nama (i	If not institution	, give street and	d number)				4b. City, Town, or L			y of Deeth	
LAGIIII	iei	300 W.PR	ATT STE	REET					BALTIMO	RE	Balti	more	City
Funeral Director		5. Social Sacurity N unknown	lumbar	6. Sax 1 □ M 2□	1. Figu (in yro. last on browy)			dar 1 Year hs Days		8. Data of Birth (Month, Day, Year) Dec. 3, 1953		9. Birthi Coul unkn	placa (Stata or Foraigi ntry) .OWN
2		Usual Residance o	1										
72 hours after death with the Maryland naturel; or flems 23a or 28a-f show often Examinel must be notified at	5	10a. Stete unknown	10b. County unkr	Own	1	oc. City, Town of unknown							10d. Insida City Limits un known ∐Yas 2□ No
28a-1	Director	10e. Street and Nu				diffeliowi		Zip Coda			10g. Citizen of	What Cou	ntn/2
0 0		unknow					101.				unknow		,
m 23	Funerai	11. Marital Status		12 Was	Decedent Eva	ar in II S	13 Was De	unkno		necify Vas or No			can Indian,
Herr	5	1 Never Marr		Arme	od Forcas?uɪ /es 2□No	iknown	if Yas,	pecify Cut	Hispenic Origin? (Spoan, Maxican, Puart	o Rican, atc.)	Ble	ick, Whita,	
urs af	by	3 Widowed		If Yas	s, Giva or Datas:		1 ☐ Ye	s 2 XNo	Spacify:		Specia	fy: B1	ack
n 72 hours "naturel", edical Ex	B	/0	15. Decedant		do all	16a. D	ecedant's L	Isual Occu	petion	kin a	16b. Kind of E	Businass/In	ndustry
c _ =	Completed	Elemantary/Seco		t grada compla	rea) ge (1-4or 5+)				during most of world)	nniy			
gien	Son	unknown		unknow	-	uı	ıknowr	1			unknow	1	
intel Hygiena.	o Be	17. Fathar's Nama unknown		Last)					18. Mother's Nan unknown	na (First, Middla,	Maidan Sumai	ma)	
s 1 and 2 should b if Haalth end Mente Nem 27 is marked other traumatic e	F	19a. Informant's N		nlp (Type, Print)	)		failing Add		t and Number or Ru	ral Routa Numb	er, City or Town	n, Stata, Zij	p Code)
tealth m 27													
00		20e. Mathod of Disposition  1  Burial 2  Cramation 3  Ramovel from State  4  Donation 5  Other (Specify) in State											own, Stata
Department Department Important: It any injury o		21. Signature Rould's Wade Director  22. Nama and Address of Facility State Anatomy Board, 655 W. Baltimore Baltimore, Maryland 21201  23. Part. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											Approximata Intarval Batwean Onsat and Death
hysician /Medical		Immediata Cause (Finel disease or condition PYELONEPHRITIS											
Examiner	ē	rasulting in death)		θ	Dua to (or as a consequanca of):								
cate be axecuted physician and the burial-transit	Examine	Sequantially list co if eny, laading to in causa. Entar Unde	onditions,	b	bDua to (or as a consequence of):								
sician burial	E E	causa. Entar Unda Causa (Disaasa or that initiated avants	injury	c				0					
	Medical	rasulting in death)			Du	e to (or as e co	sequance	or):					
for	lan/			<b>d</b>									
hat the design the detached	y Physician/M	Part II. Other signif	ficant conditio	ns contributing	to death but r	not rasulting in t	ha undariyir	ng cause g	ivan in Part I.	23b. Did tobacco use contribute to the cause of 1 Yes 2 No 3 Probably 4			
w requires to been signed should be	Completed by										an autopsy ormed?	a) Ci	Vara autopsy findings vailable prior to omplation of cause f death?
has b	mo									UM	Yas 2□No	1	27 Yas 2□ No
	0	25. Was casa rafai	rred to medical						26. Placa of Das			1	
tificate ha	00	axaminar? 1⊠Yas 2□		Hospital:	1 🗆 Inpatiant	2 ☐ €R/Outp	atient 3	DOA O	Hone			thar (Speci	WSCFNE
	0	ILM I GO EL	7.5 - 7.5		Data of Injury	28b. Tir		28c. Inju		Ing Homa 5 ☐ Rasidanca 6 X Mothar (Specify) SCENE  28d. Dascribe how injury occurred			
ne Hospital or Attending Physician: In 24 hours after daath. Ne Funeral Director: After this certificate pletely filled in by the funeral director, pa	Certification: To	27. Mannar of Deat XX Naturat 2 Accidant	th 5 Pandin invastio	9 (	Month, Day Y		ary M	We	ork? ]Yas 2∐No				

State Registrar

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura

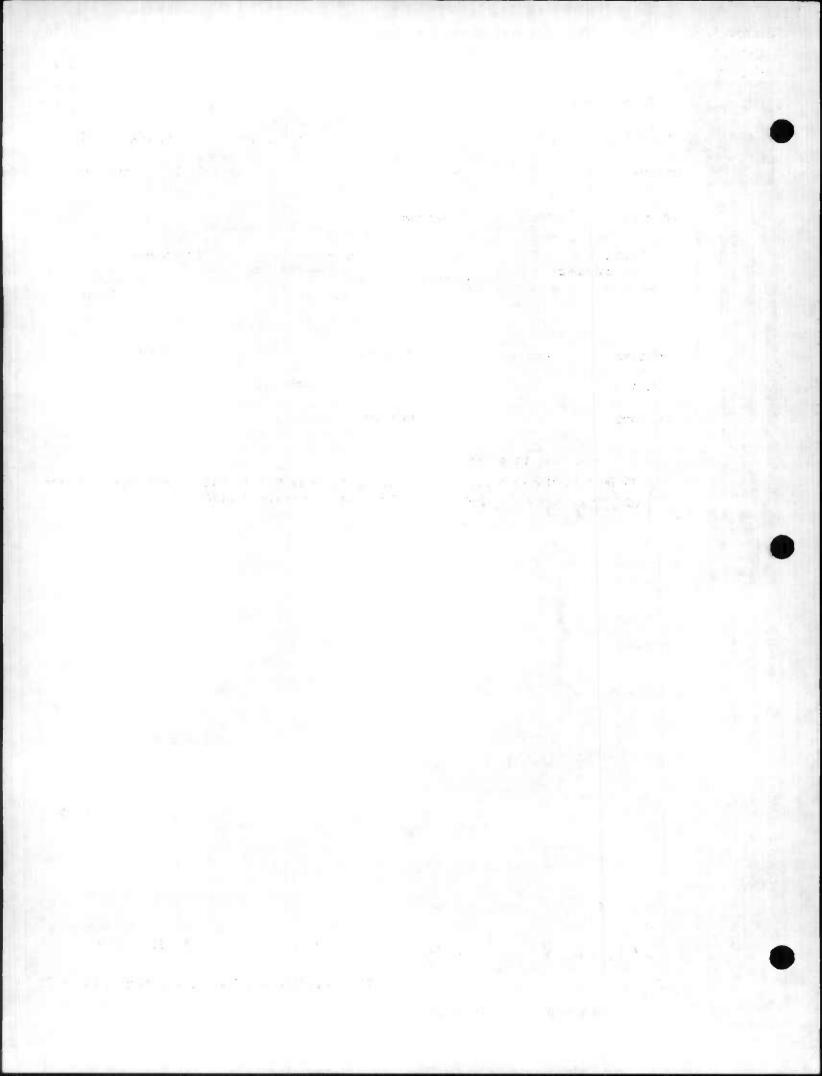
Fundamen Random

O.C.M.E.

Attysh & Vlacky Mp

30. Nama end addrass of person who completed cause of death (Itam 23s) (Type, Print)

APRIL 2,1998



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Daath Month 26 1/4 William 4e. Fecility Name (If not Institution, give street and number) 4c. County & 4b. City, Town, or Location of Deeth If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) 10spiten 9. Birthplace (State or Foreign Country) North west 5. Social Security Number If Under 1 Year 6. Sex Age (In yrg. last birthday) Months Days 1X M 2□ F 78 Yrs 215-10-2825 Dec 11, 1919 Maryland Usuel Rasidence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 21 No Baltimore Maryland Rockdale 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 3426 Gaither Rd. 21244 12. Wes Dacedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No 1942— If Yes, Give Year or Dates: 1945 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Never Married 257 Married 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elamantary/Secondery (0-12) College (1-4or 5+) 12 years Installer & Repairman Telephone Company 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surnama) Karl M. Horn Marian E. McCabe 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) (Wife) 3426 Gaither Rd. Evelyn A. Horn Baltimore, Maryland 21244 20b. Pleca of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition Deta 20c. Location - City or Town, State 1 Burlai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Spacify) Maryland Veterans Cem. 5-7-98 Garrison, Maryland 21. Signature of Funerel Sarvice Licensee 22. Name and Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, Maryland 21133 23a. Part 1. Enter the diseesa, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiretory errest, shock, or heart failura. List only one cause on each line. Approximata Intervel Between Onset end Death Immediate Cause (Final diseese or condition rasulting in death) repmohio Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Due to (or as a consequenca of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara eutopsy findings available prior to 24e. Wes en eutopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Injury

P.O. Box 68760, The law requires that the death certificate be Records, 90 director, page 2 should this certificate Division of Vital To the Hospital or Attanding Physicien: within 24 hours aftar death.

To the Funeral Director: After this certifica

Physician/Medical Examiner þ Completed Be 2 Certification: filled in by the

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Dilactor

ns 23a or 28a-f sh

Hems

6

"natural",

than

eportant: If Itam 27 is re y injury or other

Department of Important: If any injury or

**Physician** /Medical

Examiner

treumatic event, the Medical

Director

Completed by Funeral

Be

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiena.

Baltimore, Maryland 21215-0020

State Registrar

Medical

29b. Signature end title of certifiar

4

5 Panding investigation 1 Natural 1 Yes 2 No 3 Suicide 6 Could not be datarmined 28e. Plece of Injury - At home, ferm, street, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyelcian: To tha best of my knowledge, daath occurred at tha time, dete end pleca, end dua to tha ceuse(s) and menner es steted.
2 Madical Examiner: On tha basis of examination and/or investigation, in my opinion, daath occurred at the time, data end place, and dua to the cause(s) end mennar stated. 29a, Cartifier

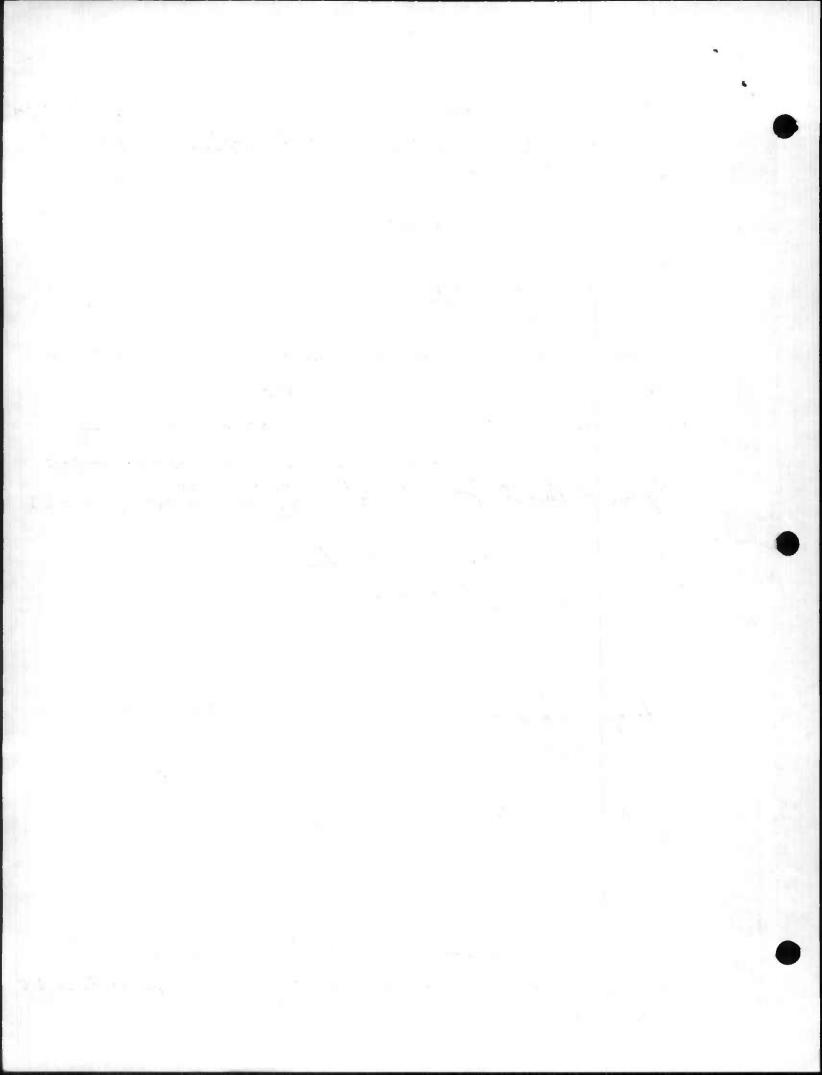
29c. License number

29d. Date signed (Month, Dey, Yeer)

30. Neme end addrass of person who complated causa of death (Item 23e) (Type, Print)

32. Registrer's Signetura

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 9 8 1 2 7 1, 6

Physician Medical Runsell Harding    As Feding Name (Incidentially	mend: #10a	a Pe	er MEO Film G759 5-4-98			Cer	tificate o	f Death		Reg. No.		3. Time of Death
SENSING ALLEGANY  SENSING ALLE	Physic	ian		131)					Month	Dey		
MENORIAL HOSPITAL & MEDICAL CRITER  1.74 -34 -54 -38 IRM IRV IRV IRV IRV IRV IRV IRV IRV IRV IRV				e street and number	1			4h City Town or I				2:20 P
Social Security Number   10 Cent   1 Page   10 Cent	Exami	ner				ED.						
Transport of the processor   Transport of t		_	Social Security Number     6. 9	Sex 7. A	ge (In yrs. last	birthday)		ar If Under 24 Hrs.				
10. Comy   10. Comy   10. Comy   10. Comy   10. Comy   10. Comy   10. Comy   10. Comy   10. Comy   10. Comy   10. Comy   10. Comp	Director		174-34-0436	QIM 201	53	Yrs.			Nov. 2	0, 1944	unkn	own
The company of the	Meryland a-f show	tor	10a. State 10b. County unknown	n							1º	d Inside City Limi NKNOWN 1   Yes 2   1
The company of the property	3e or 28e	al Direc										ry?
The companies of the control of th	eee E	nera	11. Maritel Status	12. Wes Decadent	Ever in U,S.	13. V	Vas Decedent of	Hispenic Origin? (Sp	ecify Yes or No-		ca - America	
Elementry/Secondary (Dev72   College (1-4or 5+)   Time. Do Not'l use retrieved   Unknown   Self employed   Self employ	a o	by		1 X Yes 2 ☐ If Yes, Give					Hican, etc.)			
College (1-for 5-)   Unknown   Self employed   Unknown   Self employed   Unknown   Self employed   Unknown   Unknown   Unknown   Self employed   Unknown	72 ho natur	eted	15. Decedent's E	ducation ade completed)	1	6a. Deced	ent's Usuei Occ	upetion le during most of work	ina	16b. Kind of B	usiness/Indi	ustry
19. Mother's Name (Priest, Medica, Madeine Sumame)   10. Mother's Name (Priest, Medica, Madeine Sumame)   10. Second Sumame)   10. Se		E E	Elementary/Secondary (0-12)	College (1-4or	5+)			red)		7.0		
John Harding  Tel. Informatr's Name-Relationship (Type, Print)  Uniknown  The Market of Deposition Service and Number of Rural Route Number; City or Town, State, Zp Code)  Uniknown  The Market of Deposition Service and Number of Rural Route Number; City or Town, State, Zp Code)  Uniknown  The Market of Deposition Service and Number of Rural Route Number; City or Town, State, Zp Code)  Uniknown  The Market of Deposition Service and Number of Rural Route Number; City or Town, State, Zp Code)  Uniknown  The Market of Deposition Service and Number of Rural Route Number; City or Town, State or Town, Stat						unk	nown	19 Mother's Nam	o /First Middle			yed
Baltimore, Maryland 21201    Pinysician   Medical Examiner   Machine   Machi	Mental I	To Be										
Baltimore, Maryland 21201    Case   Part   Effort the disease or conficiency by a consequence of the control of	nd 2 sho alth and 1 27 Is me r treume		and the state of t	Type, Print)	1	_		et and Number or Rui	el Route Numbe			
Baltimore, Maryland 21201    Physician   Medical Examiner   Medical Ex	Pages 1 e ent of Hec nt: If item		1 ☐ Burial 2 ☐ Cremetion 3 ☐	Removel from State	ceme	e of Dispos etery, crem	sition (Neme of setory or other p	/eca)	Dete	20c. Location	City or Tow	vn, State
Baltimore, Maryland 21201    Pinysician   Medical Examiner   Machine   Machi	Departments and Injury				,	22	Neme end Add State Ar	ress of Facility	rd, 655	W. Bal	timore	Street
Physician (Medical Examiner)    Medical Examiner	40140		23a Part 1. Enter the disease, or con	plicetions that cause	d the deeth. D	]	Baltimor	ce, Maryla	nd 2120:	l .		Approximete
Immediate Cease (Final disease or condition resulting in deeth)   Due to (or as a consequence of):	Physician		or heart fellure. List only	one ceuse on each I	line.							Intervel Between Onset end Deeth
Sequentially list conditions, list of the sequence of the sequ	/Medical	п	disease or condition	lace	1	10	to	1. lot	0.	10810		1 mm
Due to (or es e consequenca of):    Cause (Diseases or injury that inhieted events resulting in deeth) Lest   Cause (Diseases or injury that inhieted events resulting in deeth) Lest	Examiner		resulting In deeth)	a. juno	Due to (or as	e conseq	uence of):	)	au	recor-c		1 /10
Due to (or es e consequenca of):    Comparison of Comparis	D #	line.		b. —							i	
Due to (or es e consequenca of):    Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.   Part II. Other eignificant conditions contribution in the underlying cause given in Part I.   Part II. Other eignificant conditions contribution in each other in II. Part II. Other eignificant conditions available in the underlying cause given in Part I.   Part II. Other eignificant conditions contribution in each other in II. Part II. Other eignificant conditions available in the underlying cause given in Part I.   Part II. Other eignificant conditions contribute to the cause of deeth in II. Part II. Part II. Other eignificant conditions available in II. Part	and al-tran	хап	Sequentially list conditions, if eny, leeding to immediate		Due to (or es	e conseq	uence of):					
Pert II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  23b. Did tobecco use contribute to the cause of dead to be a second of the cause of dead to the cau	slcian burie		cause. Enter Underlying Cause (Disease or Injury	C								
Pert II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  23b. Did tobecco use contribute to the cause of de 1   Yes 2   No 3   Probably Attention of cause of deeth of the cause of	flicate p phys	edic	resulting In deeth) Lest		Due to (or es	e consequ	ienca of):					
Perf II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.    23b. Old tobecco use contribute to the cause of death   1   Yes   2   No   3   Probably   A   Honking   24a. Wes en eutopsy finding aveilable prior to complete or death   1   Yes   2   No   3   Probably   A   Honking   24a. Wes en eutopsy finding aveilable prior to complete or death   1   Yes   2   No		M		d								
24a. Wes en eutopsy finding aveilable prior to completion of cause of death?  25. Was case referred to medical exeminer?  25. Was case referred to medical exeminer?  26. Place of Death (Check only one)  27. Manner of Death   Death	death e ette	sicia	Pert II. Other significant conditions of	ontributing to deeth b	out not resultin	a in the un	deriving cause of	given in Part I.	23b. Did 1	obecco use co	ntribute to	the cause of deat
24a. Wes en eutopsy finding aveilable prior to completion of cause of death?  1   Yes   2   No    25. Was case referred to medical exeminer?  1   Yes   2   No    26. Plece of Death (Check only one)  27. Manner of Death   1   Nistural street	by the	hys										
Solution   Solution	gned be de										-	
25. Was case referred to medical exeminer?  26. Plece of Deeth (Check only one)  27. Manner of Deeth   Deeth	0 000						=== ==				com	leble prior to
25. Was case referred to medical exeminer?  26. Plece of Deeth (Check only one)  27. Manner of Deeth   Specify    28. Dete of Injury    28. Dete of Deeth (Check only one)  28. Dete of Injury    28. Dete of Deeth (Check only one)  28. Dete of Injury    28. Dete of Injury    28. Dete of Deeth (Check only one)  28. Dete of Injury    28. Dete of Injury    28. Dete of Deeth (Check only one)   The I	NO.							101	es 20 No	10	Yes 2□ No	
D 28910  Jerusk MD D 28910  Jerusk MD D 28910  Jerusk D D 28910  Jerusk D D 28910  DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	ilan: artifica ctor,											
D 28910  Jerusk MD D 28910  Jerusk MD D 28910  Jerusk D D 28910  Jerusk D D 28910  DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	hysic nis ce	2		Hospital:								
D 28910  Jeruk MD D 28910  Jeruk 22, 79  30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)  DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	fter th			27. Manner of Deeth 28e. Dete of Injury 28b. Time of 28c. Injury et								
D 28910  Jerusk MD D 28910  Jerusk MD D 28910  Jerusk D D 28910  Jerusk D D 28910  DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	eath. or: A	cati	2 Accident Investigatio									
D 28910  Jerusk MD D 28910  Jerusk MD D 28910  Jerusk D D 28910  Jerusk D D 28910  DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	or At efter of Direct d in by	ertifi	determined 286. Place of Injury - At home, farm, street, factory, office 281. Location (Street end Number of Hurai Hou									Route Number,
D 28910  Jeruk MD D 28910  Jeruk 22, 79  30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)  DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	Hospita 24 hours Funeral		(Check only 2 Medical Exar	niner: On the besis of	of examinetion	ige, deeth end/or inv	occurred et the estigetion, in my	time, date end plece, opinion, deeth occur	end due to the ored et the time,	ceuse(s) and madete end plece,	anner es sta and due to	ited. the ceuse(s)
D 28910  Jeruk MD D 28910  Jeruk 22, 79  30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)  DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	omp		29b. Signeture end title of certifier	4	4		29c. Lice	nse number	T	29d. Date signe	d (Month, D	ay, Year)
DR. CURTISS MERRICK, M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD	->-0		1/10 MI	erust	8 W	ID	D	28910		# DA	12	2.199
			30. Neme end eddress of person who	completed cause of	death (Item 23	e) (Type, F	Print)			" 1/00		1
							HOSPITA	L MEDICAL	BLDG.,	CUMBERL	AND,	MD
	Registi	rar	MAY 0 4 1998	a margaret	ergicis, Paloral	OLUMBA.						

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Day Month Year April 30, 1998 6:00 PM Hermine G. Iwantsch 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 2300 Dulaney Valley Road, Unit 204 Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 10-2-1909 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1□ M 2□ F Yrs. Pennsylvania 88 215-12-4558 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐XNo Maryland Baltimore Timonium 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2300 Dulaney Valley Road, Unit 204 21093 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No if Yes, Give Yeer or Dates: 13. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☑ No Specify: White 3 ☑ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life\_DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondery (0-12) Coilege (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Adolph Graf Margaret Heinzle 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dr. Alfred Iwantsch (Son) 23 Rainflower Path #204, Sparks, Maryland 21152 20a. Method of Disposition 20b. Piaca of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State 1 □ Burial 2 □ Cremation 3 □ Removal from State Most Holy Redeemer Cem. 5-4-98 Baltimore, Maryland 4 Donetion 5 Dother (Specify) 21. Signature of Funeral Servica Licensee 22. Name and Address of Fecility Ruck Towson Funeral Home, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth ACGIS Immediate Cause (Final diseese or condition resulting in death) Due to (or as a consequence of): 42 243 Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Due to (or as a consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evallable prior to 24a. Was en autopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Netural 5 Pending

1 ☐ Yes 2 ☐ No

29c. License number

Text Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Unlly R. S. 11 21043

29d. Date signed (Month, Dey, Year)

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

items 23e or 28a-f ehov

ö

natural',

al Hygiene.

Pages 1 end 2 should be fament of Health and Mental Inter 17 is marked of

Depertment of Health are Important: If Item 27 is eny injury or other trau

Maryland

Baltimore,

HERMINE

IWANTSCH,

traumatic event, the Medical Examiner

Director

λq

Completed

Be

the Meryland

Examiner Physician/Medicai

signed by þ Completed hes Be this After

or Attending Physician: death. efter death Director: in by

O ۵ of Vital Division Hospital 24 hours To the I vithin 2

Certification: To Medical

State Registrar 31. Date filed (Month, Dey, Year)

2 Accident

4 Homloide

3 ☐ Suicide

29a. Certifier

2

29b. Signature and title of Certifier

Investigation

30. Name and address in person who completed cause of deeth (Item 23a) (Type, Print)

6 ☐ Could not be determined



28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

**DHMH 16 Rev 6/95** 

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent'e Name (First, Middle, Last) 2. Dete of Deeth Month Yee 6:03 AM. 1998 MAY EDITH E JONES 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Deeth BALTIMORE SINAI HOSPITAL If Under 24 Hrs. Hours Min. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign 6. Sex Months Days West Indies 1 M 2 XF Yrs. 06/15/1916 218-58-8806 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 √Yes 2 No Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? GARRISON 21215 3901 BLUD JAMAICA, West Indies 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Bleck, White, etc. 1 Never Married 2 ☐ Married 1□ Yes 2⊡No Specify: Specify: BLACK 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) HOUSEKEEPING Domestic 6 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) MARY UNKNOWN WATTS 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 3901 GARRISON BLUD, BALTIMORE, Md. 21215 MINETA HEADLY - GUARdiAN 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) ARBUTUS MEMORIAL PARK 107 98 ARBUTUS 22. Name and Address of Facility DERRICK C. Jone's FUNERAL HOME, 4611 PARK HEIGHTS. AND, BALTIMER Signeture of Funerel Service Licans Home, 4611 ANE, BALTIMERS het caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, an each line. 23e. Pert1. Enter the diseese, or complicetions shock, or heert failure. List only one calls Approximete Intervel Between Onset end Deeth Immediate Ceuse (Finel SEPSIS ONE DAY disease or condition resulting in death) Due to (or es a consequence of): Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown ASTHMA 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy performed? CEREBROVASCULAR ACCIDENT completion of cause of deeth? 1 Yes 2 No 2 NO 1 Yes 26. Plece of Death (Check only one) Hospitet: Other: 4 Nursing Home 5 Residence 6 Other (Specify)

**Physician** /Medicai Examiner 1

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

**Funeral** 

**Director** 

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or fleme 23a or 28a-f show any injury or other traumatic event, the Medical Enaction must be notified at once.

Baltimore, Maryland 21215-0020

Examin Bud Physician/Medical the as esn been signed by the should be detached þ Completed Is certificate has director, page 2: Be

Certification: To

edicai

Division of Vital Records, P.O. Box 68760,

The law requires that the deeth certificete be

or Attanding Physician:

Hospital

death.

To the F within 2

this

funeral

Director: A

24 hours efter the Funeral Directles bletely filled in b

completely

∠ე.	examiner?	/	to medical
27	Menner of	Deeth	

5 Pending investigation

6 Could not be determined

1 Inpatient 28e. Dete of Injury (Month, Dey Year) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only one)

1 Natural

2 Accident

3 Suicide

4 - Homicide

10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) and manner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner steted.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

Vai

M.D.

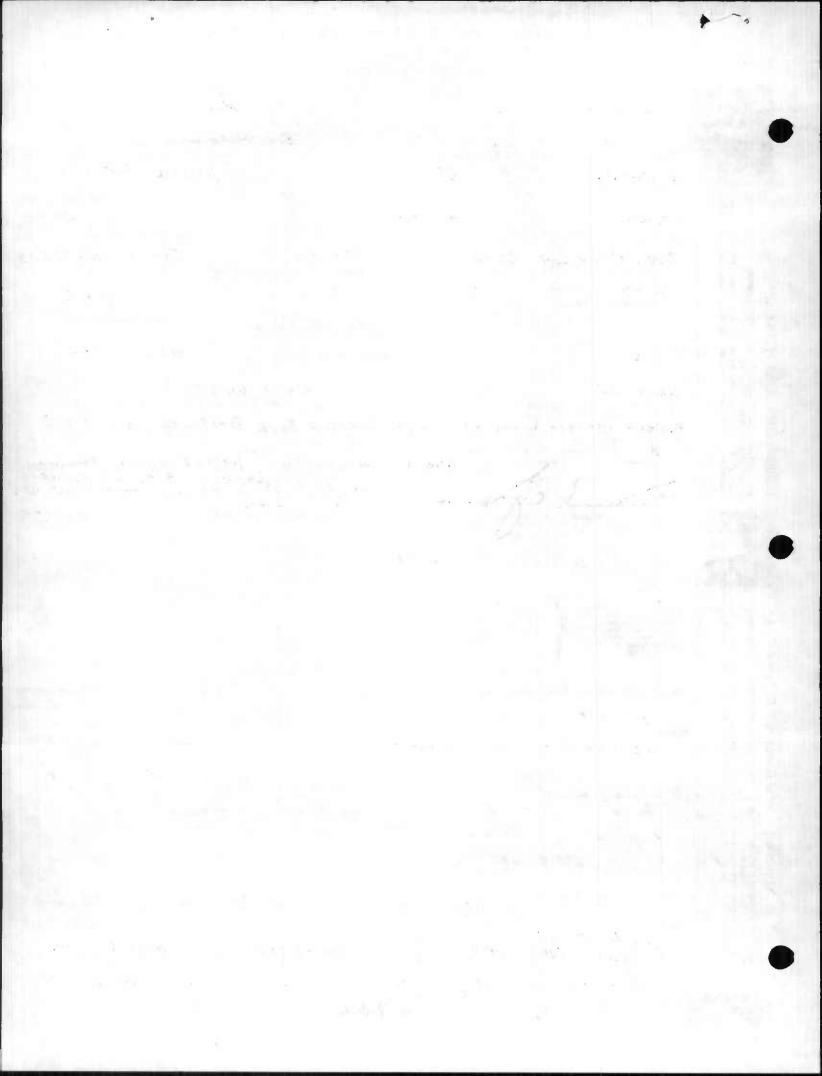
AS2402321 GN-9458

MAY 1, 1998

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

2401 WEST BELVEDERE AVENUE GIRISH ... NAIR, MD.

BALTIMORE, MARYLAND 21215



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Emma J. Jones APRIL 1998 05:40 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore St Agnes Hospital N/A 7. Age (In yrs. last birthday) 60 yrs. If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. Birthpleca (State or Foreign Country)
 Va 1□ M 2ĬX F Deys Usuel Residence of Decedent 10b. Count 10c. City, Town or Location 10d. Inside City Limits Catonsville 1 ☐ Yes 次 No Baltimore 10f. Zip Code 10g. Citizen of Whet Country? 7 K Rambling Oaks Way 21228 USA 12. Wes Decedent Ever In U,S. Armad Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Merried 20 Married 1 ☐ Yes 2 ☑ No Specify: Black Specify: 3 Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 2 years Nurse L. P. Hospital 18. Mother's Neme (First, Middle, Malden Surneme) 17. Fether's Neme (First, Middle, Last) Jennie Diggs 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Leonard Jones- Husband 4222 Colborne Road Baltimore, Md 21229 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 🖾 Buriel 2 🗆 Crametion 3 🗆 Removel from State 4 Donetion 5 Other (Specify) Loudon Park Cemetery 5-1-98 Baltimore, Md 21. Signetura of Funeral Service Licenses 22. Name and Address of Fecility March F/H West 4300 Wabash Avenue Baltimore, Md 21215 23e. Pert1. Enter the disease, or complications that caused tha daath. Do not antar tha moda of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth Mulignant Spindle cell Cancer lears Due to (or es e consequence of) Due to (or es e consequance of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveilable prior to completion of ceuse of deeth? 24e. Was en eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatiant 2 ER/Outpetient 3 DOA 28b. Time of Injury 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dev Year) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

permit. Pages 1 and 2 should be filed within 72 hours after begartment of Health and Mental Hygiene. Important: If fem 21 is merked other than "natural", or iter any Injury or other traumatic event Baltimore, Maryland 21215-0020

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

7 is marked other then "netural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at

'natural', or items

the Maryland

5. Social Security Number

085-30-0273

10e. Street end Number

12th grade

Darren Rose

20a. Method of Disposition

29b. Signeture and title of

10a Stete

Director

þ

Completed

Md

Physician /Medical Examiner

attending physician and for use as the bunal-kansi Box 68760. signed by t certificate has this After after death. Director: To the Hospital of within 24 hours at To the Funeral D completely filled it

Division of Vital Records, P.O. JUMA JONES

Registrar

Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. by Completed 25. Wes case referred to medical exeminer? Be 1 Yes 2 No Certification: To 27. Menner of Deeth 1 Di Neturel 5 Pending Investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 1 Decritifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

29d. Data signed (Month, Day, Yeer)

Avenue Bultimora, Maryland 21229

completed cause of deeth (Item 23a) (Type, Print)

900 Caton

32. Registrer's Signeture

## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month James Mildred 2-30 AM 1949 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street end number) 4c. County of Death N. CAROLINE BaltIMORE If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1□M 2■F 1841 82 216-20-Yrs. Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits Ballimore 1 Yes 2 □ No N.A Md 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1637 4.5.A 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Marital Status 1 Never Married 2 ☐ Married 1 ☐ Yes 2 1 No Specify: BLACK Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Self Housewife 8 M 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) CHAVIS 1)OCKERY GARFIELD 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) BALTO . m c1, 2/2/3 BROWN 2636 E. Federal ST Michelle 20b. Place of Disposition (Name of cemetery, cremetory or other p 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) LANdedowns - Md mt ZION Cem. 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility uneral Home 1304 n. Centras 23a. Part1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or year failure. List only one cause on each line. Approximete Interval Between Onset and Death Immediate Cause (Final chruic obstructive Delmoran disease or condition resulting in death) Smoking Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to ( s a consequenca of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown arthritis, osterporosis, manoclona 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Wes an autopsy 1 ☐ Yes 2 ☐ No 1 Yes 25. Was case referred to medical examiner? 1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Natural 5 Pending 1 Yes 2 No Investigation 2 Accident

Division of Vital Records, P.O. Box 68760. the phys 98 980 funeral

**Physician** 

/Medical

**Examiner** 

Funeral

by

Director

the Marylend

permit. Peges 1 and 2 should be filed within 72 hours after death with I Department of Health and Mentel Hygiene. I be protrait: If Item 27 is marked other than "naturel", or items 23a or 2 any Injury or other traumatic event.

**Physician** /Medical

Examiner

Examiner

Physician/Medical

Completed

10

Certification:

Medicai

3 Suicide

29a. Certifier (Check only one)

4 Homicide

Baltimore, Maryland 21215-0020

death. after deati 24 hours a Hospital completely To the I

31. Dete filed (Month, Day, Year)

30. Name and address of g

29b. Signature and title of dertiller

6 Could not be determined



irson who completed cause of death (Item 23a) (Type, Print)

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

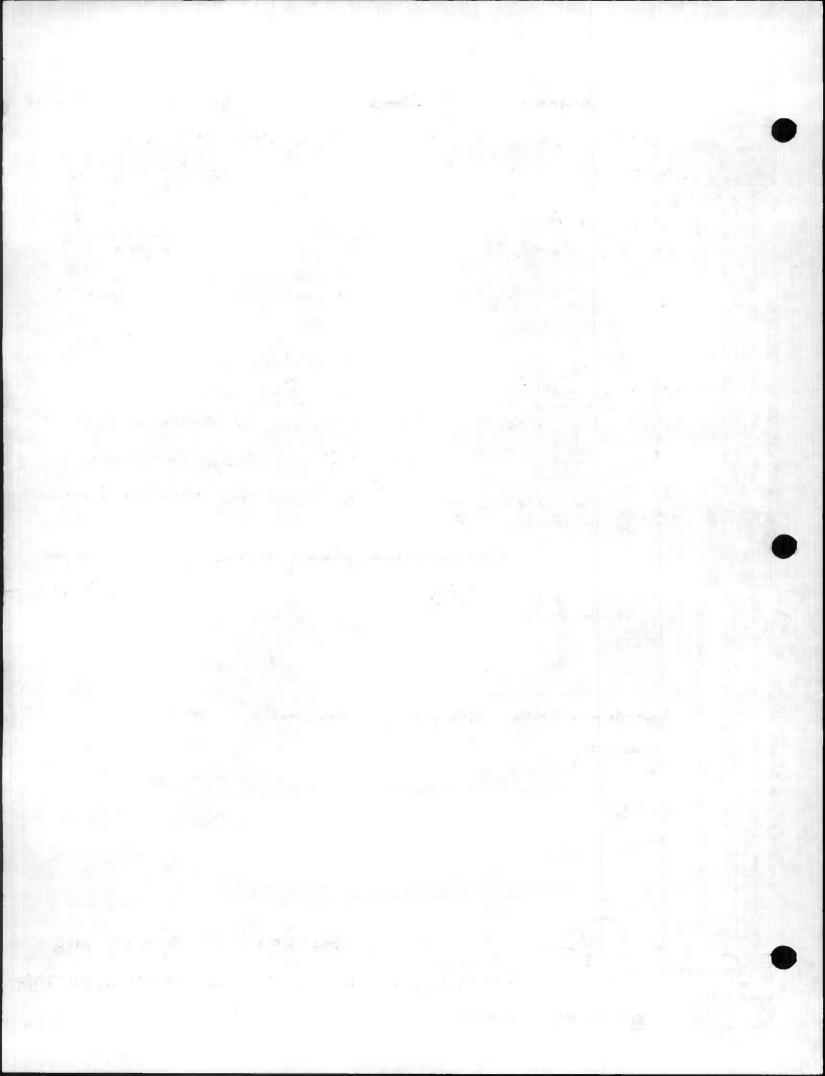
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number

Jehns Urphilis Hospital

RES-001

Location (Street and Number or Rural Route Number, City or Town, Stete)

Baltime, MD 21297



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dele of Death 3. Time of Deeth 1 Decedent's Name (First Middle Last) Month Doris C. Johnson 4 29 98 2:30pm 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Deeth BALTIMORE If Under 24 Hrs. | 8 BON SECOURS HOSPITAL If Under 1 Yeer 8. Dele of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 1 M 2 TF Deys Hours Min Yrs 217-09-1786 3/9/21 MARYLAND Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 X Yes 2 No MD N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1627 E. COLDSPRING LANE 21218 U.S.

14. Rece - American Indian,
Black, White, etc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus 1 Never Merried 2 Married 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Yes 2 No Specify: Specify 3 ☐ Widowed 4 ☐ Divorced BLACK 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 -0-SALES CLERK RETAIL 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) DABNEY BATES ELLA MAE COOK 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) BARBARA E. COOK (DAUGHTER) 1627 E. COLDSPRING LANE-BALTIMORE, MARYLAND 21218 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 5-5-98 ARBUTUS, MARYLAND ARBUTUS MEMORIAL PARK 22. Name end Address of Fecility ELIZABETH L. PHILLIPS, PA 1721-27 N. MONROE ST.-BALTIMORE, MARYLAND 21218 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Onset and Death Immediate Ceuse (Finel diseese or condition resulting In death) Stroke Due to (or es e consequence of): Atherosclerotic Cerebrovascular Disease Due to (or es e consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury thet initieted events resulting in deeth) Lest Due to (or as e consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Renal Failure - Diabetic Nephropathy 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Respiratory Failure 2 No 1 ☐ Yes 2 ☐ No Small Bowel Obstruction 25. Was case referred to medicel examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28b Time of 28c. Injury at Work? 5 Pending (X) Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Box 68760. The law requires that the death ed by the a P.O. Records, peen page 2 cartificate has Division of Vital Physician: this d Director: After this ad in by the funerel of or Attending death. eftar filled in To the Hospital within 24 hours e To the Funeral Completaly filled

**Physician** 

Examiner

**Funeral** 

**Director** 

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Directo

Funeral

þ

Completed

2

Physician/Medical Examiner

by

Completed

Be

10

Certification:

edicai

29a. Certifier

(Check only

29b. Signeture end title of certifier

0

the Maryland

deeth

72 hours after

filed within

nd 2 should be filed value and Mental Hygie 27 is marked other traumatic event, in Hygie

permit. Pages 1 end 2 sh Department of Health and Important: If them 27 is m any injury or other traum page.

Physician /Medical

Examiner

Baltimore,

/Medical

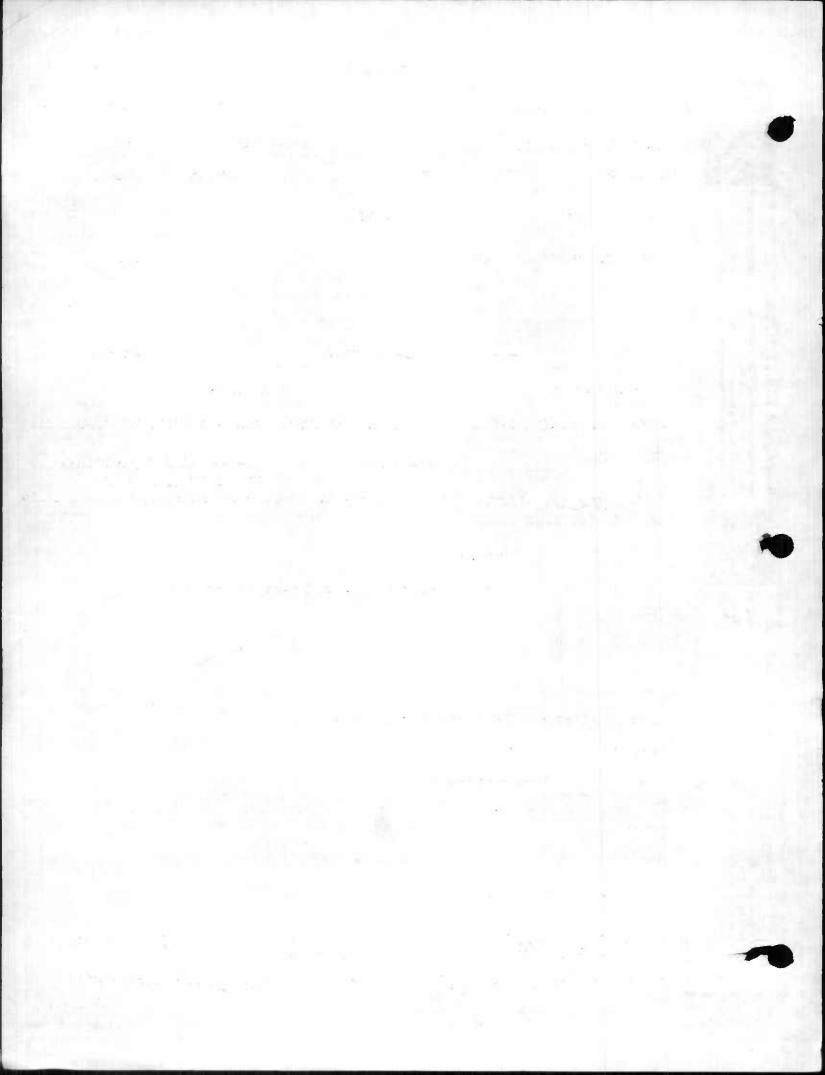
31. Dete filed (Month, Day, Yeer) Registrar

📉 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner steted.

29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) HRIS, TOPH

700 WASH BIUD BALT MD



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Amend: #17 Per FH Film G759 5-4-98RC Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dey **Physician** E. Jones Hattie APRIL 30, 1998 11:00 AM /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL N/A BALTIMORE CITY 8. Date of Birth (Month, Dev. Year) NOV . 24, 1940 If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign 5. Sociel Security Number 6. Sex **Funeral** 1□M 2 F Months Deys Hours 57 Yrs. 124-34-3579 **Director** Usual Residence of Decedent the Merylend 10c. City, Town or Location 10e. State 10b. County 10d. Inalde City Limits 28a-f show 7 is marked other than "naturel", or items 23a or 28a-f shot traumatic event, the Medical Examiner must be notified at 1 Yes 2 No BALTIMORE N/A Direct 10e, Street end Number 10f. Zip Code 10g. Citizen of Whet Country? UNITED STATES 21202 812 SHOWELL COURT Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. filed within 72 hours effer Hygiene. other than "naturel", or ite 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1□ Yes 2 No Specify: BLACK þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE HOMEMAKER 18. Mother's Neme (First, Middle, Maiden Sumeme) permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: if item 27 is marked othe any Injury or other traumatic event pages. 17. Father's Name (First, Middle, Last) HELEN BOWMAN JOHN CONN)O JOHN CONNOR 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Reletionship (Type, Print) JOSEPH LOUIS JONES (HUSBAND) 812 SHOWELL COURT BALTO., MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Burial 2 Cremetion 3 Removel from State CROWNSVILLE VET CEM 05/05/98 CORWNSVILLE, MD 5 ☐ Other (Specify) 21. Signeture of Funeral Service License 22. Name and Address of Fecility WILLIAMS F.S. 270 FREDHILTON CALVIN L. dun PASS BALTO., 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medical ontine Hours Examiner Due to (or es e consequence of): Examiner Cerebrovascular disease pun Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Lest Due to (or as a consequence of): Box 68760 ettending physicien for use es the burie 8 Physician/Medical Due to (or es e consequence of): 98 The lew requires that the death signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Hypartension by 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed peen certificate hes 1 Yes 2 No 1 ☐ Yes 2 No Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) To Hospitel: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this funerel 28e. Dete of Injury (Month, Day Year) n 24 hours efter death.

Funeral Director: After the letely filled in by the funeral 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: 5 Pending investigation 1 Natural or Attending 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 - Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end menner es steted. edicai 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) and manner steted. (Check only within 2 one)

State

31. Dete filed (Month, Dey, Yeer) MAY 0 4 1998

29b. Signature end title of certifier



M.D

30. Name end eddres of person who completed cause of deeth (Item 23e) (Type, Print)

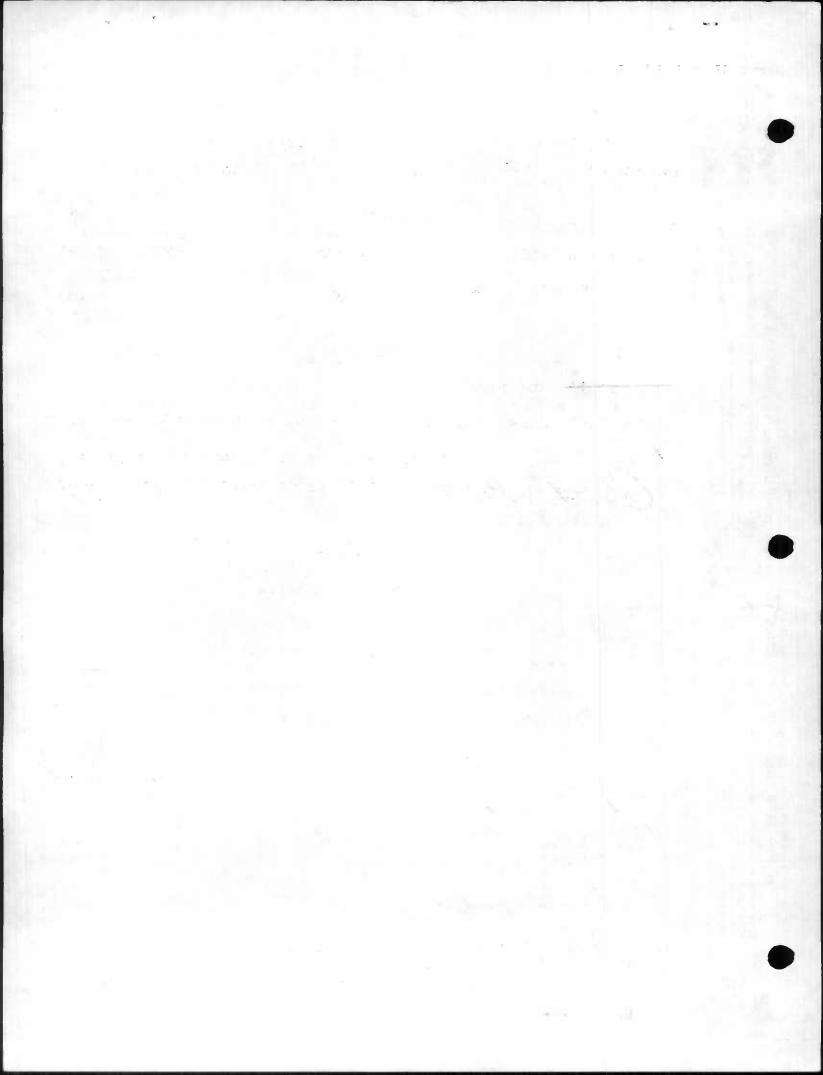
29c. License number

RES -000

29d. Date signed (Month, Day, Year)

The Johns Hopkins Hospital 600 M. Wolfe. St.

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health an ems: 23 part I,27,28a-f per MEO G-759 5/20@extificate of Death	d Mental Hygiene	1	0750
ems: 23 part I,27,28a-f per MEO G-759 5/20@ertificate of Death	Reg. No.		3753
Decedent's Neme (First, Middle, Last)	2. Date of Deeth Month Dev	Vane	3. Tima of D
The state of the s	Month Dey	Year	1

**Physician** /Medical Examiner

Ltd

**Funeral** Director

the Maryler r than "natural", or items 23a or 28a-f ahov the Medical Examiner must be notified at death

2 should be filed within 72 hours after on and Mental Hygiene.
Is marked other than "natural" or item traumetic evant, permit. Pages 1 end 2 st Department of Health and Important: If item 27 Is n other t Injury or any lr

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

certificate be executed

Box 68760

Division of Vital Records,

Attending

6

24 hours e

To the I within 2

completely

burial-tran pue physician eut 98 USB to o the signed by t page 2 director After this unerai s ofter death. filled in by

Robert Aaron Ling APRII. 25, 1998
4b. City, Town, or Location of Death 4c. County of Deeth 1:15PM 4e Fecility Neme (If not institution, giva street and number) 813 St. Paul St. BALTIMORE Baltimore City 8. Dete of Birth (Month Day Year)
April 30 1947 If Undar 1 Yaar 9. Birthplaca (State or Foreign PA<sup>ountry)</sup> 5. Sociel Security Number 6. Sax 7. Aga (In yrs. last birthday) Months Deys Hours Min. 15 M 2 F 50 Yrs 202-38-7995 Usuel Residence of Decedant 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore ¥ Yes 2 No MD Baltimore City Director 10g. Citizen of Whet Country? USA 10e. Street end Number 10f. Zip Code 21202 813 St. Paul Street 2 B Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Datas: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Race - American Indien 11. Maritel Status 1 Naver Marriad 2 Married White 1 Yas 2 No Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) College (1-4or 5+) Magnetics Inc. Mechanic 18. Mothar's Nema (First, Middle, Maiden Surnema) 17. Father's Nama (First, Middla, Last) Betty Louise Stephens Aaron Albert Ling P 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6016 Eastern Ave, Baltimore, MD 21224 Maryetta Testa 20b. Pleca of Disposition (Neme of cametery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2X Cremation 3 ☐ Removal from State Catonsville, MD Metro Crematory 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funerel Sarvica Licansee
Dean P Charlton 22. Name end Address of Facility Charlton Funeral Home Dean P Chariton

2007 Eastern Ave, Baltimore, MD 21231

23a. Pant. Enter the diseasa, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errast, shock, or heart feilure. List only one ceuse on each line. Approximata Interval Between Onsat and Death Immediate Causa (Final disaese or condition resulting in deeth) ALCOHOL AND COCAINE INTOXICATION Dua to (or as a consaquance of) Examiner Sequentielly list conditions, if eny, leeding to immediata causa. Entar Undarlying Couse (Disaasa or Injury that initieled events rasulting in daath) Lest Dua to (or es e consaguança of): Physician/Medical Due to (or es e consequence of). 23b. Did tobacco use contribute to the cause of death? Pert It. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert I. 4 Unknown 3 Probably 1 Yes 2 No by 24b. Wera eutopsy findings availebla prior to 24a. Wes en eutopsy performed? Completed completion of cause of daeth? 2□ No 25. Wes casa refarred to medical exeminer? Be 26. Pleca of Daath (Chack only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Homa XX Rasidenca 6 ☐ Other (Specify) Yes 2□ No To 28e. Dete of Injury (Month, Day Yeer) 28d. Describe how injury occurred 27. Manner of Deeth 28b Time of Certification: 28c. Injury et Work? fourldury 5 Pendina 1 Naturel 1 Yes 2 XXVo Subject ingested alcohol and drugs M investigation found 4/25/98 1:07 2 Accidant 6 Could not be datarminad Suicida 4 Homicida 281. Location (Street end Number or Rural Route Number, City or Town, State) 813 St. Paul St. 28a. Place of Injury - At homa, farm, streat, fectory, office building, etc. (Specify) Found: residence Baltimore, Md. 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledga, death occurred at the tima, data and place, end due to the causa(s) and mennar as stated. Medical (Check only one) MM Medical Examiner: On the basis of axamination end/or investigetion, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture end title of certifian 29c. Licensa number 29d. Data signed (Month, Dev. Year) 26,1998 APRIL O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

State Registrar 30. Name and address of person who completed causa of daeth (Item 23e) (Type, Print)

32. Registra

who Davidson

(Hopopo-Mikana

MAY 04

, STATE AND THE Auto ja Elv nebio 

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** arron are APRIL 28 1998 5:16 PM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, giva street and number) Examiner CENTER Inday | If Undar | Year BALTIMORE GREATER BALTIMORE MEDICAL 8. Data of Birth Month, Day TOWSON If Under 24 Hrs. Birthplaca (Stata or Foraign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 M 2□ F 35 Months Days Hours Min 224-72-2406 Director Usual Residence of Dacedant 10d. Insida City Limits 10c. City, Town or Location. r 28a-f show 10a. Stata 10b. County Md Baltimore 1 Vas 2 □ No NA Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pagas 1 and 2 should be filed within 72 hours after death with in and if Haalih and Mental Hygiana. In the first in marked other than "natural", or items 23a or item ury or other than "natural", or items 12a or i 7 is marked other than "natural", or items 23a or treumstic event, the Medical Examiner must be a 280 Koaa 5. A anjer 1225 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Black, Whita, atc. 1 Navar Married 2 Married Specify: Black 1□ Yes 2ŪNo Specify. þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry 15. Decedent's Education (Specify only highast grada complated) Elementery/Secondary (0-12) College (1-4or 5+) unknown 10th grade NA nknown 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) Be Andrew Dylvia Board ley an e 19a, Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Mother 80 Da lto, red Illia Lane 21225 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata Important: If It any injury or o 1 Burial 2 Cramation 3 Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) 1em Harte 22. Nama and Addrass of Facility 21. Signal ve of Funaral Sarvica Liquisee d ~ F. H.U Da Ho, ord 4300 wabash 23a. Part. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart disease. List only one cause on each line. **Physician** Cardine 10 mis /Medical Immediata Ceusa (Final disaasa or condition resulting in death) Examiner Examiner 21 embria Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that inlitated evants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequenca of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 2 ☐ No 3 ☐ Prebably 4 ☐ Unknown p 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? 2/2 No 1 ☐ Yas 1 Yes 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daeth (Check only ona) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yas 2 N 2 ER/Outpatient 3 DOA Inpatient 28c. Injury at Work? 27. Mannur of Seath Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 1 Diffatural 5 Panding 1 Tyas 2 No 2 Accidant invastigation 6 Could not be datarmined

physician and The law requires that the death certificate be-executed Division of Vital Records, P.O. Box 68760, attanding phy signed by the a should b cartificata has b director, page 2 s or Attending Physician: funaral director, this Aftar death Director: / a 24 hours attar de se Funerel Directo pletaly filled in by the Hospital

tha Maryland

Baltimore,

permit. Page Department

Certification: To edical

npletaly within 2 To the C

> State Registrar

31. Data tili

29b. Signatura and titla of

3 Suicida

29a. Cartifian

4 | Homicida

(Check only one)

28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

(Itam 23a) (Type, Print)

1 Certifying Physician: No tha best of my knowledga, daath occurred at the time, data and piace, and dua to tha causa(s) and mannar as stated.

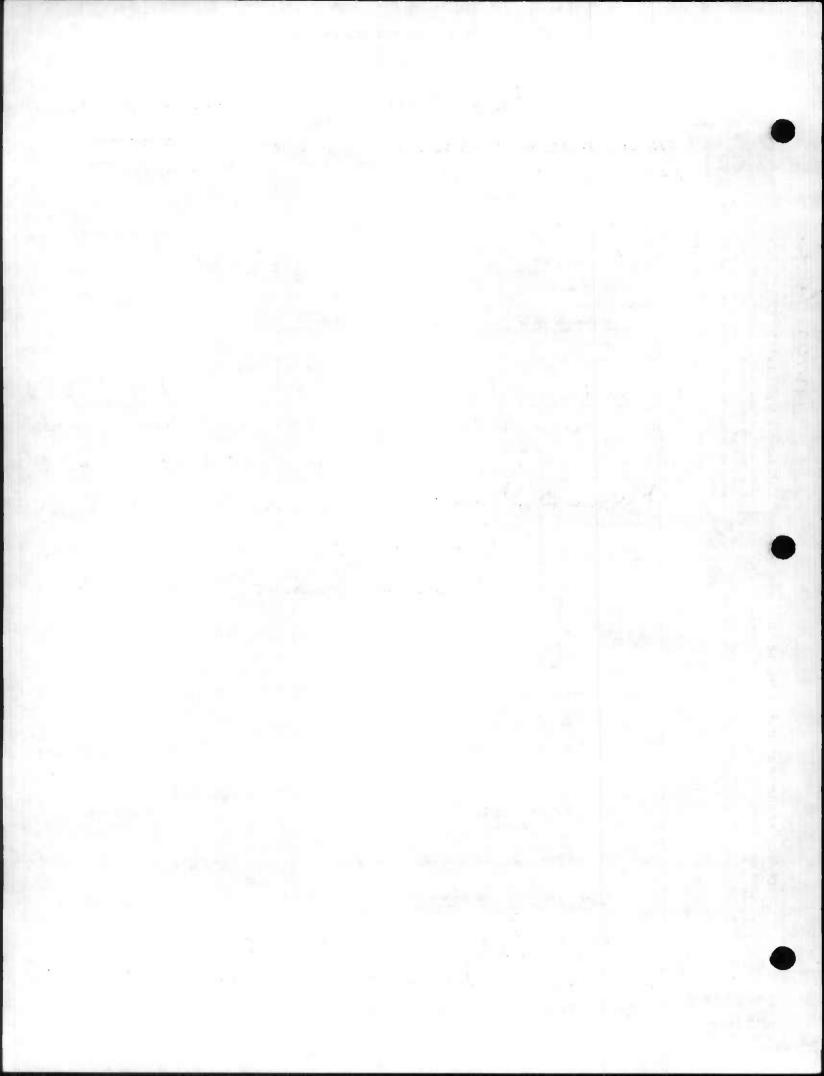
-2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at tha tima, date end place, and dua to the causa(s) and mannar stated.

30060

Liste 2 N Charles

28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata)

29d. Data signad (Month, Day, Year)



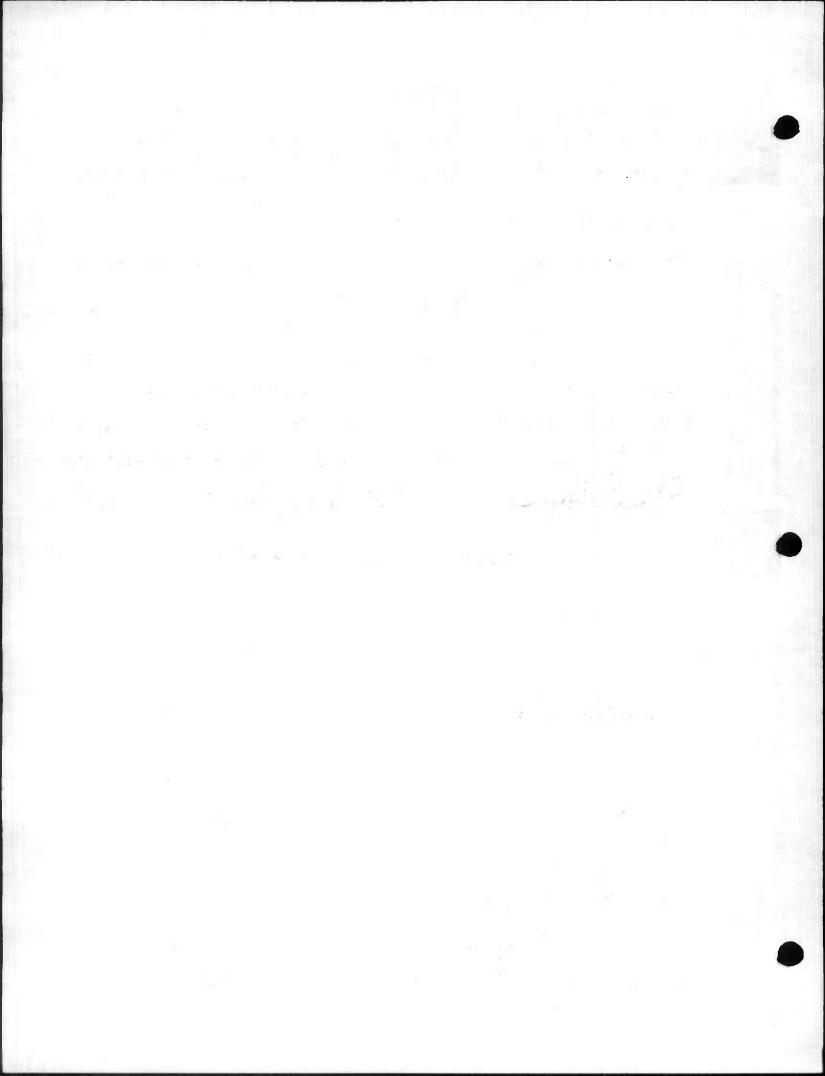
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Harry Anthony Latorre 4b. City, Town, or Location of Death 1998 /Medical 2:30pm 4a. Fecility Name (If not institution, give street and number) 4c. County of Deeth **Examiner** 1067 Downton Road Arbutus Baltimore 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1 □XM 2 □ F Yrs. Director 67 Nov. 10,1930 Maryland 218-26-3114 Usuel Residence of Decedent 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes ACNO Director Maryland Baltimore Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 Herne 23a 1067 Downton Road Funeral United States
o- 14. Rece - American Indian,
Bieck, White, etc. 21227 12. Wes Decedent Ever in U.S. Armed Forces?

1⊠ Yes 2 □ No if Yes, Give 1 0 / 51 Year or Dates: 6 / 53 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or iter any injury or other traumatic event, the Merical Examines once. 1 Never Married 2 X Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 18. Mother's Neme (First, Middle, Melden Surname) 10 Supervisor 17. Father's Neme (First, Middle, Last) Frank Latorre Nuncieada DiAntony 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Shirley Latorre, wife 1067 Downton Road Arbutus, Maryland 21227 20b. Piece of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Buriai 2 Cremation 3 ☐ Removal from State 5/5/98Catonsville, Maryland Metro Crematory 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signeture of Funeral Service Licansee Ambrose Funeral Home, Inc. Arbutus 1328 Sulphur Spring Road Maryland21227 23a. Pert I. Enter the diseese, or combications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medicai immediate Ceuse (Finel Colon cover with metastores & mentes disease or condition resulting in death) Examiner Due to (or es e consequence of): Sequentially list conditions, if eny, leeding to Immediete cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or es e consequença of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by t Drubites melleter 1 Yes 204No 3 Probably 4 Unknown p 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 s 1 Yes 2 No 1 Yes 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t Be 25. Wes case referred to medicat examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Sesidence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 2 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. tnjury et Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Tertifying Physicien: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a, Certifier (Check only 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) No wells Wrallen 10) DZ6394 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 220 W. COLD SPRING LA BAUTO MI) ZIZIU WEGLEIN, DONALD 32/Registrar's Signeture State Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death April 30,1998 Moore 7:05p.m. Rudolph 4a Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BAHIMORE If Undar 24 Hrs. 8. Deta of tospital DINAI If Undar 1 Year 8. Deta of Birth (Month, Day, Year) Birthplaca (Stete or Foreign Country) 7. Age (In yrs. last birthday) 5. Sociel Security Number 6. Sax 12 M 2□ F Days 65 Months Hours Min. 218-26-4490 Usuel Residence of Dacedant Yrs. 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yas 2 No AltIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21215 2506 3dho. 12. Wes Decedent Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Maritel Status Black, White, atc 1 Nevar Married 2 Married 1 ☐ Yas 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Black 15. Decedent's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Balto City FIRE Deport FIGHTER 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Fathar's Name (First, Middle, Last) MOORE HARIE AURETTA LEWIS 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 21215 199. Informant's Name/Relationship (Type, Print) 2506 Edg Econ be 20b. Place of Disposition (Nama of cematary, cramatory or other place) BAITO HELGA WITE Cie. Weth Aptu 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Othar (Specify) Rbutus 22. Nama and Address of Facility Wm C ITARCh FUNERAL HOME WEST INC 21. Signatura of Funaral Sarvica Licansee 23a. Part1. Enter tha diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 21215 Immadiate Ceusa (Final disease or condition resulting in death) 1 day · Ruptured Abdominal Aortra Aneurysm Dua to (or as a consequence of). Z days coaquiopath bua to (or as a consaquance of) Sequantially list conditions, if any, laading to Immediata causa. Enter Underlying Causa (Disease or Injury that initiated avents rasulting in daath) Last Due to (or as a consequanca of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Cord Syndrome 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Was an eutopsy Paraplegra Chronic Renal Insufficiency 1 ☐ Yes 2 No 15 Yas 2 □ No 25. Was case referred to medical examiner? 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidanca 6 Othar (Specify) Hospital: 1 ¥Yas 2 No 1 ₺ Inpatient 2 □ ER/Outpatient 3 □ DOA

**Physiclan** /Medical Examiner

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

**Funeral** 

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryla Department of Health end Menial Hygiena. Important: If item 27 is marked other than "naturel", or items 23a or 23a-f ehow any injury or other treumatic event, the Medical Exerciper court be notified anone.

Baltimore, Maryland 21215-0020

Physician/Medical Examiner been signed by the should be detached à Completed

is certificate has director, page 2 this funeral

Be

Certification: To

Medical

27. Mannar of Death

1 Natural

2 Accidant

3 ☐ Suicide

29a. Cartifier

4 | Homicide

(Check only one)

31. Data filed (Month, Day, Yaar)

Division of Vital Records, P.O. Box 68760 The law requires that the death certificate

or Attending Physicien: s after das. ai Director: After To the Hospital or Atte within 24 hours after day To the Funeral Directo completely filled in by the

State Registrar

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signature and titla of cartifiar

5 Panding

Invastigation

6 Could not be

miD,

28b. Tima of

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

29c. Licensa numbar

28c. Injury at Work?

1 Yas 2 No

29d. Data signad (Month, Day, Year)

A52402321-CH-9347 April 30,1998

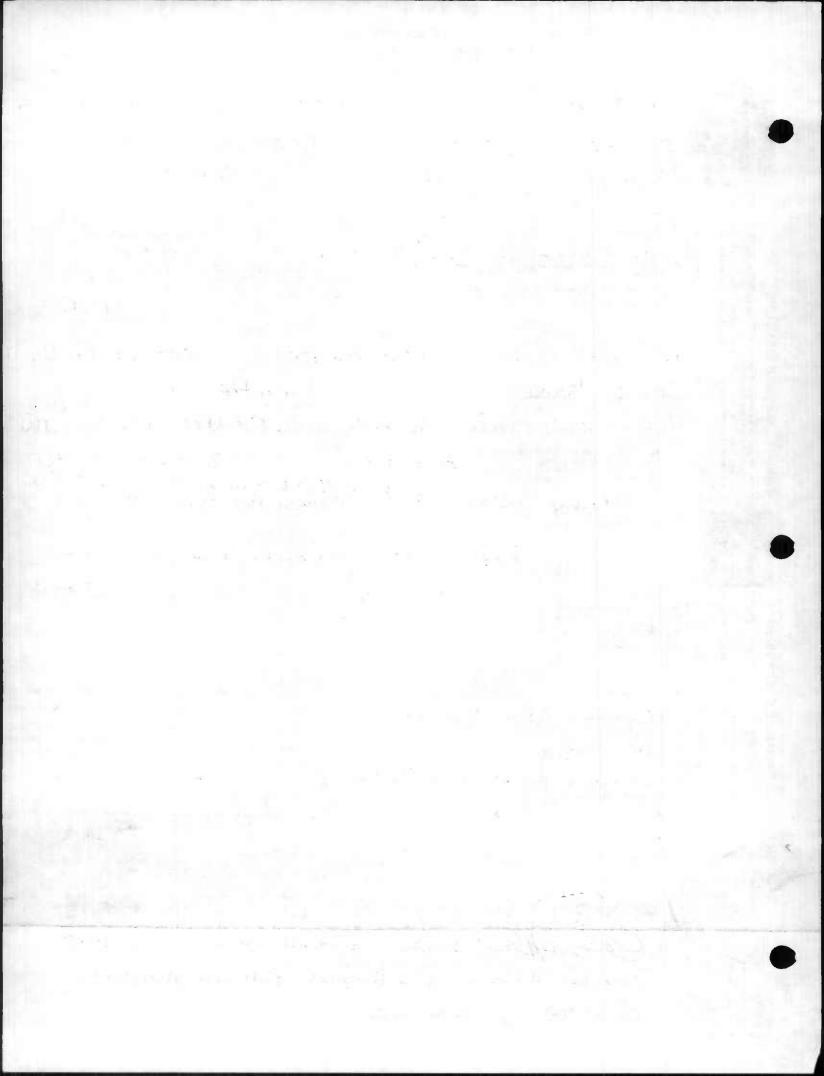
Location (Street end Number or Rural Routa Number, City or Town, Stata)

30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)
Churles Heaton Sthat Hospital Baltmore, Waryland

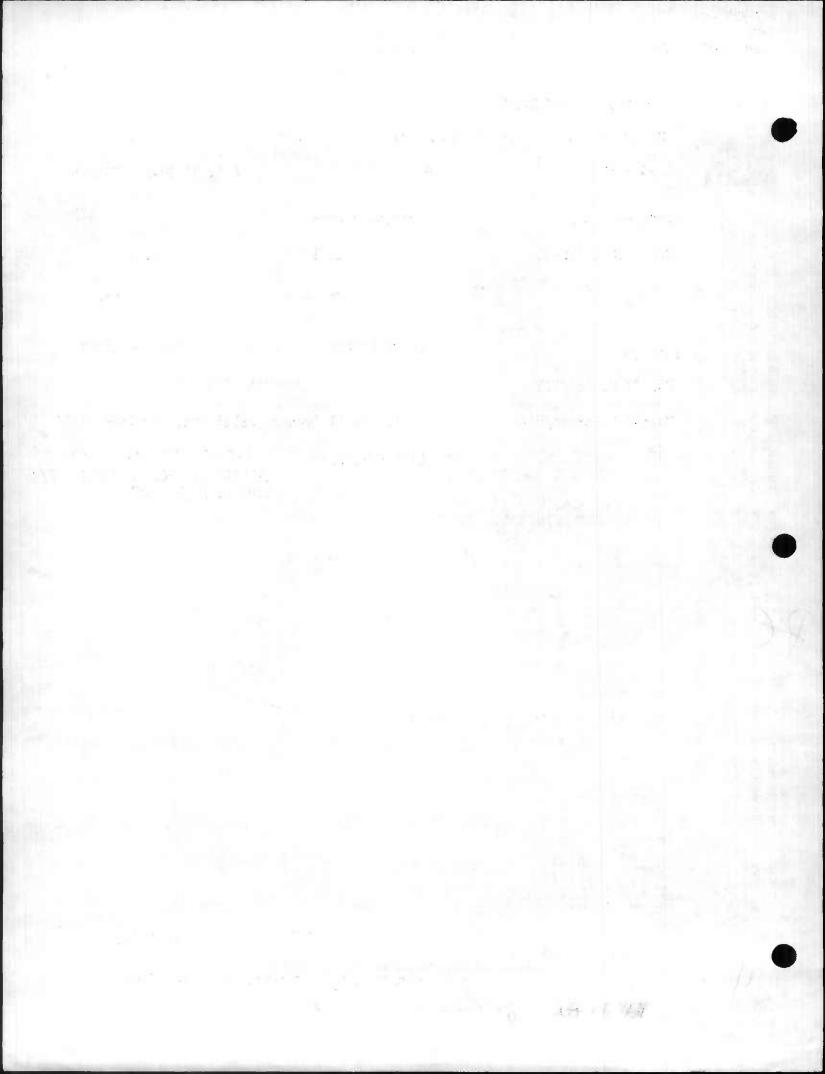
28a. Data of Injury (Month, Day Year)

28d. Dascribe how injury occurred

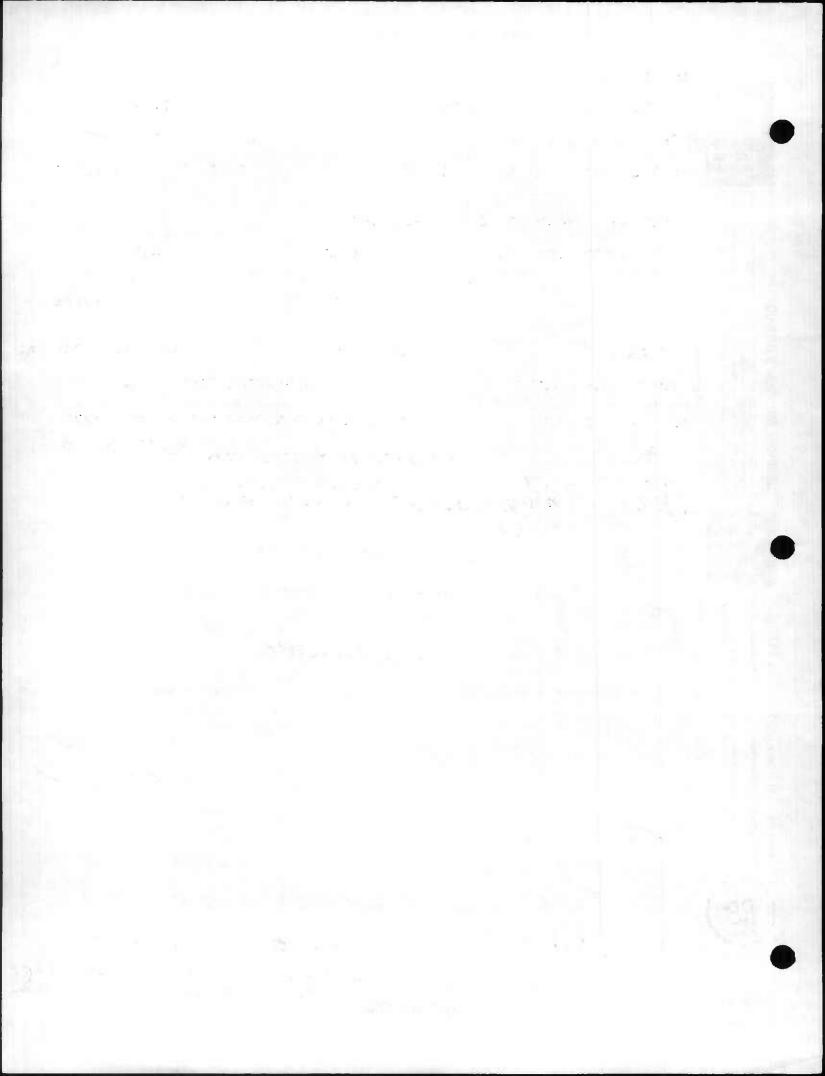
32 Registrer's Signature



	Decedent's Name (First, Middle	Lacti		nd / Depa <i>Cer</i>			Death	2. Dete of De	Reg. No. 9	3	3 7 5 7
rsician ledical	RONALD M	cINTOSH						APRII	28, 19		0015 AM
aminer	4a Facility Neme (If not institution, LIBERTY MEDICAL			ICY ROOM	M		46. City, Town, BALTIMO	or Location of Deet RE		y of Deeth	
eral tor	5. Social Security Number 217-40-5104	6. Sex 1 M 2 □ F	7. Age (In yrs.	lest birthday). 56 Yrs.	If Under Months	1 Year Deys	If Under 24 H	in. APR.	16 1942	9. Birthp Cour MARY	elece (Stete or Foreign http:) AND
	Usual Residenca of Decedent  10a. State 10b. County		10c. Ci	ty, Town or Loc	cation	-				1	0d. Inside City Limits
Funeral Director	MARYLAND N/A			BALTI	MORE	CIT	·Y				XXYes 2□No
Director	10e. Street and Number			D. (2.1.2	10f. Zip		•		10g. Citizen of	What Cour	ntry?
	3903 DUVALL AVE	NUE				212	16		U.S	S.A.	
by Funeral	11, Maritel Status  1 □ Never Married 2 ◯ Marrie  3 □ Widowed 4 □ Divorced	Armed F	No King No		Ves Deced Yes, spec		Ilspanic Origin? en, Mexican, Pu Specity:	(Specify Yes or Neto Rican, etc.)		ce - Americ ock, White, by: BLA(	etc.
8	15. Decadent		Detes:	16e. Deced	ent's Usue	ol Occur	pation		16b. Kind of 8		
Completed	(Specify only highes Elementery/Secondary (0-12)	grede completed	(1-4or 5+)	(Give I	kind of wor OO NOT us	rk done se retire	during most of v d)	vorking			
MOC	10th grade	College	(1-401-04)	GROUP	LEAD	DER			DONUT	DELIC	HT
To Be	17. Fether's Name (First, Middle, L ROBERT E. McIN	TOSH					EUGEN	IA MARSH	ALL		
	19a. Informent's Name/Reletionsh Marsha McIntos							Rural Route Numb			
	20e. Method of Disposition	n/wire	20b.	Pleca of Dispos			Avenue,	Baltimo	20c. Location		
	1XXBuriel 2 ☐ Cremetion		Stete	COMETERY, COM	netory or o	ther pla		5-4-98			IARYLAND
	4 Donation 5 Other (Sp 21. Signeture Funeral Service L		100				ss of Facility W		. BROWN	COMMI	JNITY F/H
Examiner	Immediate Cause (Finel disease or condition resulting in death)	e	Due to (	tic or es e conseq	uence of):	src	tion				
	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events	Due to (or es e consequenca of):  c.  Due to (or as a consequence of):									
n/Medical	resulting in deeth) Lest	d	50010 (1	57 43 4 001730qC							
sicla	Part II. Other significant condition	ns contributing to	death but not res	sulting In the ur	nderlying c	ause glv	ven in Part I.	23b. Dio	tobacco use c	ontribute t	o the cause of death?
by Physician/M	High	blood	ood pressure					1	1 ☐ Yes 2 ☐ No 3 ☑ Probably		bably 4 □ Unknown
Completed				Ţ				24e. Wa peri	s en eutopsy formed?	av	ere autopsy findings allable prior to impletion of cause death?
Com								1/2	Yes 2□No	15	¥Yes 2□ No
Be	25. Was case referred to medical exeminer?	Hoositst.				100		Deeth (Check only	one)		
tion: To	27. Manner of Death  1. Neturel 5 Pending investigation	28e. Date (Mo	Hospital: 1 ☐ Inpatient 2 🖾 XP/Outp  28e. Date of Injury (Month, Dey Year) 28b. Tir		2	28c. Injury et Work?			tome 5 Residence 6 Other (Specify)  28d. Describe how injury occurred  28f. Location (Street end Number or Rural Route Number City or Town, State)		
Certification:	2 Accident investig 3 Suicide 6 Could n 4 Homicide determi	ot be 28e. Plac					Yes 2 □ No				
edical C		xaminer: On the						ece, end due to the courred et the time			
	29b. Signeture and title of cartifier				290	C. Licens	se number M.E.		29d. Dete sign		
Me	A tank	A 1/1	ach	is m	2				WLITT	20, 1	990



Item: 31 per V.R 5/4/98  1. Decedent's Name (First, Middle, Las		Certific			2. Deta of De			3. Time of Dea
BERNADETTE	E. MYSZKOWS	KI			APRII	30,	1998	10:154
4e Facility Neme (If not Institution, give	acility Neme (If not institution, give street end riumber)			4b. City, Town, or	Location of Deeth		nty of Death	
8604 MANORFIEL				PARKVI			CTIMO	
210 20 1015	9X 7. Age (In yrs 66	Mon	nder 1 Year ths Deys	Hours Min		th ly. Year)	9. Birth Col MAR	plece (State or For YLAND
Usuel Residence of Decedent  10a. Stata 10b. County	10c. C	ity, Town or Location						10d. Inside City Lin
MARYLAND BALTI	MORE CO.	PARKVILI	E					1 ☐ Yes 2√X
10e. Street end Number		10	. Zip Code			10g. Citizen	of Whet Cou	intry?
8604 MANORFIEL	D RD.		2123	7		US	SA	
11. Marital Stetus	12. Was Decedent Evar in t Armed Forcas? 1 ☐ Yas 2 ☐ No	U,S. 13. Was D If Yes,	ecedent of it specify Cub	Hispenic Origin? (S an, Mexican, Puar	Specify Yes or No to Rican, etc.)	)- 14, F	Rece - Amar Black, Whita	
1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yas 2 No If Yas, Give Yeer or Detes:	1 🗆 Ye	s 2 No	Specify:		Spe	city:	WHITE
15. Decedent's Ed	lucation	16e. Decedent's	Usual Occup	petion		16b. Kind of	f Business/le	
(Specify only highest gre Elementery/Secondary (0-12)	de completed) College (1-4or 5+)	(Giva kind o	if work done OT use retire	during most of wo	rking			
12 YEARS		BOOKKEI	EPER			BAY	VIEW	HOSPIT
17. Fether's Neme (First, Middle, Last)					me (First, Middle,			
EDMUND MYSZKOW					INE WIS			
19a. Informent's Neme/Reletionship (7 MR. MICHAEL BIE				t end Number or A OOD AVE				
PIR. MICHAEL BIE  20e. Method of Disposition		Plece of Disposition	(Neme of					
1 D Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify	Ramoval from State	cemetery, cremetory ACRED HEA	or other ple		5-4-98		0. "CC	own, State
21 Signature of Funeral Service Licen	500 J	22. Nam	e and Addre	ss of Fecility SKI FUN				
Immediate Ceuse (Finel disaasa or condition	plicetions that caused the decore cause on each line.	oth. Do not enter the	mode of dyi		c or respiretory e		21224	Approximete Intervel Betwee
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (	(or es e consequence	mode of dyi	ng, such as cardie	c or respiretory e		21224	Approximete Intervel Betwee
Immediate Ceuse (Finel disaase or condition resulting in deeth)	Due to (	oth. Do not enter the	mode of dyi	farction	c or respiretory e		21224	Approximete Intervel Between
Immediate Ceuse (Finel disaase or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Due to (	(or es e consequence (or es a consequence (or es a consequence (or es a consequence (or es e consequence (or es e consequence (or es e consequence	e of):	farction	c or respiretory e	rrest,		
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	Due to (	(or es e consequence (or es a consequence (or es a consequence (or es a consequence (or es e consequence (or es e consequence (or es e consequence	e of):	farction	c or respiretory e	rrest,	contribute	Approximete Intervel Between Onsat and Deat
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	Due to (	(or es e consequence (or es a consequence (or es a consequence (or es a consequence (or es e consequence (or es e consequence (or es e consequence	e of):	farction	23b. Dtd	tobacco use	contribute	Approximete Intervel Betwee Onsat and Deat
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	Due to (	(or es e consequence (or es a consequence (or es a consequence (or es a consequence (or es e consequence (or es e consequence (or es e consequence	e of):	farction	23b. Dtd	tobacco use	contribute lo 3 Pr	Approximete Intervel Betwee Onsat and Dear to the cause of dobably 4 Juni  Were autopsy findiveilable prior to complation of caus
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	Due to (	(or es e consequence (or es a consequence (or es a consequence (or es a consequence (or es e consequence (or es e consequence (or es e consequence	e of):	farction	23b. Dtd 1  24e. Was perfe	tobacco use Yes 2 N s en eutopsy	contribute lo 3 Pr	Approximete Interval Betwee Onsat and Death obably 4 Juni Were autopsy find inveilable prior to complation of caus of deeth?
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions conditions.	Due to (	(or es e consequence (or es a consequence (or es a consequence (or es a consequence (or es e consequence (or es e consequence (or es e consequence	e of):	such as cardie	23b. Dtd 1 □ 24e. Was perfe	tobacco use Yes 2 N s en eutopsy ormed? Yes 2 N	contribute lo 3 Pr	Approximate Interval Between Onsat and Deat to the cause of de obably 4 Unk  Vere autopsy findir visilable prior to completion of cause
Immediate Ceuse (Finel disaase or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions condi	Due to (  Due to (  Due to (  d	(or es e consequence (or es a	e of):  of):	yen in Pert I.	23b, Dtd 1 □ 24e. Was perfection.	tobacco use Yes 2 N s en eutopsy ormed? Yes 2 M No	contribute lo 3 Pr	Approximete Intervel Between Onsat and Deat to the cause of de obably 4 Unk Were autopsy findin vieilable prior to complation of cause of deeth?
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions conditions conditions conditions conditions conditions are conditions.	Due to (  Due to (  Due to (  C. Due to (  d. Due to (  Due to (	or es e consequence  Or es a consequence  Harai  or es e consequence  Harai  or es e consequence  Harai  or es e consequence  Harai  Sulting In the underly	e of):  of):  of):  DOA Ot	yen in Pert I.  26. Plece of Deher: 4 Nursing	23b. Dtd 1 □ 24e. Was perfe	tobacco use Yes 2 No s en eutopsy primed? Yes 2 No grif) Idence 6 No	contribute lo 3 Pr	Approximete Intervel Between Onsat and Deat to the cause of de obably 4 Junk  Were autopsy findin veilable prior to complation of cause of deeth?
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions or condit	Due to (  Due to	or es a consequence  for es a consequence  f	mode of dyi	yen in Pert I.  26. Plece of Deher: 4 Nursing	23b. Dtd 1 □ 24e. Was perfo	tobacco use Yes 2 No s en eutopsy primed? Yes 2 No grif) Idence 6 No	contribute lo 3 Pr	Approximete Intervel Between Onsat and Deat to the cause of de obably 4 Unk Were autopsy findin vieilable prior to complation of cause of deeth?
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest  Pert II. Other significant conditions or conditions co	Due to (  Due to	cor es e consequence  for es e consequence	mode of dyi	yen in Pert I.  26. Plece of Deher: 4 Nursing ry et rich?  27 Yes 2 No	23b. Dtd 1  24e. Was perfection of the control of t	tobacco use Yes 2 No s en eutopsy ormed? Yes 2 No gené) idence 6 No idence 6 N	contribute lo 3 Pr  24b. V	Approximete Intervel Betwee Onsat and Deat onsat and Deat to the cause of doobably 4 Univellable prior to completion of caus of deeth?
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions condi	Due to (  Due to	cor es e consequence  for es e consequence	mode of dyi	yen in Pert I.  26. Plece of Deher: 4 Nursing India Nursin	23b. Dtd 1 24e. Was perfection of the Check only. Home 5 Aesi 28d. Describe 28f. Location ( City or To	tobacco use Yes 2 N s en eutopsy ormed?  Yes 2 N idence 6 how injury oc (Street end Num, Stete) cause (s) and	contribute lo 3 Pr  24b. Ven contribute lo 3 Pr  Other (Special Courred  Imanner as	to the cause of de obably 4 Unk  Were autopsy findin visilable prior to complation of cause of deeth?  Yes 2 No
Immediate Ceuse (Finel disaasa or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Pert II. Other significant conditions or condit	Due to (  Due to	cor es e consequence cor es e cor es e consequence cor es e cor	p of):  of):  of):  p	yen in Pert I.  26. Piece of De her: 4 \( \text{Nursing} \) yes 2 \( \text{No} \)  me, dete end piec opinion, deeth occ	23b. Dtd 1 24e. Was perfective to the control of th	tobacco use Yes 2 N s en eutopsy ormed? Yes 2 N dence 6 how injury oc (Street end Nown, Stete) cause(s) and date end ple	contribute lo 3 Pr  24b. V  Contribute  Co	Approximete Intervel Between Onsat and Deat onsat and Deat onsat and Deat onsat and Deat onsat and Deat onsat and Deat onsat and Deat onsat
Immediate Ceuse (Finel disaass or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UnderPhing Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest  Pert II. Other significant conditions of the conditions of th	Due to (  Due to	cor es e consequence cor es e cor es e consequence cor es e cor	p of):  of):  of):  p	yen in Pert I.  26. Piece of De her: 4 \( \text{Nursing} \) yes 2 \( \text{No} \)  me, dete end piec opinion, deeth occ	23b. Dtd 1 24e. Was perfective to the control of th	tobacco use Yes 2 N s en eutopsy ormed? Yes 2 N dence 6 how injury oc (Street end Nown, Stete) cause(s) and date end ple	contribute lo 3 Pr  24b. V  Contribute  Co	Approximete Intervel Betwee Onsat and Deat onsat and Deat obably 4 Universitable prior to completion of caus of deeth?  Were autopsy findinositable prior to completion of caus of deeth?  Were 2 III No. 1
Immediate Ceuse (Finel disaass or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UnderPhing Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest  Pert II. Other significant conditions of the conditions of th	Due to (  Due to ( Due to (	cor es e consequence cor es e cor es e consequence cor es e cor	p of):  of):  of):  p	yen in Pert I.  26. Piece of De her: 4   Nursing ry et rkt? 1) Yes 2   No	23b. Dtd 1 24e. Was perfective to the control of th	tobacco use Yes 2 N s en eutopsy ormed? Yes 2 N dence 6 how injury oc (Street end Nown, Stete) cause(s) and date end ple	contribute lo 3 Pr  24b. V  Contribute  Co	Approximete Interval Betwee Onsat and Deat onsat and Deat obably 4 Junion Normal Route Number 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (



### Please Type or Print In Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 3. Time of Death 1 Decedent's Name (First Middle Last) 2:33 pm HAROLD EDWARD MOWERY 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) GIEN BU If Under 24 Hrs. NORTH ARUNDEL HOSPITAL RME COUNTY 6. Sax 12 M 2 ☐ F If Undar 1 Year Birthplaca (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Days 80 Yrs. 33-12-757 WEST VIRGINIA 12, 1917 Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10a. State 10b. County 1 ☐ Yes 2 No W. VA. SUMMERS FOREST HILL 10e. Street and Number 10f. Zin Code 10g. Citizan of What Country? GENERAL DELIVERY 24935 U.S.A. 12. Wes Decedant Evar In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14 Baca - American Indian 11. Marital Status Black, White, etc. 1 ☐ Yes 2 🕅 No If Yes, Give Yaar or Dates: 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) WELDER CELONESE PLANT 12 N/A 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) MOWERY GUSSIE WILLEY 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) (DAUGHTER) JOYCE WALTMAN 520 GRANBY COURT, MILLERSVILLE, MD. 21108 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burjal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) FAIRVIEW CHURCH CEMETERY 5/2/98 FOREST HILL WEST VA. 21. Signature of Funeral Survice Clauds 22. Name and Address of Facility SINGLETON FUNERAL HOME, P.A. 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 rt. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, ock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death immediate Cause (Final disease or condition resulting in death) to Myocardial experction Nerutes pertention years Dua to (or as a consequence of): 23b. Did tobacco use contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown grade atrial Untricular block with prematur 24b. Were autopsy findings available prior to 24e. Was an autopsy performed?

**Physician** /Medicai Examiner

attending physician

ed by the detached signed by

PV

Completed

Be

10

Certification:

uneral

death.

To the Hospital within 24 hours a To the Funeral C

after death Director: A

certificate be

68760

P.O.

Division of Vital Records,

**Physician** 

/Medical

Examiner

Director

Funeral

py

Completed

Be

2

RAY

**Funeral** 

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic avant, the Medical Examiner must be notified at

pernit. Pages 1 and 2 should be filed within Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic avant, the mane page.

the Meryland

Examiner the burial-transit Saquantially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury Physician/Medicai that initiated avants resulting in death) Last 88 98n

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Shotory of cerebral Chocular accident

completion of causa of death?

1□ Yes 2₽No

1 ☐ Yes 2 ☐ No

106, 2

25. Was case referred to medical axaminer? 1 Yes 2 No 27. Manner of Death

5 Pending Investigation

6 Could not be determined

Hospital:

28a. Date of Injury (Month, Day Year)

28b. Time of

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28c. Injury at Work? 1 Yes 2 No

28d. Describe how injury occurred

28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, end due to the ceuse(s) and manner es steled.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

Location (Street and Number or Rural Route Number, City or Town, State)

Medicai 29b. Signature and title of cartifier

2 Accident

3 Suicide

4 Homicide

29c. Licansa number 29d. Data signed (Month, Day, Year)

26. Plece of Deeth (Check only one)

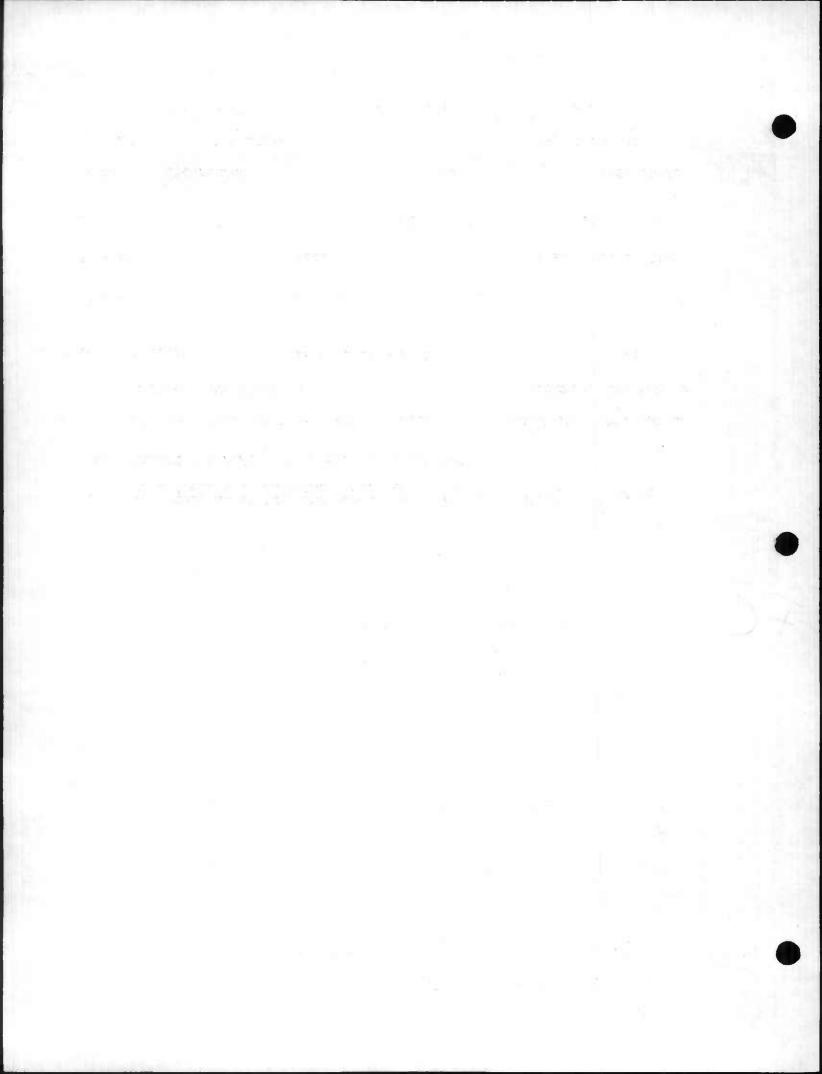
30 Neme and address of person who completed cause of deeth (Item 23a) (Type, P rain Huy wie Mo

Registrar

31. Data filed (Month, Day, MAY 0 4 1998

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death :30 Am **Physician** Month 4a. Facility Neme (If not institution, give street and number) 0 1998 01 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2911 DILLON STREET BALTIMORE N/A | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 08/25/1945 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** 1 MM 2□ F MARYLAND 218-44-9592 52 Yrs Director Usual Residence of Decedent the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 123a or 28a-f show Ne Yes 2 No Director MD N/A BALTIMORE 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours efter death with I nent of Health end Mental Hygiene. Int: If Item 27 is marked other than "naturel", or Items 23a or ? 2911 DILLON STREET 21224 U.S.A. by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. "naturel", or items 1 Never Married 2 Married 1 ☐ Yes 2000No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE 3 Widowed 4 Divorcad Completed traumatic event, the Medical 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) STATE OF MD HIGHWAY 12 INSPECTOR TECH III 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Sumama) Be JOSEPH EMIL MARSHALL MARGARET MARY BOWLING 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, Stete, Zip Coda) Item 27 is other tre EUGENE MARSHALL/BROTHER 6117 WHEATLAND ROAD BALTIMORE, MD 21228 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State = 5 permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Spacify) NEW CATHEDRAL CEMETERY 5/7/98 BALTIMORE, MD 21. Signeture of Funeral Service Licenses STERLING ASHTON FUNERAL HOME, Mons 736 EDMONDSON AVE. CATONSVILLE, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Box 68760 Physician/Medical The law requires that the death P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? the detact 1 Yes 2 No 3 Probably 4 Unknown Records, à Completed 24a. Was an autopsy performed? 24b. Were autopsy findings evellable prior to completion of cause of deeth? page 2 1 ☐ Yes 212 No this certificate 1 ☐ Yes 2 2 No Division of Vital 25. Wes case referred to medical examiner?
1 Yes 2 No Be 26. Plece of Deeth (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28e. Date of Injury (Month, Day Yaar) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Attor Attending 1 Natural 5 Pending Investigation 1 Yes 2 No after death 2 Accident 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicide 6 To the Hospital within 24 hours a To the Funeral C Hospital Medical 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Yaar) 98 196 deeth (Item 23a) (Type, Print) BAL71MORE, nd - 21234 950 Har 31. Date filed (Month, Day, Yeal) 32/Registrar's Şigneture State 0 4 1998 Registrar

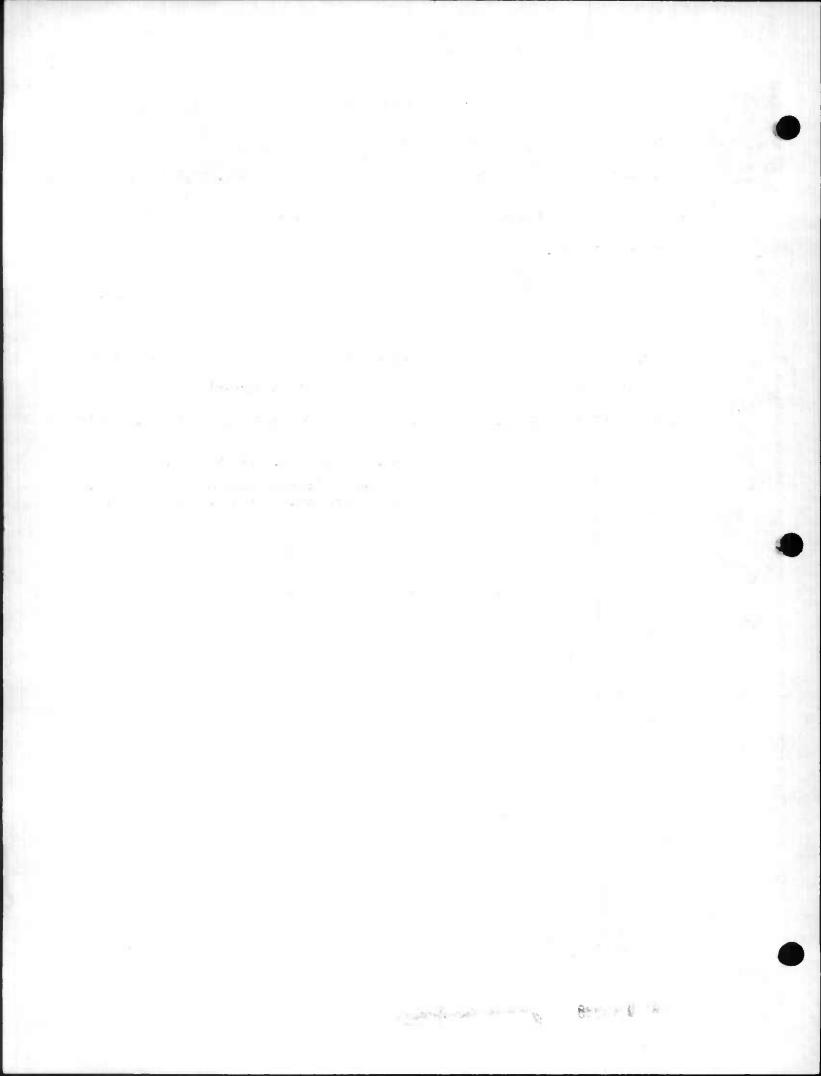


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Lest) 2. Data of Daath 3. Tima of Death **Physician** Month Marko John Francis April 1:32 am /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Johns Hopkins Bayview Medical Butimore I Jungar 24 Hrs. 8. N/A If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** Days 117 M 2□ F Yrs. Director 218-05-9024 Nov. 17,1912 Mississippi Usual Rasidance of Decedant tha Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show trsumstic event, the Medical Examiner must be notified at Dundalk Maryland Baltimore 1 ☐ Yas 2CXNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3317 Dundalk Ave. 21222 Items 23a United States Funeral 12. Was Decedant Evar in U,S. Armad Forcas? 1≦ Yas 2 □ No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - American Indian, Black, Whita, atc. 11. Marital Status Pegas 1 and 2 should be filed within 72 hours efter on ant of Haaith and Mental Hygiane. Int: If Item 27 Is marked other than "natural", or Ite 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: White by 3 Widowed 4 □ Divorced Completed 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamentary/Secondary (0-12) College (1-4or 5+) 8 Years Pipefitter Steel Industry 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maldan Sumema) Be Michael Marko 0 Anna Marzec' 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pegas 1 and 2 s Department of Haeith ar Important: if Item 27 Is any Injury or other trsu once. Cecelia Poldes Daughter in Law 8233 Peach Orchard Road Dundalk, Maryland21222 20b. Placa of Disposition (Nama of cematary, crematory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Sacred Ht. of Mary Cem. 4/30/98 Dundalk, MD 21. Signatura of Funarai Sarvica Licansaa 22. Nama and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. ohnny holde 7922 Wise Ave. Dundalk, Maryland 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** Cerebrovascular /Medical Immediata Causa (Final disaesa or condition rasulting in deeth) Examiner Physician/Medical Examiner Thrombas t atrial or Attanding Physician: The law requires that the death certificate betweented Sequantially list conditions, if any, laading to Immadiata cause. Entar Underlying Causa (Disease or Injury that initiated avents rasulting in daeth) Last Dua to (or es a consequança of): Division of Vital Records, P.O. Box 68760, Dua to (or as a consequanca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by tha a should be datached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Multi-Organ Failure 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 2 No Aftar this cartificata Be director. 25. Wes casa rafarred to medical 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 12 Inpatiant 2 ER/Outpatlent 3 DOA 28c. Injury at Work? Certification: 27. Mannar of Daath 28a. Date of injury (Month, Day Yaar) 28b. Tima of 28d. Dascribe how injury occurred 5 Pending Invastigation 1 Watural death. 1 ☐ Yas 2 ☐ No 2 Accident within 24 hours efter deatl To the Funeral Director: complately filled in by tha 6 Could not be detarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, end due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred at the tima, data end place, and dua to the causa(s) and mannar stated. Medical 29a. Cartiflar one) 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signatura anglittla of certifiar 97018 April 29 1998 30. Name and eddrass of person who complated cause of death (Itam 23a) (Type, Print) Johns Hopkins Bay view Medical Center DR SANJAY C. KESWANI 4940 Eastern Ave. Bult. MD 21224 2. Registrar's Signatura State

Registrar



	Certificate of Death  1. Decedent's Name (First, Middle, Last)	2. Deta of Dec	Reg. No.	3. Time of Death
Physician /Medical	Norfa B. McAllister	Month May 1,	Day Y	7:26 A
Examiner	4e. Facility Neme (If not institution, give street end number)  4b. City, Town, or Lo			
	2705 Gray Manor Court Dundal.  5. Sociel Security Number 6. Sex 7. Age (In vrs. lest birthdey) If Under 1 Year   If Under 24 Hrs.		Balti	
Funeral Director	218-44-9145 1 M 2 M F 81 Yrs. Months Days Hours Min.	8. Date of Birt (Month, Da April		Birthplace (State or Foreig Country) Virginia
P	Usual Rasidence of Dacedant  10a. Stata 10b. County 10c. City, Town or Location			10d. Inside City Limits
Alanyte Property		200		1 □ Yas ŽŽN
288 19	Maryland Baltimore Dunce  10e. Street and Number 10f. Zip Coda		10g. Citizan of Wha	at Country?
	2705 Gray Manor Ct. 21222			
22 mm 22 mm		cify Yes or No	United 14. Rece-	American Indian,
permit. Pages I and a should be filed within 72 hours are read with the waryand Department of Health and Mental Hyglene.  Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Evantmer must be notified at once.  To Be Completed by Funeral Director	11. Meritel Stetus  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced  12. Wes Decedent Ever In U,S. Armed Forcas?  1 □ Yes 2 □ No If Yes, specify Cuben, Mexican, Puerto In Yes, Giva Year or Datas:	Rican, atc.)	Specify:	White, etc. White
De la la	15. Decedent's Education 16e. Decedent's Usuel Occupation		16b. Kind of Busin	
led within 72 ho lyglene. Ner than "natur. It, the Medical. Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  Collega (1-4or 5+)	ng		
Ser a lo	6 Years Housewife		Own H	ome
d other	17. Fathar's Name (First, Middle, Last)  18. Mothar's Name	(First, Middle,	Maidan Sumama)	
Ment	James P. Sheffey Maggi	ie Will	iams	
and s	19a. Informant's Name/Reletionship (Type, Pnnt)  19b. Mailing Addrass (Street and Number or Rura	al Route Numbe	er, City or Town, Sti	ata, Zip Code)
27 i	Deetta Bishoff Daughter 1947 Stanhope Road D	undalk	Marylan	d 21222
S T T T T T T T T T T T T T T T T T T T	20a. Method of Disposition  X⊠ Burial 2 □ Cramation 3 □ Ramoval from State  20b. Place of Disposition (Nama of cemetary, crematory or other place)	Date	20c. Location - Cit	y or Town, Stata
Trend I	4 Donetion 5 Other (Specify) Davis Cemetery May 5, 1	.998	Wytheval	le, VA
Departmenta mponta any inju	21. Signature of Fahery Service Ricensee  22. Name and Address of Facility Duda-Ruck Funeral	Homo of	F Dundalle	Tno
REESS	7922 Wise Ave. Du			
	23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line.		-	Approximata interval Between
ding physician and se as the burial-transit	Immediata Causa (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Severe Coronary aviety  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or es e consequence of):	ineas	re	
attanding for use a				i
d by the attending etached for use a	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did 1	lobacco use contri	bute to the cause of death
b od yd	Orinary tract infection	10	Yes 2□No 3	Probably Unknow
s been 2 shoul plete	myocardial myarchon		an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?
Page Co.	Itype tension	109	ras 2000	1 Yas 2 No
director, page 2	25. Was case rata red to medical axaminar? 26. Placa of Death	(Check only o	na)	
To dire	1 Yas 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hor	me 5 Resid	dence 6 Other	(Specity)
fter the name on:	TVNetural 5 Panding (Month, Day Year) Injury Work?	28d. Dascribe I	now Injury occurred	
and or Attending Prysician: The law requires that the beam centri is affect death.  If Director: After this cardificate has been signed by the attending ed in by the funeral director, page 2 should be detached for use as Certification: To Be Completed by Physician/Me	2 Accident Investigation M 1 Yas 2 No			
irect irect n by	4 Homlcida  28e. Plece of Injury - At homa, farm, streat, fectory, office building, atc. (Spacify)	28f. Location (S City or Tov	Street and Number vn, Stata)	or Rural Route Number,
within 24 hours after to the Funeral Director Completely filled in Medical Cert				
n 24 hours n 24 hours he Funeral plataly filled	29a. Certifiar (Check only Medical Examiner: On the basts of axamination and/or invastigation, in my opinion, death occurred.	and dua to thated and at the time,	cause(s) and mann data and place, and	ar as stated. I dua to the cause(s)
to the mosphal or Attentions Priny within 24 hours after death.  To the Funeral Director: After this complately filled in by the funeral director.  Medical Certification: To	one) / end mannar stated.			
0 1 × 0	29b. Signeture and title of certifier  29c. Licansa number	ca	29d. Dete signed (	wonth, Day, Year)
,	Frem A ( WS > C - M ) / MAD DSTO	1	5/1/	-18
0	30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)	111011	MARAI	K
V	Kevin A. Rossiter, MD John, Hopkins Ba	Train	172 day	Ave
State	31. Data filed (Month, Day, Year)  32. Registrar's Signature	4-11	10450	11 110 21

200 HAMBOOLE IN

the second of the second

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Amend: #7 Per Hosp Per KB Film G759 5-29-98RC Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death LAVIO & Location of Death 4a. Facility Name (If not institution, give streat and number 110001a eVIC If Under 1 Yaar If Under 24 Hrs Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) M 2 F Vrs Usual Residence of Decedent 10b. County 10a. Stata 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Timore 10e. Street and Number 10g. Citizen of What Country? 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 No if Yas, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 Navar Married 2 Married Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4pr 4+) Nama (First, Middle, Last 18. Mother's Name (First, Middla, Maiden Surname) anaRa 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Code) 2345 Mc Culloh St. AUTCU (MOTHER) BAITIMORE MO 20b. Place of Disposition (Nama of cometery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata MT. WESTERN STAR 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Nama and Address of Facility Albert P. Wylie F/H PA 638 N. GUMOI St. BATIMORE NO 21217 234. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediata Cause (Final disaasa or condition resulting in daath) 50 min Due to (or as a consequence of) Sequantially list conditions, if any, leading to immediate cause. Enter Undarfying Cause (Disease or Injury that Initiated events rasulting in death) Last Dua to (or as a consequence of) Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

**Physician** /Medicai Examiner

Hospital or Attending Physician: The lew requires that the death certificate be executed

signed by the e

page 2 s

After this

after death.

within 24 hours after dea To the Funeral Director completely filled in by th

Completed

Be

Medical Certification: To

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

ò

\*natural', or items 23a

Pages 1 and 2 should be filed within 72 hours efter death

Hygiene.

ls marked other

Depertment of Health e Important: If Item 27 Is any Injury or other tra

Baltimore, Maryland 21215-0020

Director

Funeral

ρλ

Completed

Be

traumatic event, the Medical Examiner must be notified at

Examiner

Physician/Medical þ

24a. Was en autopsy performed?

24b. Were autopsy findings available prior to

1 Yes

of death?	ii oi cause
1 🗆 Yes	ST No

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

3□ DOA

29a. Certifiar (Check only one) 29b. Signature and fittle of certifier

5 Pending investigation

6 Could not be determined

29d. Date signed (Month, Day, Year)

State Registrar

31. Data filed (Month, Day, Year) MAY 04

nd address of person w

25. Was case referred to medical examiner?

1 Yes

27. Manner of Death

2 Accident

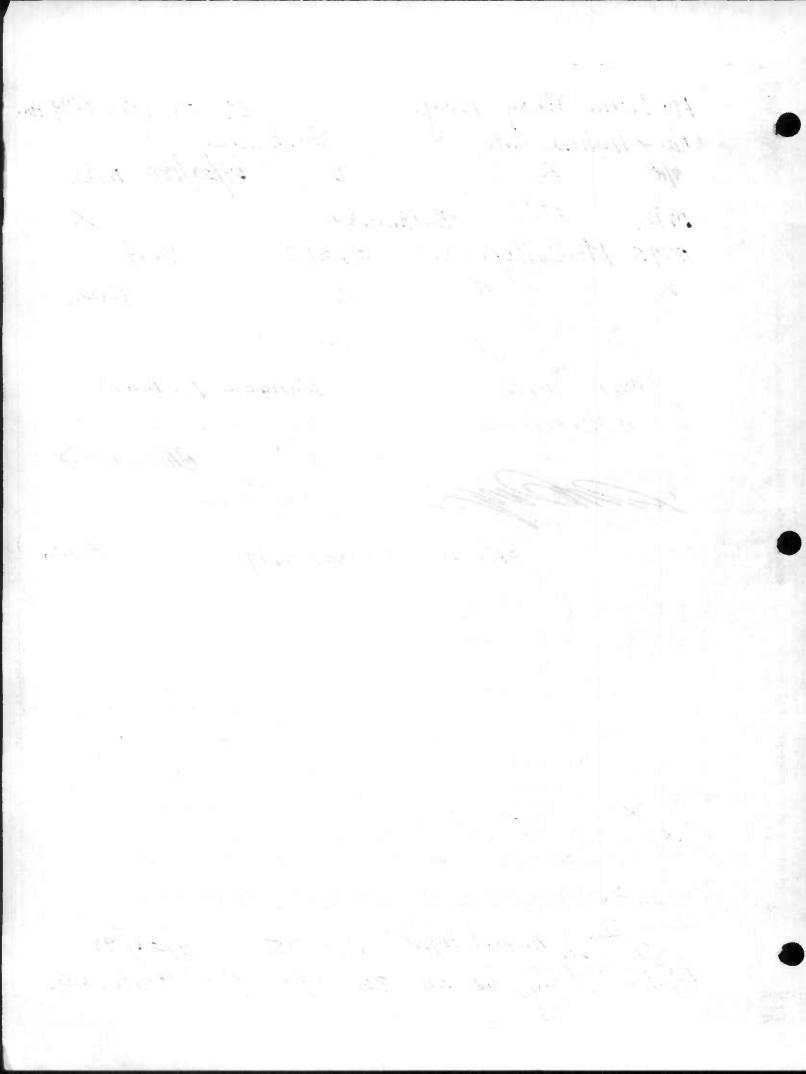
3 Suicide

4 Homicide

1 Natural

2 ER/Outpatient

28b. Time of



10f. Zip Code

ROY **MYERS** 

State of Maryland / Department of Health and Mental Hygiene Items: 23 part I,27 pewr MEO G-759 5/20/98 refertificate of Death

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last)

2. Dete of Deeth 3. Time of Deeth 27, 1998 4c. County of Deeth APRIL 9:40A.M.

LIBERTY MEDICAL CENTER 5. Social Security Number

BALTIMORE If Under 24 Hrs. | 8 If Under 1 Year 7. Age (In yrs. lest birthdey) Deys Hours Min.

Baltimore City Date of Birth (Month, Dey, Yaar) Tune 28,

1950 Maryland

9. Birthplece (Stata or Foreign

**Funeral Director** 

r 28a-f show

Funeral

Completed

Be

permit. Pages 1 and 2 should be filed within 72 hours efter death with t Department of Health and Mental Hygiena. Important: If Nem 27 is marked other than "natural", or Nema 23a or 3 any Injury or other traumatic event, the Mexical Exercise course toward.

Physician /Medical

Examiner

physician and the burial-transit

10 esn for

signed by the e

page 2 has

certificete

this funeral

After 1

24 hours after death e Funeral Director: , pletaly filled in by the

To the Hosp within 24 hor To the Fune completaly fi

the death certificate be axecuted

iaw requires that

or Attending Physician:

Hospital

r death.

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

Medical

Baltimore,

the Maryland

Usuel Residence of Decedent 10e. State Maryland Directo

10b. County Baltimore City

Roy Douglas Myers, Sr.

4a Facility Nama (If not institution, giva street and number)

10c. City, Town or Location Baltimore

Yrs.

10d. Inside City Limits 1 XYes 2 No

10e. Street and Number 2057 Druid Park Drive

216-56-6645

15M 20 F

21211 Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Mexican, Puerto Rican, etc.)

4b. City, Town, or Location of Death

10g. Citizen of What Country? U.S.A.

1 □ Naver Merried 2 □ Married p

12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ★No If Yes, Giva Yeer or Dates:

1 Yas 2 No Specify:

14. Race - American Indian, Black, White, etc. White

15. Decedent's Education (Specify only highast grede completed) Eiementery/Secondery (0-12) 12

3 ☐ Widowed 4 ☑ Divorced

Cotlege (1-4or 5+)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Courier

16b. Kind of Business/Industry

17. Fether's Neme (First, Middle, Last)

Roy Oliver Myers

18. Mother's Neme (First, Middle, Meiden Sumema) Ann Bell

19a. informent's Name/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3616 Keystone Avenue, Baltimore, Maryland 21211

Delivery

Ann B. Myers/mother 20e. Method of Disposition

1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 Donetion 5 □ Other (Specify)

20b. Pleca of Disposition (Neme of cemetery, cremetory or other place)

20c. Location - City or Town, State

21. Signature of Furieral Service Licenses Ronald eures

Made Director 6

22. Name end Address of Fecility
State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 Approximete Intervel Between Onsat end Death

and. Enter the disease, of complications thet causad the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, book, or heart failure. List only one cause on each line. Immediate Ceuse (Finel disease or condition resulting in deeth)

DIALTED CARDIOMYOPATHY

Due to (or es e consequence of):

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting In deeth) Last

Due to (or es e consequence of):

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.
--

26. Place of Deeth (Check only one)

23b. Did tobacco use contributa to the cause of death?

1 Yee 2 No

3 ☐ Probably 4 🕱 Unknown

24a. Wes en eutopsy performed?

24b. Were autopsy findings eveileble prior to completion of cause of deeth?

1XYes 2□No

1 Yes 2 No

25. Wes casa rafarred to medical exeminer? XXYas 2□ No 27. Manner of Deeth

1XX Neturel

2 ☐ Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

5 Pending Invastigetion

6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA 28b. Time of 28e. Dete of Injury (Month, Day Year)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and manner es steted.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end menner steted.

29b. Signature end title of certifier

29c. Licensa number

29d. Dete signed (Month, Day, Year)

O.C.M.E.

APRIL 28, 1998

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

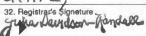
30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

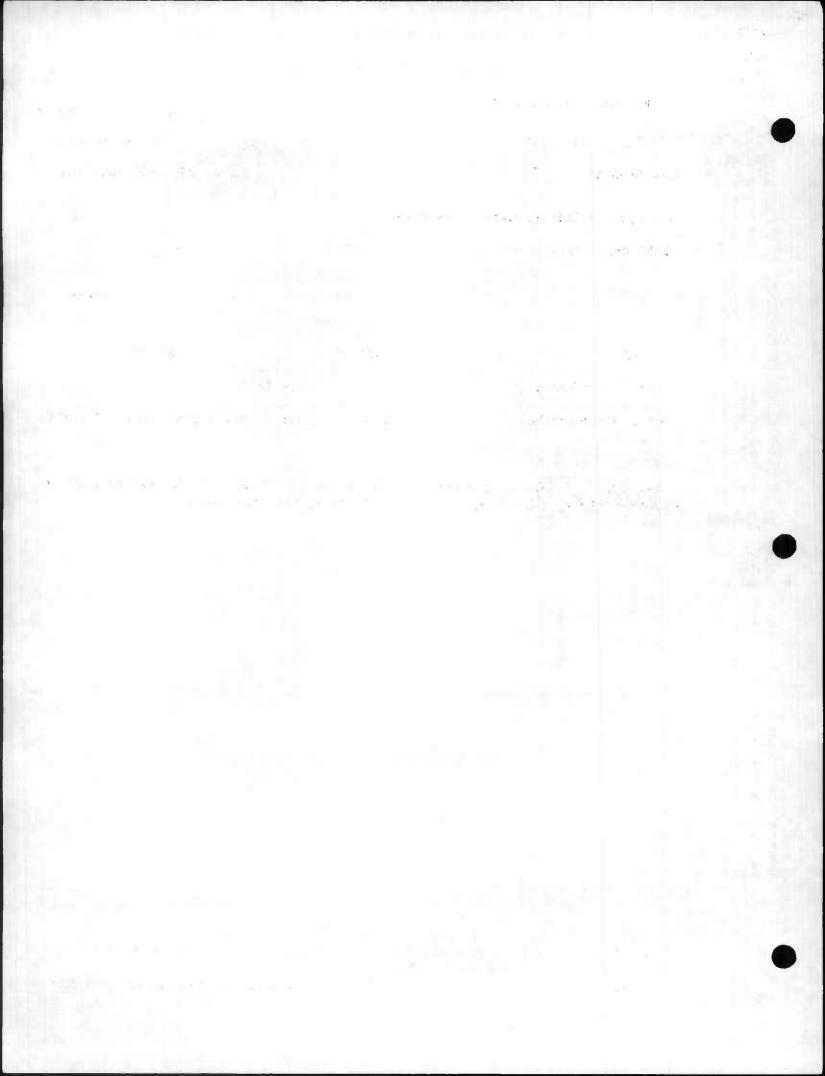
Stephen Radentz 31. Data filed (Month, Day, Yeer)

111 Penn Street, Baltimore, Maryland 21201

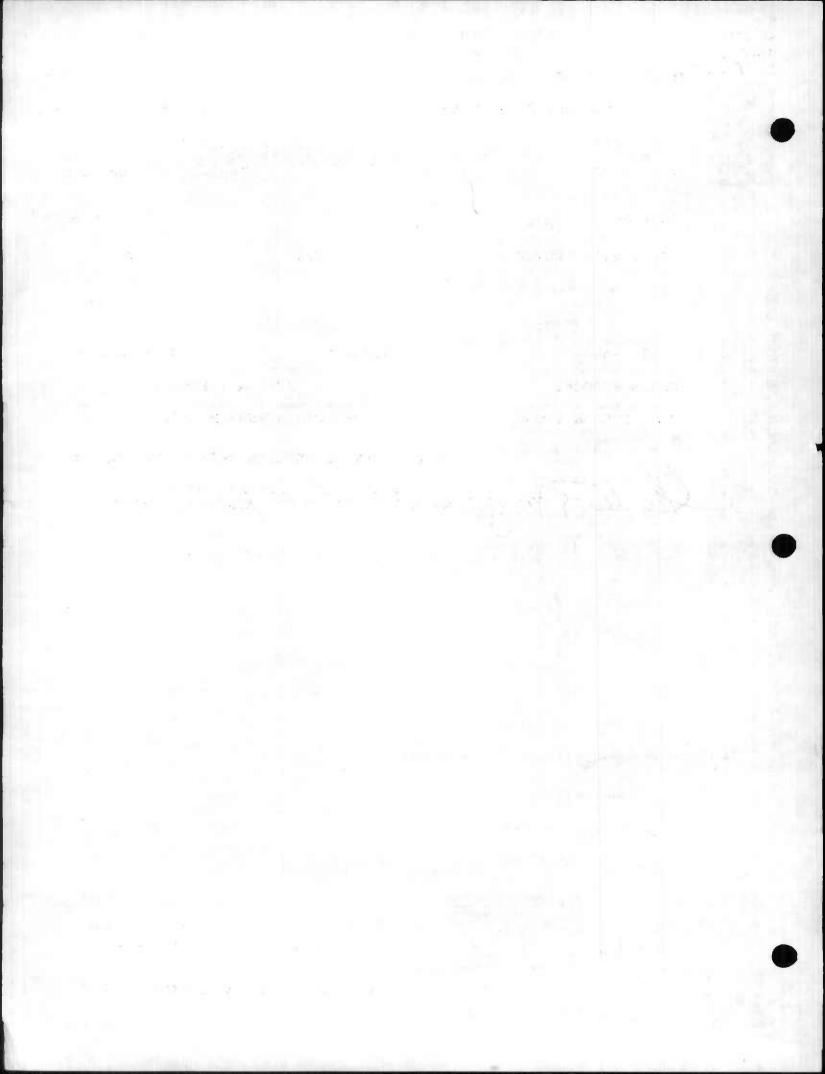
State Registrar

MAY 04 1998





DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Donald M. Phillips, Sr. 5:30 AM 22,1998 April /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Home, 3114 Remington Avenue Baltimore N/A Hours Min. 8. Data of Birth (Month, Day, Year) 9. Birthplace (Stata or Foreign Dec. 29, 1917 Mary land If Undar 1 Year 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funeral** Days XXM 2 F 80 Yrs. 220-01-1363 Director Usual Residence of Decedent Show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or itams 23s or 28s-f shore 1 XYes 2 □ No Funeral Director N/A Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3114 Remington Avenue 21211 USA 12. Was Decedent Evar in U,S. Armed Forces?

1 Ø Xes 2 □ No If Yes, Give Yaar or Datas: W W 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours after 1 Navar Marriad 2 X Married 1 ☐ Yes 2X XNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced white WWII \*natural r than "nature Completed 16a. Decadent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 9 Sprinkler Fitter Construction 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Marvin Bishop Phillips Mattie S. Knight 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1 end Health am 27 i Eloise Phillips 3114 Remington Avenue Baltimore, MD 21211 Wife : If itam 27 20c. Location - City or Town, Slave ry 1 and 20a. Method of Disposition 20b. Placa of Disposition (Name of cematary, crematory or other place) Date Pages 1 ₩ Burial 2 Cramation 3 Removal from State permit. Page Department of important: If any injury or 4 ☐ Donation 5 ☐ Othar (Specify) Maryland Veteran Cem. 4/27/98 Garrison Forest. 22. Name and Address of Facility
Burgee-Henss Funeral Home, P.A. 21. Signature of Funeral Service Liger III 3631 Falls Road Baltimore, MD not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onsat and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Concessono I Week Examiner Due to (or as a donsequence of) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown signed i Completed by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy parformed? ASCU 1□ Yes 2□ No 1 Yes 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4☐ Nursing Home 5☐ Residence 6 ☐ Other (Specify) 1□ Yes 2□ No Certification: To this funeral 27. Mannes of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? After 1 Natural 5 Pending investigation Attending or Attending after death. Director: Aft 1 Yas 3 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 24 hours Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) Medical To the Hosp within 24 ho To the Fune completely f 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) miD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 7600 OSLERIDEIK TOWSON MI) CHARLES HMITON MID

Registrar

31. Data filed (Month, Day, Year)

4 1998

21215-0020

Baltimore, Maryland

Box 68760

o

Records,

Vital

of

Division

(Teller, Lone) and 2 - the current All about a fall balance to other an amount of a solver in security 

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Items 5,7,8, Per FH Film G759 5-13-98 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Kadomsky Mary Month. Hori 4a. Fecility Neme (Wnot institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Baltimore Hopkins Bayview Johns If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth Wonth, Days | Hours | Min. | AUG. 26, 5. Social Security Number 1919 1918 9. Birthplace (State or Poreign 6. Sex 7. Age (In yrs. last birthday) 212-09-7514 1□ M 25 F 79 -78\_Yrs. MARYLAND Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1X Yes 2 No MD CITY BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 534 SOUTH LEHIGH STREET 21224 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yas 2 No Specify: WHITE Specify: 3 ₩idowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) CASHIER BALTIMORE CITY SCHOOL 12 17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) MICHAEL ORASH JENNY EVERS 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES RADOMSKY/SON BALTIMORE, MARYLAND 21222 1766 MELBOURNE ROAD 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 □ Burial 2 □ Cremation 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) OAK LAWN CEMETERY 5/4/98 BALIMORE, MARYLAND 21. Signature of Funeral Servica Licenses 22. Name and Address of Fecility CHARLES S. ZEILER & SON, INC. 6224 EASTERN AVENUE BALTIMORE, MARYLAND 21224 23a. Part1. Entering disease, or complete tions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or train failure. List only one cause on each line. Intarvel Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) thet initieted events resulting In death) Last Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation

buriel-transit P.O. Box 68760, the signed by the a Division of Vital Records. The law requires page 2 or Attending Physician: this funeral death.

efter death

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-1 show

ò

items 23a

"natural", or

Peges 1 and 2 should be filed within nent of Haaith and Mantal Hygiena. int: If item 27 Is marked other than ";

permit. Peges 1 and 2 s Department of Health an Important: if item 27 is a any Injury or other trau

**Physician** /Medicai

Examiner

72 hours efter

Baltimore, Maryland 21215-0020

Direct

Funeral

by

Completed

traumatic event, the Medical Examiner must be notitied at

Completed by Physician/Medical Examiner Be Certification: To 1 Natural 2 Accident 3 ☐ Suicide 4 Homicide

29a. Certifier

29b. Signature end titla of cartifier

24 hours efter Funeral Dire letaly filled in b Medicai To the Hosp within 24 ho To the Fune completaly fi

State Registrar 4940 Eastern

6 Could not be determined

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

29c. License number 96003

1 Tyes 2 No

Certifying Physicien: To tha best of my knowledge, daath occurred at the tima, date end place, and due to tha causa(s) and manner as stated.

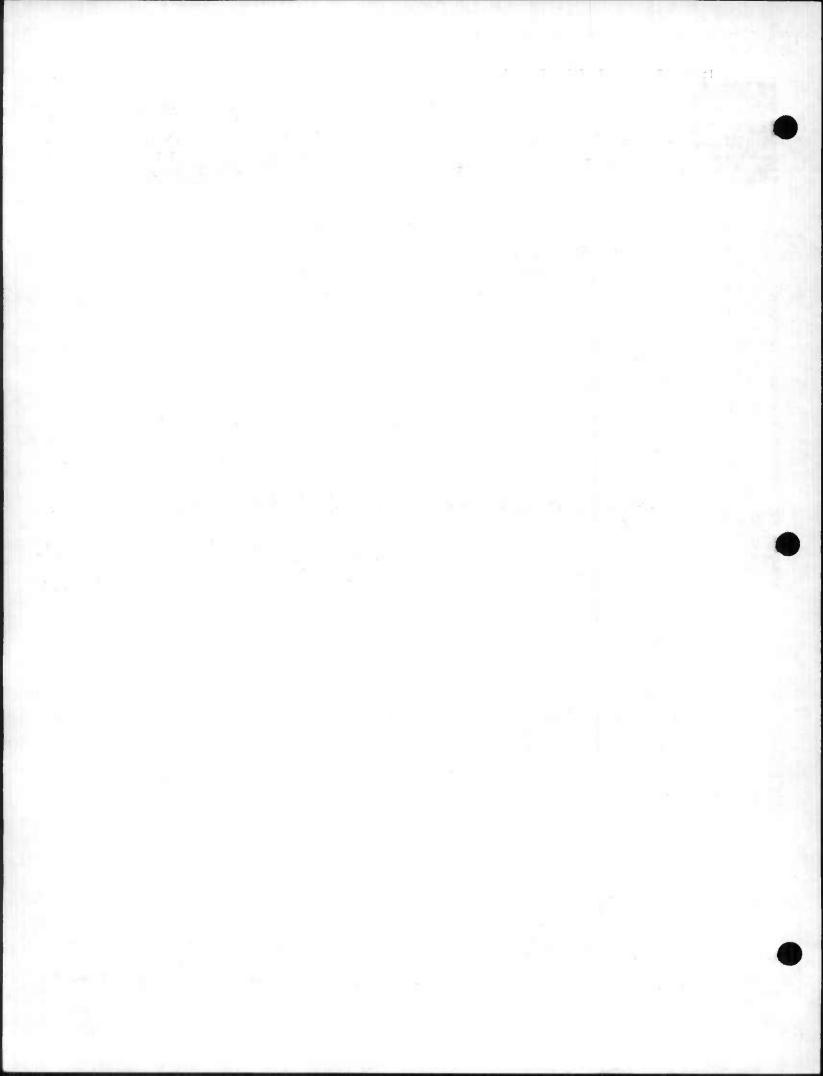
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to the causa(s) and manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

ddress of person who complated causa of death (Item 23a) (Type, Print)

Baltimore, MD

Avenue

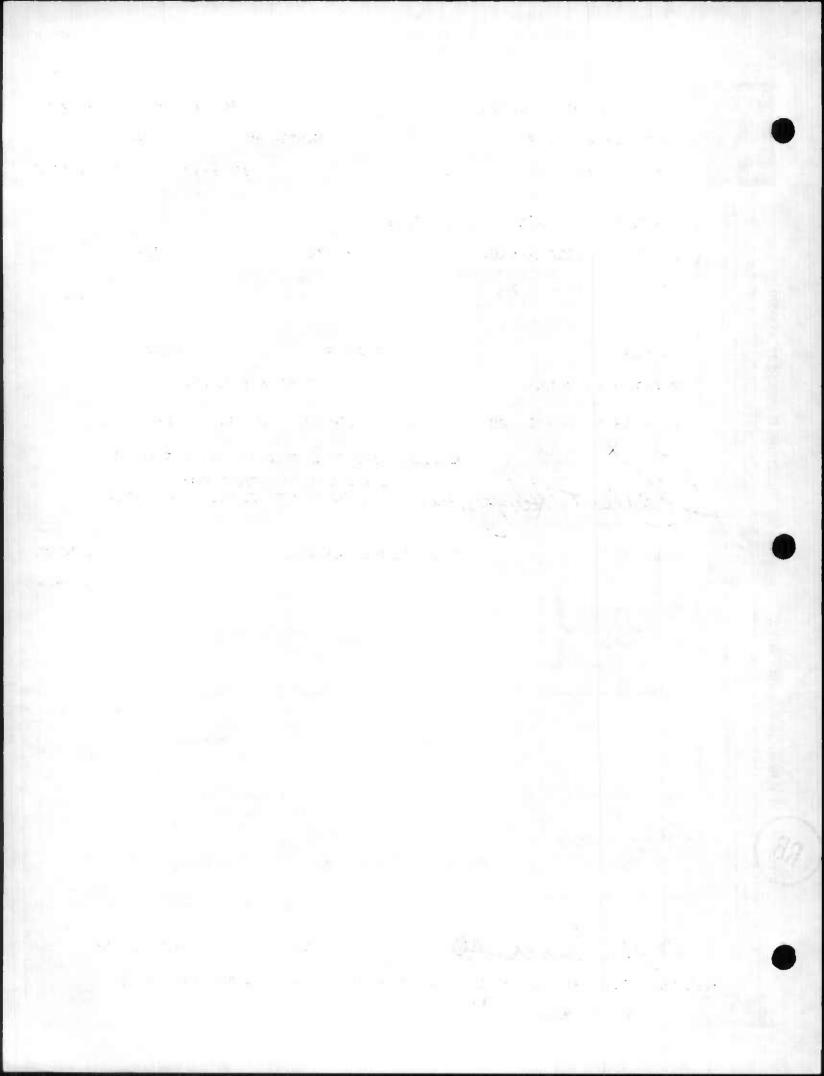


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Deeth Month MAY **Physician** 1998 1, 03:20 WILLIAM F. RONER /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Deeth Examiner N/A BALTIMORE HOPKINS BAY VIEW Hours Min. 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign Country) NEW JERSEY 5. Sociel Security Number If Under 1 Year 7. Age (In vrs. lest birthday) **Funeral** Months Deys 1√M 2□ F 156-24-8079 64 **Director** Usual Residence of Decedent r 28a-f show 10a State 10h County 10c. City. Town or Location 10d. tnside City Limits 1 ☐ Yes 2 ☐ No Director N/A BALTIMORE MARYLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumetic event, the Medical Examiner must be r 21224 USA 503 S. LINWOOD AVENUE Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1 DXYas 2 □ No If Yes, Giva Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14, Race - American Indian, Bleck, White, etc. Naver Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: ď WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) should be filled within Hygiens. Elementery/Secondary (0-12) College (1-4or 5+) DISABLED NONE 8 YEARS 18. Mother's Name (First, Middle, Meiden Surname) 17. Fether's Neme (First, Middle, Last) 86 h and Mental h EVELYN SCHULTZ WILLIAM F. RONER 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Coda) 19e. Informant's Name/Relationship (Type, Print) pemit. Pages 1 and 2 at Department of Health an Important. If them 27 is n any Injury or other traus 503 S. LINWOOD AVE. BALTO. MD. 21224 MR. JOHN P. GARCIA SR. Baltimore 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stata □ Buriel 2 Cremetion 3 □ Removel from Stata GREEN MOUNT CEMETERY 5-2-98 BALTO. MD. Donation 5 Other (Specify) of Funerel Service to KACZOROWSKIFOCIEVUNERAL HOME 2525 FLEET ST. BALTO. MD. 21224 Part1. Enter the disease, of complications shock, or heert feilure. List only one ceus calused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, Approximete Intervel Between Onsat end Deeth Physician /Medical Immediate Cause (Final 1 WEEK RESPIRATORY FAILURE disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner 15 YEARS COPD Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet Initieted events resulting in deeth) Lest Due to (or es e consequence of): pue physician Box 68760 90 Physician/Medical Dua to (or es e consequence of) 2 1 980 23b. Did tobacco use contribute to the cause of death? Pert II. Other stanificant conditions contributing to death but not resulting in the underlying causa given in Pert I. Vital Records, P.O. ING. signed by t d be defact 1 ☐ Yee 2 ☐ No 3 ☐XProbably 4 ☐ Unknown by 24b. Were autopsy findings eveilable prior to complation of cause of death? 24a. Wes an autopsy Completed 1 ☐ Yas 2 🖾 No 1 □ Yes 2 □ No certifica 25. Was case referred to medical Be 28. Place of Deeth (Check only one) Hospitel: 1 Mnpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) 1 Yes 2 No 2 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 5 Pending Investigation 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicida 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as stated.

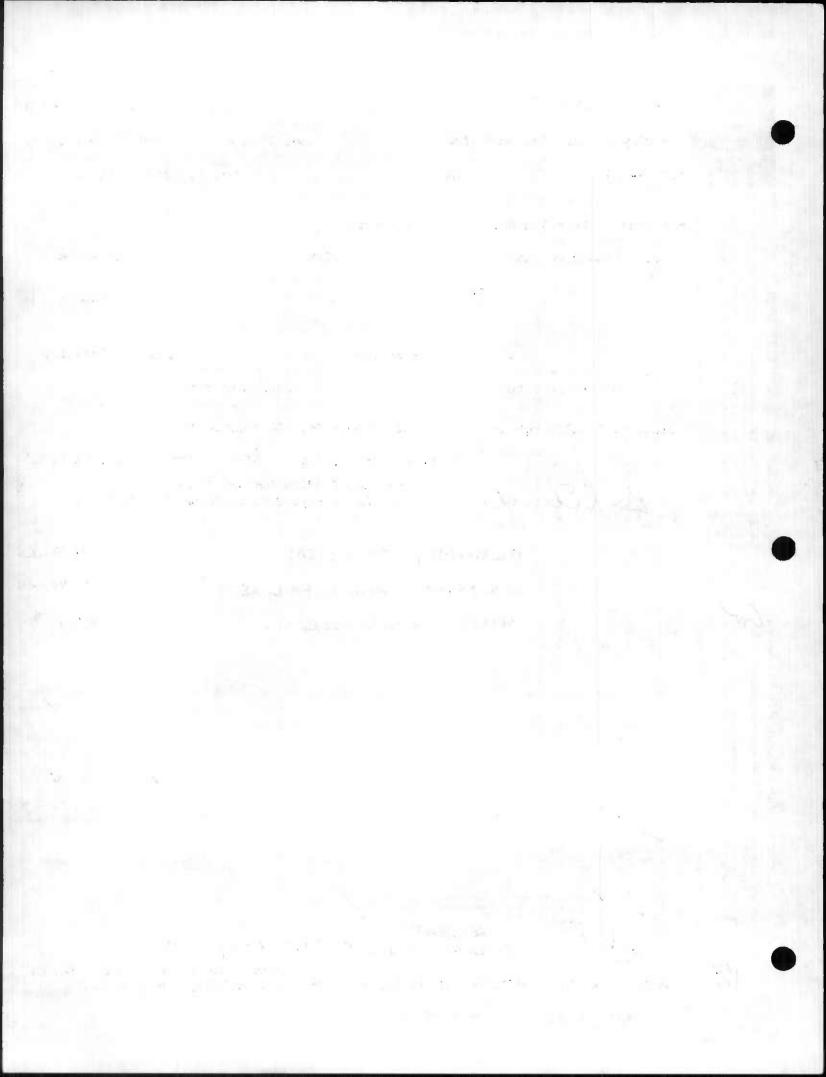
Implementation and/or investigation, in my opinion, deeth occurred et the time, dete end plece, and dua to the cause(s) 29a. Certifier Medical (Check only one) 2 end menner steted. To the To To the To the I 29d. Deta signed (Month. Dev. Year) 29c. License number 29b. Signeture end title of ceptifie MAY 1, 1998 D52303 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) JOHN TENBROOK M. D. 4940 EASTERN AVENUE BALTO. MD. 21224 31. Dete filed (Month, Day, Year) State

the Daydon-Randelle

Registrar



		ne (First, Middle								2. Dete of De Month	eth Dey	Yeer		of Deeth
	PHILIP	ROBI	•							MAY	1 10	998	12:	27 AM
4	te Fecility Neme (I				ER				LTIMO	ocation of Deetl		of Deeth	RE	CHY
	5. Sociel Security N 107-03-66	Number	6. Sex ₹⊠¥M 2	7. Age	6 (In yrs. les	st birthdey) Yrs.	If Under 1 Yea Months Dey	r   If Und	er 24 Hrs.	8. Date of Bir (Month, De Mar. 6	th y, Yeer)	9. Birthpi Count		o or Foreign
-	Usuel Residence of 10a. Stete	f Decedent 10b. County			10c. City,	Town or Loca	ation					10	Od. fn <i>s</i> ide	City Limits
	Maryland	Ann	e Arun	del		Linth	i Cum						1 🗆 Y	s XX No
: -	10e. Street end Nur		.c mu	ide1		2211011	10f. Zip Code				10g. Citizen of \	Whet Coun	try?	
	421 Fc	orestvi	ew Roa	.d				.090				ited :		es
1	11. Merital Status  1 □ Never Merri  3√√Widowed		ried 1 [	es Decedent E med Forces? Yes 2 <del>xx</del> Yes, Give eer or Detes:			as Decedent of Yes, specify Cu			ecify Yes or No Rican, etc.)	Specify	ce - Americo ck, White, e y: Wh:	en Indien, etc. ite	
	(Spec	cify only highe:	Co	pleted) bllege (1-4or 5-		16e. Decede (Give ki life. Do	ent's Usuel Occ ind of work don O NOT use reti	upation e during m ed)	ost of work	ing	16b. Kind of Br		11/4	·rv
1	17. Fether's Neme	(First, Middle,		4		BligIli	icer	18. Mo	ther's Nem	e (First, Middle	, Meiden Sumen		naus	- L y
	Un	mberto	Robert	.0				A	ssunt	a Garro	ne			
	19e. Informent's Ne	eme/Relations	shtp (Type, Pr	rint)		19b. Mailing	Address (Stre	et end Nun	nber or Run	el Route Numb	er, City or Town,	State, Zip	Code)	
2	Diane R.  20e. Method of Disposition  1 □ Buriel 2  4 □ Donetion	position Cremetion	3 Remove		cen	ce of Disposi netery, creme	Medora ition (Neme of etory or other p	ece)	May	2 <sup>Dete</sup>	MD 21090 20c. Location - Catonsv:	City or To		land
	21. Signature of Fu	uneral Service	Licensee	gh		Kir 421	Name end Add kley-Ru Crain	ress of Fed Idd1C.	S.E.	Glen B	urnie, l	MD 21	061	
	23a. Part1. Enter t shock, or hea	the di <i>s</i> eese, or art faiture. List	complication	s that caused se on each tin	the deeth.	Do not enter	r the mode of d	ring, such	es cerdiac	or respiretory e	rrest,		Approxim tntervel & Onset en	lete letween
														U Deedil
- 4	Immediate Cause ( diseese or condition resulting In death)	on	e F			•	MBOL	ISM					41	tours
	diseese or condition resulting In death)	on	ө	CONGE	Due to (or e	es e consequ	ence of): HEART		ILUR	£			41	tours lears
	diseese or condition resulting In death)  Sequentially list confirm environmentally list confirmed and to incause. Enter Under Cause (Diseese or Cause (Diseese (Diseese or Cause (Diseese (Dise	on onditions, mmediate enlying r mjury	6	CONGE	Due to (or e	es e conseque E	ence of): HEART	FA	ILUR	£			4 1	tours lears Hears
	disease or condition resulting in death)  Sequentially list to if eny, leading to incause. Enter Under	onditions, mmediate erlying r injury	6	conge Sever	Due to (or e	es e conseque E	HEART HEART Hence of): ROSCL	FA	ILUR	£			4 1	
	disease or condition resulting In death)  Sequentially list colif eny, leeding to in cause. Enter Unde Cause (Disease or that initiated events.	onditions, mmediate erlying r thjury s Lest	b	conge Sever	Due to (or e	es e conseque E L es a conseque ATHE as e conseque	ence of):  HEART ence of):  ROSCL ence of):	FA	ILUR SIS		tobacco use co	ontributa to	410 9	1E ARS
	disease or condition resulting In death)  Sequentially list confirmers, leading to incause. Enter Under Cause (Disease or that initiated events resulting in deeth)	onditions, mmediate erlying r thjury s Lest	b	conge Sever	Due to (or e	es e conseque E L es a conseque ATHE as e conseque	ence of):  HEART ence of):  ROSCL ence of):	FA	ILUR SIS	23b. Dld	tobacco use co Yes 2□ No		4 1 10 4 30 the cause	1E ARS
	disease or condition resulting In death)  Sequentially list confirmers, leading to incause. Enter Under Cause (Disease or that initiated events resulting in deeth)	onditions, mmediate erlying r thjury s Lest	b	conge Sever	Due to (or e	es e conseque E L es a conseque ATHE as e conseque	ence of):  HEART ence of):  ROSCL ence of):	FA	ILUR SIS	23b. Did		3 Prot	4 I	HEARS  TO death?  TO nknown  Say findings or to
	disease or condition resulting In death)  Sequentially list confirmers, leading to incause. Enter Under Cause (Disease or that initiated events resulting in deeth)	onditions, mmediate erlying r thjury s Lest	b	conge Sever	Due to (or e	es e conseque E L es a conseque ATHE as e conseque	ence of):  HEART ence of):  ROSCL ence of):	FA	ILUR SIS	23b. Did 1 □ 24e. Wes	Yes 2□ No	3 Prot	the cause bably 4	HEARS  TO death?  TO nknown  Say findings or to
F	disease or condition resulting In death)  Sequentially list confirmers, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death)  Pert II. Other afgniff	onditions, mmediate erlying trijury is Lest	b c d	SEVER	Due to (or e	es e conseque ATHE es e conseque are conseque ing in the unc	HEART HEART	CA Spiven In Pe	ILLIA	23b. Did 1 □ 24e. Wes perfi	Yes 2□No sen eutopsyormed?  Yes 2□No one)	3 Prot	30 the cause bably 4 the cause bably 4 the cause bably 4 the cause bably 4 the cause bably 4 the cause bable primary and cause the cause	HEARS  TO death?  TO unknown  To to to to to to to to to to to to to to
F	disease or condition resulting In death)  Sequentially list confidency, leeding to incause. Enter Under Cause (Disease or that initiated events resulting in deeth)  Pert II. Other significations.	onditions, mmediate erlying trijury is Lest	b c d  ons contribution  Hospita	SEVER	Due to (or e	es e conseque E L es a conseque ATHE as e conseque	ence of):  HEART ence of):  PRO SCCI ence of):  derlying ceuse	CA Plother: 4	ILLIA	23b. Did 1 □ 24e. Wes perfi	Yes 2□ No sen eutopsy primed?  Yes 2□ Wo	3 Prot	30 the cause bably 4 the cause bably 4 the cause bably 4 the cause bably 4 the cause bably 4 the cause bable primary and cause the cause	HEARS  TO death?  TO unknown  To to to to to to to to to to to to to to
F	disease or condition resulting In death)  Sequentially list confidency, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death)  Pert II. Other algnit	onditions, mmediate errlying thijury state to medical the things t	b c d ons contribution  Hospita ggation not be	SEVER	Due to (or e	es e conseque ATHE es a conseque ATHE es e conseque ring In the unc	ence of):  HEART ence of):  CONTROL SCAL ence of):  derlying ceuse of the second secon	26. Pti 26. Pti ther: 4□ tury et ork? □ Yes 2	ILLIA SIS int I.	23b. Did 1 □ 24e. Wes perf. 1 □ th (Check only) ome 5 □ Res 28d. Describe	Yes 2 No sen eutopsyormed?  Yes 2 No one) Idence 6 Ott how Injury occur	3 Prot	the cause bably 4 the cause ba	e of death?  Dunknown  sy findings of to out of course
F	disease or condition resulting In death)  Sequentially list confidency, leeding to incause. Enter Use Cause (Disease or that initiated events resulting in deeth)  Pert II. Other afgnition.  25. Was case referencement. 1 Pres 2 Deet 1 Present of Deet 1 Present 1 Pres	onditions, mmediate erlying trigury is Lest  ficant conditions  th  5   Pendir Investire 6   Could determ	b d  b d d d d	SEVER  SEVER  Ing to death but  al: 1 Minpatier  a. Dete of Injur (Month, Dey)  b. Plece of Injur building, etc.	Due to (or e	es e conseque ATHE es e conseque ATHE es e conseque ing In the unc	derlying ceuse of the court of	26. Pthother: 4 University or 10 or	ILLIA	23b. Did 1 □ 24e. Wes perful th (Check only) ome 5 □ Res 28d. Describe 28f. Location City or To	Yes 2 No  yes 2 No  Yes 2 No  one)  Idence 6 Ott  how injury occur  (Street and Number)  wn, State)	3 Prol 24b. We every condition of the co	20 the cause bably 4 the cause bably 4 the cause bably 4 the cause bably 4 the cause bably 4 the cause bably 4 the cause bable primary and the cause bable primary the cause b	e of death?  Dunknown  sy findings of to out of course
F 2	disease or condition resulting In death)  Sequentially list confirmers, leading to incause. Enter Under Cause (Disease or that initiated events resulting in deeth)  Pert II. Other signification of the confirmer?  1 Yes 21  27. Menner of Deet 1 Menurel 2 Accident 3 Suicide	onditions, mmediate erlying trijury s Lest  ficant condition  th  5	b. C. d. Hospital Physician: Examiner: O	SEVER  SEVER  To the best of	Due to (or e	es e conseque ATHE es a conseque ATHE es e conseque ling In the uno R/Outpatient 28b. Time of Injury ne, farm, street	ence of):  HEART ence of):  RO SCCI ence of):  derlying ceuse of the the the the the the the the the the	26. Pt  26. Pt  Wither: 4   ury et ork?  Yes 2	ILLIA SIS Int I.	23b. Did 1	Yes 2 No  Yes 2 No  Yes 2 No  one)  Idence 6 Ott  how Injury occur  (Street and Num.)	3 Prol 24b. We every condition of the state	the cause bably 4 are eutopeileble primpletion adestr?  Yes 2	HEARS  The of death?  The windings of to the off ceuse
F 2	disease or condition resulting In death)  Sequentially list confirmers, leeding to in cause. Enter functions of cause (Disease or thet initiated events resulting in deeth)  Pert II. Other afgnition of the cause (Disease or thet initiated events resulting in deeth)  Pert II. Other afgnition of the cause (Disease or the cause (Disease or the cause (Disease or the cause of the cause	onditions, mmediate errying triplury is Lest  ficant conditions  The pending triplury is the condition of th	b. c. d. Hospital Physician: 28e gation not be nined 28e Examiner: O gr	SEVER  SEVER  Ing to death but  al: 1 Minpatier  a. Dete of Injur (Month, Dey)  b. Plece of Injur building, etc	Due to (or e	es e conseque ATHE es a conseque ATHE es e conseque ling In the unc R/Outpatient 28b. Time of Injury ne, farm, street ledge, deeth on end/or inve	derlying ceuse of the factory, office of the ceutred at the cestigetion, in my	26. Ptother: 4 University or 20 or 2	ILLIA SIS int I.  ace of Deel Nursing Ho No end place, leeth occur	23b. DId  1	Yes 2 No sen eutopsyormed?  Yes 2 No one) Idence 6 Ott how Injury occur (Street end Numi wm, Stete)  ceuse(s) end m date end plece, 29d. Date signe	3 Prol  24b. We every condition of the second of the secon	o the cause of the	te of death?  Thunknown  Sy findings of ceuse  No
F F	disease or condition resulting In death)  Sequentially list confidency, leading to incause. Enter Under Cause (Disease or that initiated events resulting in death)  Pert II. Other signification of the confidency of the confidenc	onditions, mmediate erlying triging size triging size that conditions the state of the size that the	b	SEVER  SEVER  To the best of indimener state  RES  TNTER	Due to (or e  S TIVE  Due to (or e  E  Due to (or e  that not result  at not result  or e  that not result	es e conseque  ATHE es a conseque  ATHE es e conseque  ing In the unc  R/Outpatient 28b. Time of Injury  ne, farm, stree  ledge, deeth on end/or inve	derlying ceuse of the particular of the particul	26. Pt  Other: 4 ury et ork? Yes 2  e  time, dete opinion, conse numbo	ILLIR SIS Int I.  ece of Deel Nursing Ho Int I lead place, leath occur	23b. DId  1	Yes 2 No sen eutopsyormed?  Yes 2 No one) Idence 6 Ott how Injury occur (Street end Numi wm, Stete)  ceuse(s) end m date end plece,	3 Prol 24b. We every condition of the co	o the cause bably 4  are eutoppelleble primpletion of deeth?  All Route No. 18 and Route No	de of death?  Thunknown  sy findings or to or ceuse  No



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Grace S. Spiro
4e. Fecility Neme (If not institution, give street end number) April 30, 1998 /Medical 2:10pm 4b City Town or Location of Deeth 4c. County of Deeth **Examiner** Catonsville Commons Catonsville B
If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) Baltimore If Under 1 Year 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 M 2 X Deys 86 Yrs 213-12-0619 Director July 6, 1911 Pennsylvania Usuel Residence of Decedent the Maryland 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Medical Examiner must be notified at Maryland Anne Arundel Glen Burnie 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 908 Dale Road 21061 Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Marital Status 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White by 3DWidowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry tal Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12 Director Convalescence Care 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Pages 1 and 2 should be file ment of Health and Mental Hi ant: If item 27 is marked oth John W. Culp Mary L. Arnold 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 911 Circle Drive Arbutus, Maryland 21227
ca of Disposition (Name of Dete 20c. Location - City or Town, State Rhoda Smith, daughter 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 1X Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Glen Haven Cemetery 5/4/98Glen Burnie, Maryland al Service Licensee 22. Name and Address of Fecility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road Maryla:

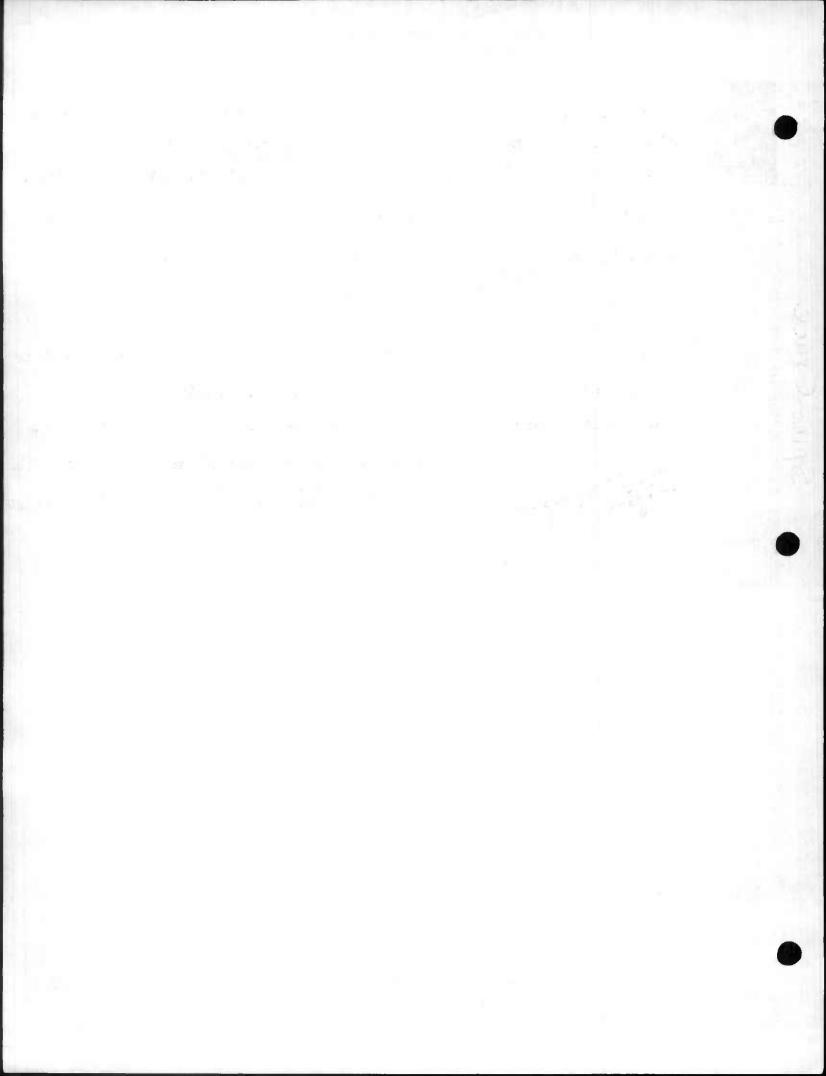
23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately and the disease of the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately and the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately and the caused the deeth. Maryland 21227 Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of) Physician/Medical Due to (or es e consequença of) signed by the a d be detached f Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 768 2 No 3 Probably 4 Unknown Àq 24b. Were eutopsy findings avellable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy 1 Yes 2 N 1 Yes 2 No Division of Vital 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA funeral 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Naturel To the Hospital or Attanding within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fune 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide \*\*Cortifying Phyeicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

2 Medicat Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) end manner stated. 29e. Certifler Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) J. Kansellen M. D D26307 who completed cause of deeth (Item 23e) (Type, Print) 4000 ANNAPOLISRD, BACTIMORE MOZIZZZ 62 Register's Signeture fully Way doon handeld

**DHMH 16 Rev 6/95** 

State Registrar

Spino Grace

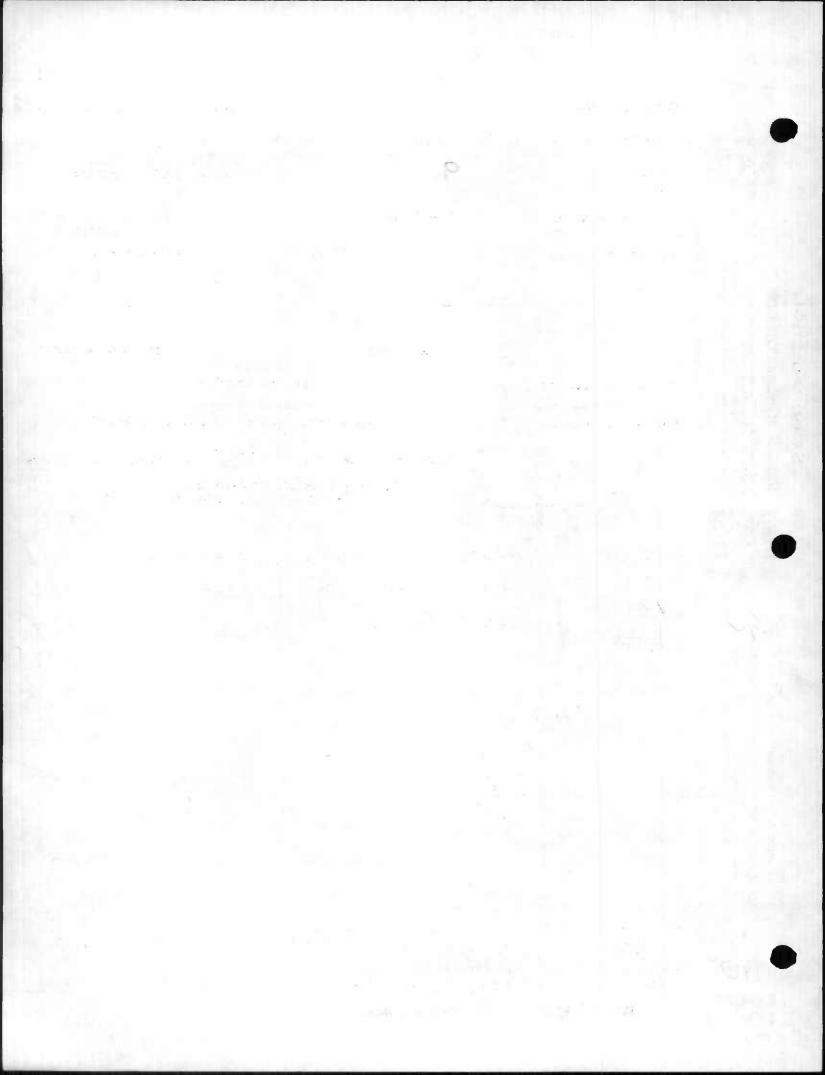


Registrar

DHMH 16 Rev 6/95

		Sta	te of Ma	ryland		partment e <i>rtificate</i>			nd M	ental Hy	/giene	8	13771
1. Deceda	Decedant's Nama (First, Middla, Last)								2. Data of Death 3. Time of D				
Earl L. Souders								Month	Day	1998	312AM		
4a Facility	Nama (If not institution	n, giva street a	nd number)	Λ	4		4	b. City, Tow	m, or Lo	cation of Dea	th 4c. Cour	ty of Death	`^
No	2TH ARI	NDEL	. Hos	PITA	A L			GLEN	7 9	DURNI	E An	NE	HRUNDE
	ecurity Number	6. Sax 1 M 2		(In yrs. la		y) If Undar Months	1 Yaar Days	If Undar 2 Hours	4 Hrs. Min.	8. Data of B (Month, D	irth lay, Year)	9. Birth	nplaca (Stata or Foreign untry)
	09-8748	TONE IN ZE		40	Yrs.					May 4	, 1907		land
10a. Stata	Idence of Decedant 10b. County	,		10c. City,	Town or	Location							10d. Inside City Limits
Marv	land Anne	Arundel		Pas	aden	a							1 ☐ Yas 2 ☑ No
	t and Number					10f. Zip	Coda				10g. Citizan o	f What Co	untry?
109	Altona Ave						2112	22			United	l Stat	tes
11. Marita	Status	12. Was	s Decedant E	var in U,S	5. 13	. Was Deced	ant of H	lispanic Orig	in? (Spe	cify Yas or N	lo- 14. R		rican Indian,
1 🗆 Ne	var Married 2 Mar	ried 1 🖸	ned Forcas? Yas 2 ☐ No	0		1 Yas 2		Specify:	Puano I	Hican, atc.)		lack, White	
3 □ W	dowad 4 Divorced	Yas	as, Giva ar or Datas:	WW	II	10 165 2	- IAU	зреспу.			Spec	Whit	e
	15. Deceder (Specify only highs	nt's Education	lated)		16a. Dec (Gi	edant's Usua va kind of wor DO NOT us	Occup k dona	etion during most	of workir	ng	16b. Kind of	Businass/I	ndustry
Elaman	ary/Secondary (0-12)	Coll	laga (1-4or 5+	<b>+</b> )		tricia:		1)			Feder	cal Go	overnment
17 Father	s Nama (First, Middla.	( ast)	2		Dicc	CIICIA		18 Mothar	's Nama	(First Middl	a, Maidan Sum		
	or A. Soud	,								huyler			
19a. Infor	nant's Name/Ralation	ship (Type, Prin	nt)		19b. Ma	iling Addrass	(Straat	and Numba	r or Rura	l Routa Num	ber, City or Tow	m. Stata. Z	(ip Coda)
	ma M. Soud										Maryland		
	od of Disposition			20b. Pla		position (Name				Data	20c. Locatio		
	ural 2 Cramation		from Stata			ven Mer		-	M	ay 4 998	Glen F	Burnie	e, Maryland
	un of Funeral Service					22 Nama and Kirkley	d Addra	ss of Facility					,
	ASH	1 , ,	1								lome en Burni	e MI	21061
23a. Part	I. Entar tha disaasa, o k, or haart failura. Lis	r complications	that causad t	tha daath.								1	Approximata
shoo	k, or haart failura. Lis	t only ona caus	a on aach lina	В.								i	tntarval Between Onsat and Death
Immadlata	Causa (Final	/-	TOUTE	0	114	MAN	011	1- /	T	IGAN	CTION	,	10000
rasulting i	daath)	a	0	Dua to (or	as a cons	aquanca of):	VIII		IN	1-17/1	21.00		1-111)
		- 1/1	CUTE	2	PUL	MONI	7 M	1 4	ne	ms		1	ODAY
Saquantia	lly list conditions,	6	D	Dua to (or	as a cons	equanca of):						1	
causa. El Causa (D	lly list conditions, ding to immediate ntar Undarlying sease or Injury	0./1	reur	e Vi	Un.	aL	F	AU	un	2		1	100 Aug
that initiat	ed avants n death) Last		D	Dua to (or	as a cons	aquance of):						1	0.01
		d	sens	15								1	ONTY
			•										
Part II. Oth	er significant conditi	ons contributing	g to death but	t not rasul	iting In the	undarlying ca	ausa giv	ran in Part I.					to the cause of death
										1	Yes 2 No	3 P	robably 42 Unknow
										24a. Wa	is an autopsy	24b. \	Wara autopsy findings
										per	formed?	-	available prior to completion of cause of death?
										10	Yas 20 No		1 Yas 2 No
25. Was n	asa rafarred to madica	1		_				26 Diago	of Death				I I I I I I I I I I I I I I I I I I I
axami	nar?	Hospital	1 Inpetian	1 2 🗆 🖻	R/Outpet	ent 3 DO	A Oth	101		n <i>(Check only</i> ma 5 □ Ra:	sidance 6 □0	Other (Sne	cify)
27. Manne	ref Death	28a.	1		28b. Tima		Bc. tnjur Wor		-		how injury occ		,)
1 2 N	tural 5 Pandi cidant invast	ng igation	(Month, Day	10ar)	Injun	м		rk? Yas 2□ñ	No				
3 □ S	uicida 6 ☐ Could	not be 28a.	Place of Injur	ry - At hor	na, farm,	straat, factory	, office		2			m <i>ber</i> o <i>r R</i> u	ural Routa Number,
4 L H	omicida datan		building, atc.	(Specify)						City or 1	own, Stata)		
29a. Carti		ng Physician:	To the best of	my know	rledga, da	ath occurred a	at tha tir	ma, data and	place, a	and dua to th	a causa(s) and	mannar as	stated.
(Checone)	k only 2 Medical	Examiner: On and	the basis of a d mannar stat	axamination	on and/or	Invastigation,	in my o	pinion, daat	n occurr	ad at tha time	a, data and plac	a, and dua	to tha causa(s)
29b. Signature and little of certifier 29d. Data signed (Mon								ned (Monti	h, Day, Year)				
1	Join 18	Soll	ruly	fall	N	//	2 (	-82	41		MAY	1,	1998
30. Nama	and addrass of person	who complated	d causa of da	ath (Itam	23a) (Typ	e, Print)			_		PITA	-	
18)AA	14. SCH1	18/16/2	ner,	M	N	onizi	A	runn	FL	1105	1197	_	
1.77			32. Flegistran										_

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.



		State of Marylan	Certifica			F	leg. No.	13/12		
Physician /Medical	Decedent's Nama (First, Middla, Last,	Annie	Str	oud		2. Data of Das Month May 1	Day	Year 12:10 AM		
Examiner	4a Fscility Name (If not institution, giva	street and number)		1	b. City, Town, or	Location of Death	cation of Death 4c. County of Death			
	Franklin Woods					ltimore				
neral	5. Social Sacurity Number 6. Sat	7. Age (In yrs.	last birthday) If Und Yrs. Months	ar 1 Year Days	if Undar 24 Hrs. Hours Min.	(Month, Day		Birthplaca (Stata or Foreign Country)		
ctor	251-46-9017 Usual Residence of Decadant	65	115.			June 1	0,1932	South Carolina	-	
y Funeral Director	10a. State 10b. County	10c. City	y, Town or Location					10d. Inside City Limits		
0		D-14-image			Tr.	dgemere		1 ☐ Yas 3(5)No		
Director	Maryland 10e. Street and Number	Baltimore	101. 2	ip Coda	150		10g. Citizan of W	hat Country?	-	
	2827 Salisbury A	Venue			21219		United	States		
Funeral		12. Was Decedant Ever in U.	S. 13. Was Dec	edant of H	lispanic Origin? (S an, Mexican, Puarl	pecify Yas or No-		- Amarican Indian,		
	1 ☐ Navar Marriad 3 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Give Year or Datas:		ecity Cuba 2₹ No	Specify:	to Rican, atc.)	Specify:	White, atc.		
P	15. Dacadent's Edu		16e. Decedent's Us	ual Occup	ation		16b. Kind of Bus			
Completed by	(Specify only highest grade Elementery/Secondery (0-12)	e complated) Collega (1-4or 5+)	lifa. DO NOT	usa retired	during most of word)	rking				
EO	G.E.D.	30.094 (. 40.01)	Homemak	er			Own H	Iome		
Bec	17. Fsthar's Nama (First, Middle, Last)					ma (First, Middla,				
To	4	Grainger			Florr	ie Eliza	beth Wat	ts		
	19a. Informant's Name/Relationship (Ty		19b. Mailing Addra							
	Mr. Leman L. Str		2827 Sal		ry Ave.		e, Maryl			
	20a. Mathod of Disposition  † Burial 2 ☐ Cremation 3 ☐ F		Place of Disposition (Nematary, crematory or	eme of othar plac	ce)	Dete	20c. Location - 0	City or Town, State		
	4 Donation 5 Othar (Specify)	Oa	k Lawn Cen	Cemetery May		4, 1998	Balti	imore, Maryland	1	
	21. Signatura of Funaral Servica Ligens	98	Duda-	-Ruck	ss of Facility Funeral Ave. Du			inc. 21222		
	23a. Part Enter tha deasa, or compleshock, or heart failure. List only or	ications that caused tha deat						Approximate Intarval Batween		
n al er	tmmediata Causa (Final disease or condition rasulting in death)  Onsat and Death  Authorized Augusting in death)									
Examiner		Duello (o	or as a consaquenca o	f):						
n/Medical	rasulting in daeth) Last	Duato (o	r as a consequence of	).						
clar	Don't Other claudiness and dis-	stribution to do the but and	23b. Did tobacco use contribute to the causs of dea							
y Physician/M	Part II. Other significant conditions cor	minuting to death but not fas	ulung in tha underlying	cause gn	en in ratti.		1 Yss 2 Ao 3 Probably 4 Unknow			
Completed by						performed?		24b. Wara sutopsy findings availabla prior to completion of cause of death?		
dmc						10	es 2 HO	1 Yas 2 10		
C	25. Was casa refarred to medical				OF Place of D			10.199 5000		
o Be	exeminer?	Hospital:	SB/Outcotlant 2011	Oth		ath (Check only of Homa 5 ☐ Rasio		as (Specify)		
<b> </b>	27. Menner of Deeth	28a. Data of Injury	ER/Outpatient 3 1	28c. Inju	4 MTNursing I	T	now injury occurre		-	
tion	1 □ Natural 5 □ Panding	(Month, Dey Year)	Injury M		rk? Yas 2 □ No					
Certification:	2 Accident Invastigation 3 Suicide 6 Could not be detarmined	28a. Placa of Injury - At he building, atc. (Spacif		28f. Location (S City or Tox	Street end Numbern, Stata)	er or Rural Routa Number,				
edical C		sicism: To the best of my kno ner: On tha basis of axamina and mannar statad.								
Me	29b. Signatura and titla of certifiar		2	9c. Licans	e number		29d. Date signed	(Month, Day, Year)		
,		m)	34 1 2	218	487		5/1/	98		
	30. Name and address of person who co	omplated cause of death (Itan	n 23a) (Type, Print) PITAL DI	RIVE	BAC	TO, M	0 21:	237		
State	31. Data filad (Month, Day, Year)	32. Registrar's Signa	itura		) 1)/10					
istrar	MAY 0 4 1000	Gillia Davida								

DHMH 16 Rev 6/95

The state of the s

e of the second

at the part of and recovery to

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No. 1. Decedant's Nama (First, Middla, Last) 3. Tima of Death 2. Data of Death Month Yaa **Physician** MAY ATHERINE SMITTI 1998 6:00 PM 01 /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOUSE CULLMBIA VANTAGE Howmen If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Days 1□ M 2XF Yrs. Director 213-48-1162 85 05/10/1912 Washington DC Usual Rasidance of Dacedant permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryleni Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23s or 28s-f show any injury or other traumatic event, the Medical Exams set must be notified at DDE. 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 25 No Director Maryland Howard Columbia 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 5400 Vantage Point Road 21044 U.S.A. Funeral 14. Raca - Amarican Indian, 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc. 1 ☐ Yas 2√ No If Yas, Giva Yaar or Datas: 1 ☐ Never Married 2 ☐ Married 1 Yas ZOXNo Specify: P 3℃ Widowed 4 Divorced White Completed 18a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada complated) Elementery/Secondery (0-12) Collaga (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Meiden Sumame) Be Adelbert A. Dampier Eunice C. Winfree 19a. Informant's Name/Ralationship (Type, Print) Daughter 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Stephanie D. Nordberg 12505 Ivory Pass Laurel, Maryland 20708 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 5/5/1998 20c. Location - City or Town, Stata 1 ☐ Burial 2X Cramation 3 ☐ Ramoval from Stata Baltimore/Washington Cremat. Laurel, 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility Witzke Funeral Home, Inc. 5555 Twin Knolls Rd., Columbia, Md. 21045 23a. Part1. Enter the disease, or chinging ions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrast, shock, or heart feiture. List only the cause on each line. Approximata Interval Between Onsat and Death Physician /Medical Immediata Causa (Final disaasa or condition rasulting in daath) MONTHS Examiner Dua to (or as a consequence of): Physician/Medical Examiner MYPERTENSION Sequantially ilst conditions, if any, leading to immadiata causa. Entar Undarlying Ceusa (Diseese or injury that initiated avants rasulting in daath) Last Dua to (or as a consequance of): Dua to (or as a consequanca of): 23b. Did tobacco usa contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings avallebla prior to complation of causa of death? Completed 24e. Wes en eutopsy partormed? 2 DrNo 1 Yas 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical axaminar? Be 28. Plece of Death (Chack only one) Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 27. Mannar of Death 28b. Tima of 28c. Injury at Work? Certification: 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be datermined Location (Street and Number or Rural Routa Number, City or Town, Steta) 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

Division of Vital Records, P.O. Box 68760, The law requires that the death certifices ed by the e signed by to has certificate or Attending Physician: director this funerel After efter deeth I Director: A Euneral Direction
 Funeral Direction
 Funeral Direction Hospital

with the Marylend

3 Suicida 4 Homicida

29a. Cartifier

(Check only one)

completely within 2 101 10

State Registrar

edicai

2 Medical Examinar: On the besis of axamination and/or invastigetion, in my opinion, deeth occurred at the time, date and piece, and due to the causa(s) and manner stated. 29c. Licansa number

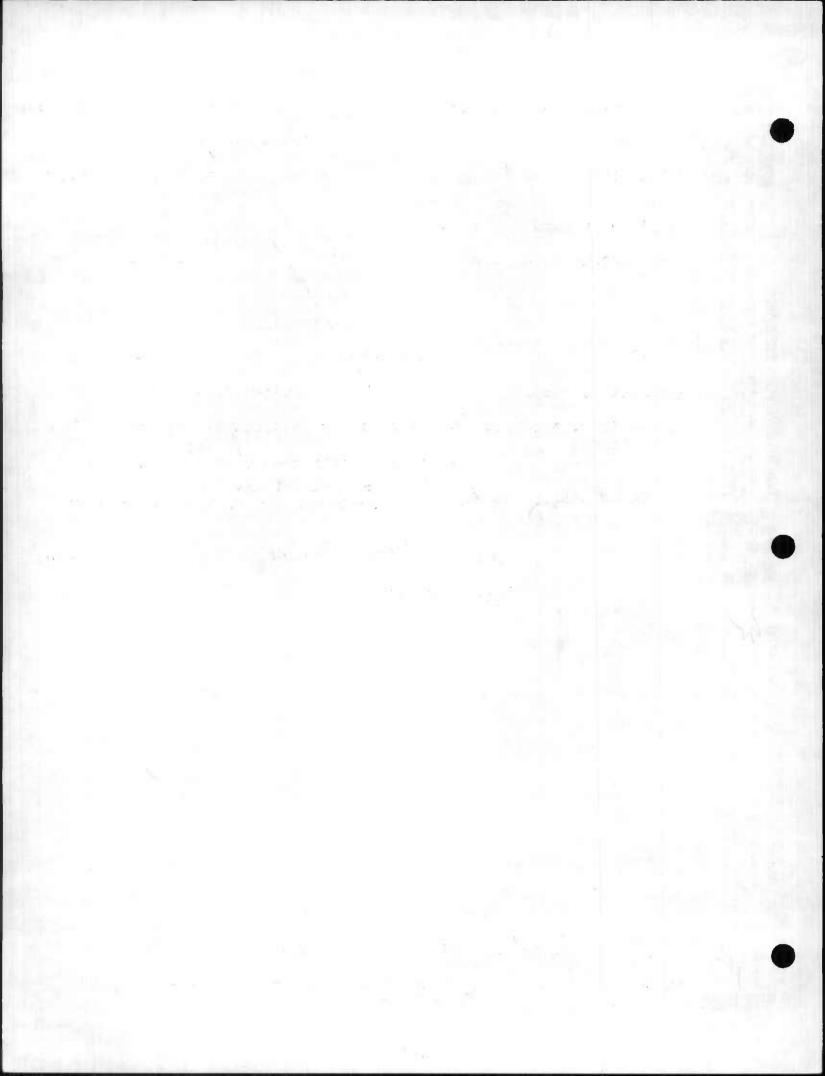
1 🗹 Csrtifying Phyalcian: To the best of my knowladge, death occurred at tha tima, data and place, end dua to the cause(s) and mannar as stated

29d. Data signed (Month, Day, Year)

29b. Signature and title of certifie D50500 redeuch

30. Nama and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

COLUMBIA, MO 21044 LITTLE PATURENT PALKINAY 32. Ragle land Signature

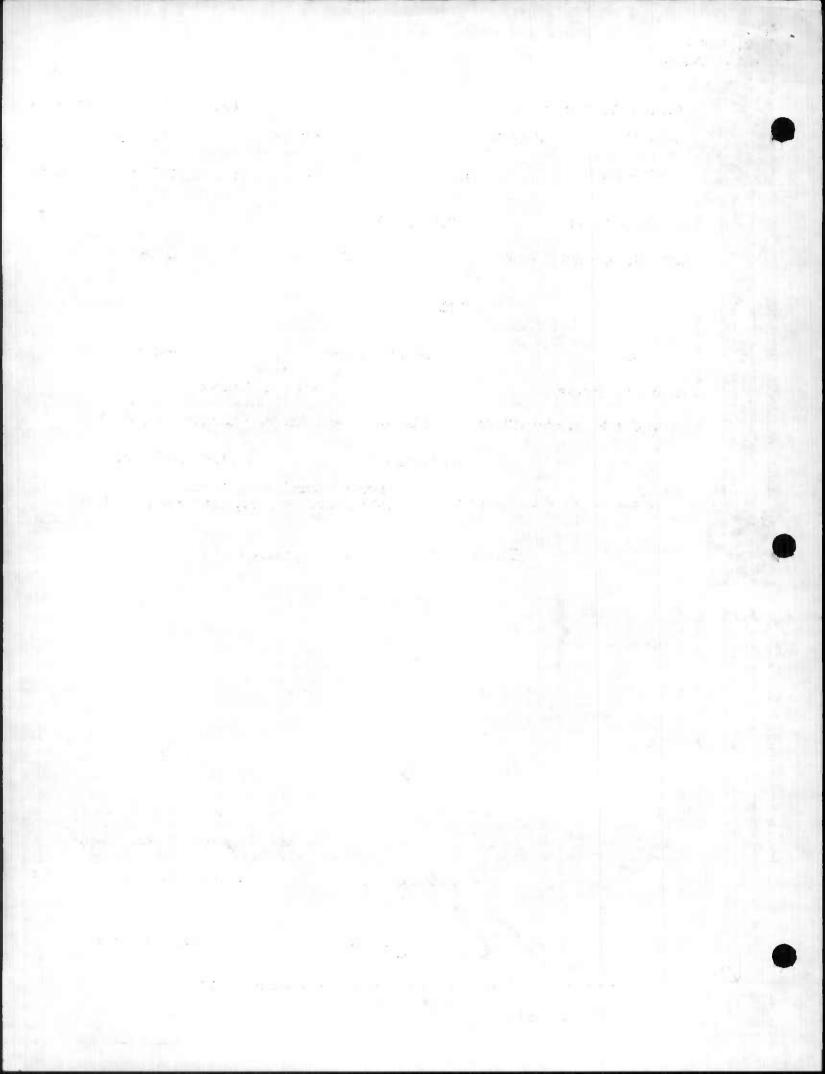


ADH 98-2417-005 CLINTON SPARKS

## Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

LINION SPA	ARKS				C	ertifica	ate of	Death		Reg.	No. 98	13	3771	+	
Observations	1. Decedent's Neme (Fin	st, Middle, Last	)	P					2. Det Mo	e of Deeth	Dey	Yeer	3. Time of	Deeth	
Physician /Medical	Clinton B.								APR		1998		08:05	AM	
Examiner	4a Facility Neme (If not			ber)				4b. City, Town,			4c. County				
<u> </u>	5224 OLD FF					14 8 8.00	day 1 Vans	CATONS			Balti		10		
Funeral Director	5. Social Security Number 236–40–6394 Usuel Residence of Dec	12	X 7	Age (In yrs. 70	lest birtho	Monti	der 1 Year hs Deys	Hours N	Ain. (Mc	e of Birth onth, Dey, Ye . 13,1		9. Birthple Counti West	ece (Stete or lry) Virgin	r Foraign nia	
72 hours after deeth with the Maryland natural; or items 23s or 28s-1 show are Examined must be notified at each by Funeral Director	10a. Stata 10b	. County	18			or Location						10	od. Instde Cit		
or 28a-f s be notified Director	Maryland Ba	altimore	}	Cat	consv	rille	7: 0.16			10-	0101	10-1-0-1-1	200		
Die Die							Zip Coda				Citizen of V	vnet Count	Tyr		
eral	5224 Old Fre	ederick	Road 12. Wes Deced	lent Evar in U	.s.		229 cedent of I	Hispanic Origin	? (Specify Ye			e - America	an Indian,		
urs after coent with the Marylan bit, or items 23a or 28a-f show examiner must be notified at by Funeral Director			Armed Ford	eas? □ No		If Yas, s	specify Cub s 2 XNo	en, Mexicen, P	uerto Rican,	atc.)	Specify	whita, a Whit			
"natural",	15.	Decedent's Edu	cetion	AMATT	16e. D	ecedent's U	Isuel Occup	petion		166	. Kind of Bu				
	(Specify or Elementery/Seconder	nly highest gred	e completed) College (1~	4or 5+)	(C)	Give kind of fe. DO NO	dent's Usuet Occupetion kind of work done during most of wo DO NOT use retired)								
ther than out, the M	12				Admi	Administrator				Wareh			housing		
T to a	17. Fethar's Nama (First	, Middla, Last)								Neme (First, Middle, Meiden Su			umame)		
	Andrew D. S							Vina B							
7 is marks traumatic TO	19e. Informent's Neme/I							end Number o			-				
Itsm 27 other tr	Geraldine B		s (Wife			4 OLC		erick R	Date Date		LITE,				
	1 ⊠ Buriat 2 □ Cre	emetion 3 DF		tete	cematery,	cremetory	or other ple	ce)							
njury	4 Donetion 5 D										,				
Department of Important: If It any injury or one	21. Signeture of Funerel		Witzke Funeral Home, Inc.  1630 Edmondson Ave., Catonsville, Md. 21228  ications thet caused the death. Do not enter the moda of dying, such as cerdiac or respiratory errest, Intervel Between Onset and Death  Approximate Intervel Between Onset and Death												
hysician /Medical xaminer	Immediate Ceuse (Fine disease or condition resulting in deeth)	Immediate Ceuse (Finel disease or condition Famacal Kunshot Wand											ween Jeeth		
ian and unial kansit		b. Due to (or as e consequance of): ediete ing													
ding physicialse as the bun	resulting in deeth) Last		Dua to (or as e consequance of):												
for use															
d by the seteched		g to death but not rasulting In tha undarlying ceusa given In Pert I.					2	23b. Did tobacco usa contributa to the cause of death  1 Yes 2 No 3 Probably 4 Unknown							
signe d be d									2/	4a. Wes en eutopsy 24b. Ware eutopsy find			lindings		
2 C Q									performed?		ava	altable prior to mpletion of co deeth?	0		
page page										1 Pyes	2□No	15	Yes 2	No	
ertific ector Be	25. Wes cese referred to exeminer?		doenital:				100	hor	Death (Che	7.					
L L	1]X Yes 2 ☐ No 27. Mennar of Deeth			patient 2 [			DOA		ng Home 5				r)		
After fune	1 Netural 5	Pending investigation	(Month	Dey Year)	O B	ury	28c. Inju Wo	iryet ork? ]Yes 21⊠No		28d. Dascribe how injury occurred Subject Shet Self.		elf.			
of in by the	3₩Suicida 61 4 ☐ Homictde	Could not be determined						281. Location (Streat and Number or Rural Route Number, City or Town, State) 5224 Old Frederick Rd				RI.			
Funer Funer tely fill	29a. Certifier 1 (Check only one)	Certifying Phy Medical Exami		sis of examine										;)	
within 2 To the comple	29b. Signatura and title	of certifier	1001	,			29c. Licen	se number		29d.	. Data signe	d (Month, I	Day, Year)		
1		4	1/46				OCME			APRIL 30,1998					
0	30. Neme and address of	f person who co	ompleted cause	of deeth (tter	n 23e) (T	ype, Print)		- 10							
V	David Fowle	er, M.D.	- 111 Pe	enn St	reet.	Balt	imore	, Marv	Land 2	1201					
State	31. Dete filed (Month, De	y, Year)		gistre Sign	ותן:	m Br	-								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 2. Data of Daath 1. Decedant's Name (First, Middle, Last) Apri 5:45 AM **Physician** 1998 WILLIAM ANTON SMITH /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Nama (If not institution, give street and number) Examiner St. Elizabeth Nursing Home Baltimore City If Undar 1 Yeer If Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1**⊠** M 2□ F Months Days Hours Yrs. Sept 24, 1919 Maryland Director 218-03-8579 78 Usual Rasidence of Decedant the Maryland 10a. State 10b. Count 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23s or 28s-4 show other traumetic event, the Medical Examination in the hotilited at 1 ☐ Yas 2 ☑ No Director Maryland Baltimore Catonsville 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code 715 Maiden Choice Lane #HV 608 21228 USA Funeral 14. Race - Amarlcen Indien. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuban, Mexican, Puarto Rican, atc.) Bleck, Whita, atc. 1 ☑ Yas 2 ☐ No It Yas, Give Year or Datas: WW2 1 Naver Married 213 Merried 1 ☐ Yas 2 ☑ No Specify: by 3 Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highest grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 years years Owner - Self Employed Antique Store d 2 should be filed with end Mental Hygier 7 is marked other ti 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) William A. Smith Jr. Doris Blome 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 st Department of Health end Important: If Item 27 Is m any Injury or other traun 715 Maiden Choice La. HV608 Catonsville, MD 21228 (Wife) J. Elizabeth Smith 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore Washington Crem 4-30-98 Laurel, Maryland of Funeral Service Licensea 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, Maryland or heart failura. List only one cause on each line.

8728 Liberty Rd. Randallstown, Maryland Appropriate the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiretory arrest, Appropriate the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiretory arrest, Appropriate the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiretory arrest, Appropriate the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiretory arrest, Appropriate the disease, and the disease of the d 21133 Approximata Interval Batween Onsat and Daath **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical & SEPTICEMIA **Examiner** Dua to (or as a consequance ot): Examiner VRINARY TRACT
Does to (or as a consequence of): Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Causa (Disease or injury that initiated avants resulting in death) Last OBSTRUCTION BLADDER OUT LET Physician/Medical Dua to (or as a consequance ot): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIAKETES MERLITUS, Division of Vital Records. by 24b. Wara autopsy findings available prior to complation of cause ot daath? 24a. Was an autopsy Completed 1 ☐ Yas 2 ☐ No 25. Was cesa rafarrad to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 3 No J.o 1 Inpatiant 2 ER/Outpatient 3 DOA funeral 27. Manner of Death 28b. Time of 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 5 Panding invastigation 1. Natural or Attending effector: Aft 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 Suicida 28t. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Ptace of tnjury - At homa, tarm, straat, tactory, office building, atc. (Specify) Hospital (124 hours e Funers) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

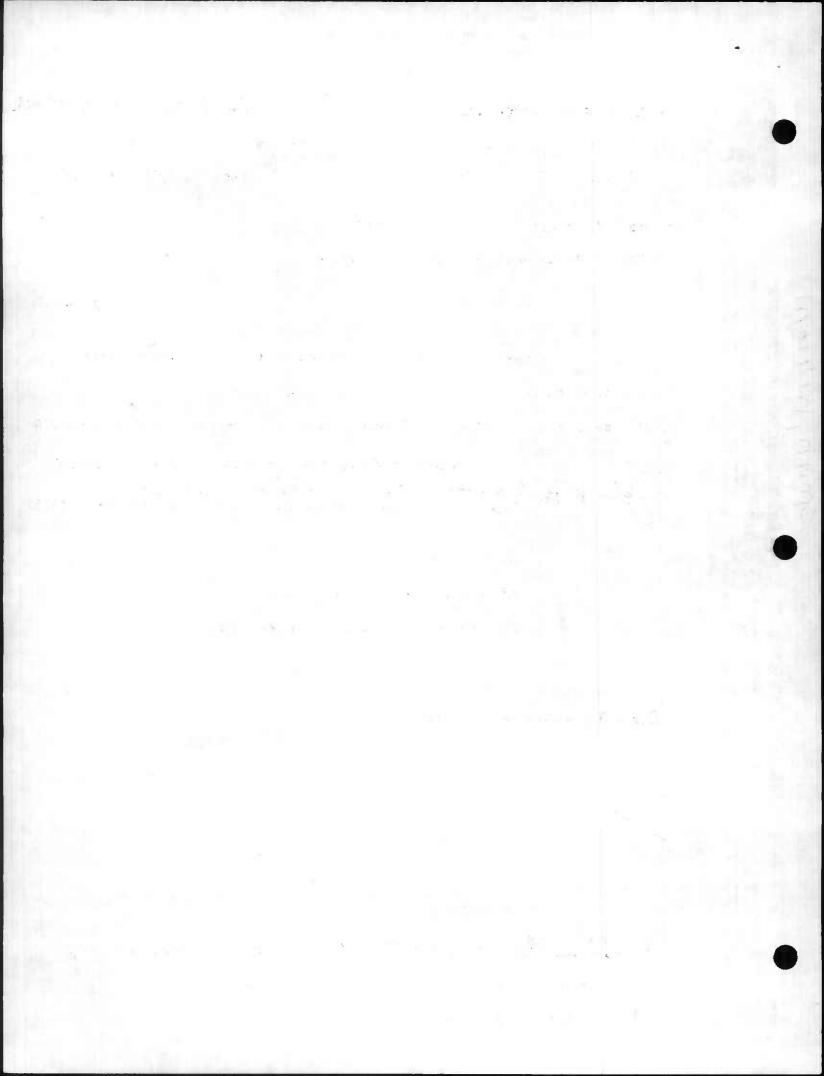
| Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) To the within 2 29c. Licansa number 29d. Data signad (Month, Day, Year) 29b. Signatura and titla of certitian 30. Nama and addrass of person who completed ceusa of death (Itam 23a) (Type, Print) BALTO WILLIAM RUSSELL ANON 3421 21227 MB

Registrar

31. Data filed (Month, Day, Year)

MAY 0 4 1998

32. Bagistrar's Signatura Alia Davidson Rendelle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth 3. Time of Death **Physician** Month 3:40 PM APAIL /Medical 4e. Facility Nema (If not institution, give street and number) 4b City Town or Location of Death 4c. County of Death Examiner Lorien Nursing Home Columbia Howard If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** M 2□ F Months Deys Hours Yrs 239-09-9482 **Director** Jan 13 1912 No. Carolina 86 Usual Rasidance of Decedent with the Maryland 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits Item 27 is marked other than "naturel", or Items 23a or 28a-f show other treumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2☐No Director MD. Howard Columbia 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? permit. Pagas 1 and 2 should be filed within 72 hours after death v
Department of Health and Mantal Hygiane.
Important: If Item 27 is marked other than "naturel", or Items 28a
any Injury or other treumatic event, the Medical Example. 6336 Cedar Lane Funeral 21044 12. Was Dacedant Evar In U.S. Armed Forcas? Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 11. Marital Status 1 Navar Marriad 2 Marriad 1 ☐ Yas 2√2 No If Yas, Giva Yaer or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2√2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: white 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Sacondary (0-12) College (1-4or 5+) accessories 12 17. Fathar's Nama (First, Middle, Last) tire account executive 18. Mothar's Nama (First, Middle, Maiden Sumama) Thomas F. Tuttle Primmie Allen 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Tom Tuttle, son 10610 Fable Row, Columbia, Md. 21044 20b. Place of Disposition (Name of cematary, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ➡ Burial 2 ☐ Cramation 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) Hills. Prim. Baptist Cem. 5/9/98 Summerfield No. Carol. 21. Signature of Funerel Sarvica Licensee 22. Nama and Address of Facility Witzke Funeral HOme, Inc. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, approximate shock, or heart failure. List only one cause on each line. Intervel Between Onset end Death **Physician** multiple infact /Medical Immadiate Cause (Finet disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner Sequantially list conditions, if eny, laading to immadiate causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Last Due to (or as a consequence of): Records. P.O. Box 68760 physician Physician/Medical tha Dua to (or as a consequence of): signed by tha e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 □ Yes 3 No 3 Probably 4 ☐ Unknown 2 24b. Wara autopsy findings aveltebla prior to 24a. Wes an autopsy performed? Completed peen complation of ceuse of deeth? cartificete 1 ☐ Yas 2 ☐ No Division of Vital I or Attending Physician: after death. Director: Aftar this carific funaral director, 25. Wes cesa rafarrad to medical axaminar? Be 26. Placa of Death (Check only one) 1 Yas ZNO Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending invastigation 1 Neturat 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specity) 4 Homicide Hospital 24 hours a 24 hours a 29a. Cartifiar (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end place, end due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the causa(s) and mannar stated. Medical To the I 29b. Signatura and titla of certifia 29c. Licansa number 29d. Data signed (Month, Day, Year)

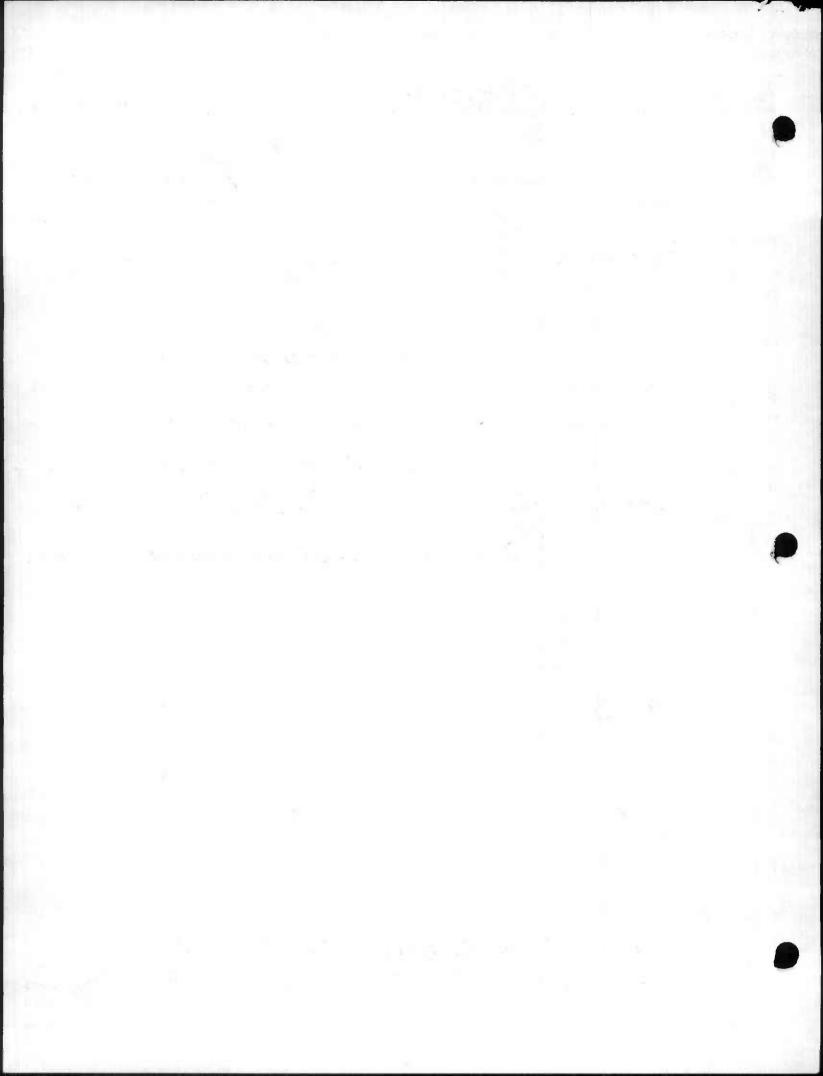
30. Name and address of person who complated cause of death (Item 23e) (Type, Print) RUBETE FSUI ORD According Rd

32. Registrer population

031575

State Registrar 31. Data filed (Month, Day, Yaar)

MAY 0 4 1998



JUDITH FARR TORMAY

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

- 1	0	my	mag	mag
	1	- /	- /	- 1
1	1	- /	- /	- /

Physici /Medic Examin	a
Funeral	

Director **ehow** 

death with the Maryland r than "naturel", or items 23a or 28a-f ehov the Medical Examiner must be notified at filed within 72 hours after el Hyglene. permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If flem 27 is marked other any Injury or other traumatic event page.

altimore, Maryland 21215-0020

Box 68760

P.0.

Records,

Division of Vital

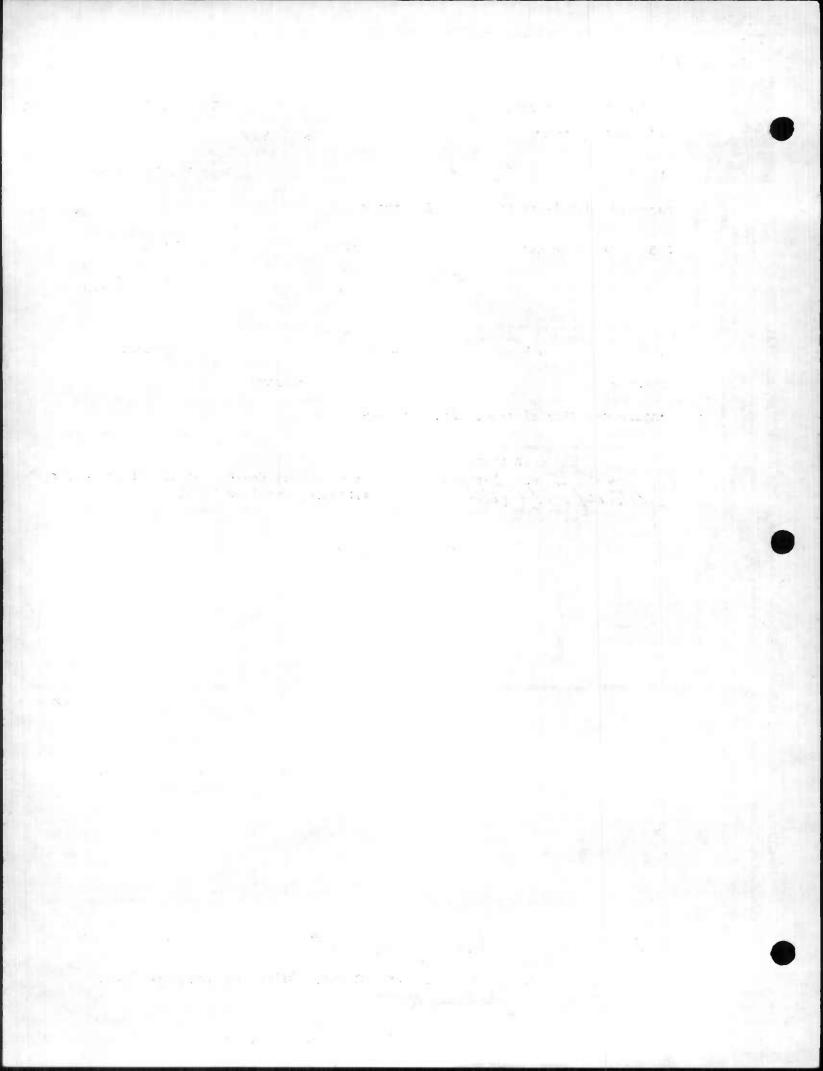
Physiclan /Medical Examiner

physician and sthe burial-trans certificate be axecu 8 ettending usa ō signed by the et d be deteched for peed has page 2 this certificate Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica director funeral completely filled in by the To the Hospital within 24 hours a To the Funeral C

1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death APRIL 1, 1998 1320 PM Judith Farr Tormay 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Death 425 SHARP STREET BALTIMORE If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In vrs. lest birthdev) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Min. Months Hours Days 1□ M 25 F 57 Yrs June 13, 1940 unknown unknown Usual Residence of Decedent 10a State 10c. City, Town or Location 10b. County 10d. inside City Limits Baltimore Maryland Baltimore City 1td Yes 2 □ No Directo 10g. Citizen of What Country? 10e. Street and Number 10f. Zlp Code U.S.A. 21230 425 S. Sharp Street Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S.
Armed Forces? UNKNOWN
1 ☐ Yes 2 ☐ No
It Yes, Give 1 ☐ Never Married 2 ☐ Married White 1 ☐ Yes 2X No Specify: Specify: 2 Q It Yes, Give Year or Dates: 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be unknown unknown 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Angela Hastrick/sister-in-law unknown 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, crematory or other place) 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) in state 22. Name and Address of Facility Board, 655 W. Baltimore Street wade, Director Ronald Baltimore, Maryland 21201 or complication. that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest List only one cause on each line. Approximate interval Between Onset and Death Immediate Cause (Final Circhosis disease or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence ot): Physician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings aveilable prior to completion of cause of death? Completed 24a. Was an eutopsy 1 Yes 2 □ No 1 Yes 2 No 25. Wes cese reterred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home MXResidence 8 Other (Specify) P 1XXYes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Dete of Injury (Month, Dey Year) 28c. Injury et Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation Injury 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, tarm, street, tactory, office building, etc. (Specify) 4 - Homicide Jin Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, end due to the cause(s) end manner stated. Medical 29a, Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifier 29c. License number O.C.M.E APRIL 2, 1998 MD 30. Name and address of person who completed cause of death (Item 26a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Radentz

State Registrar

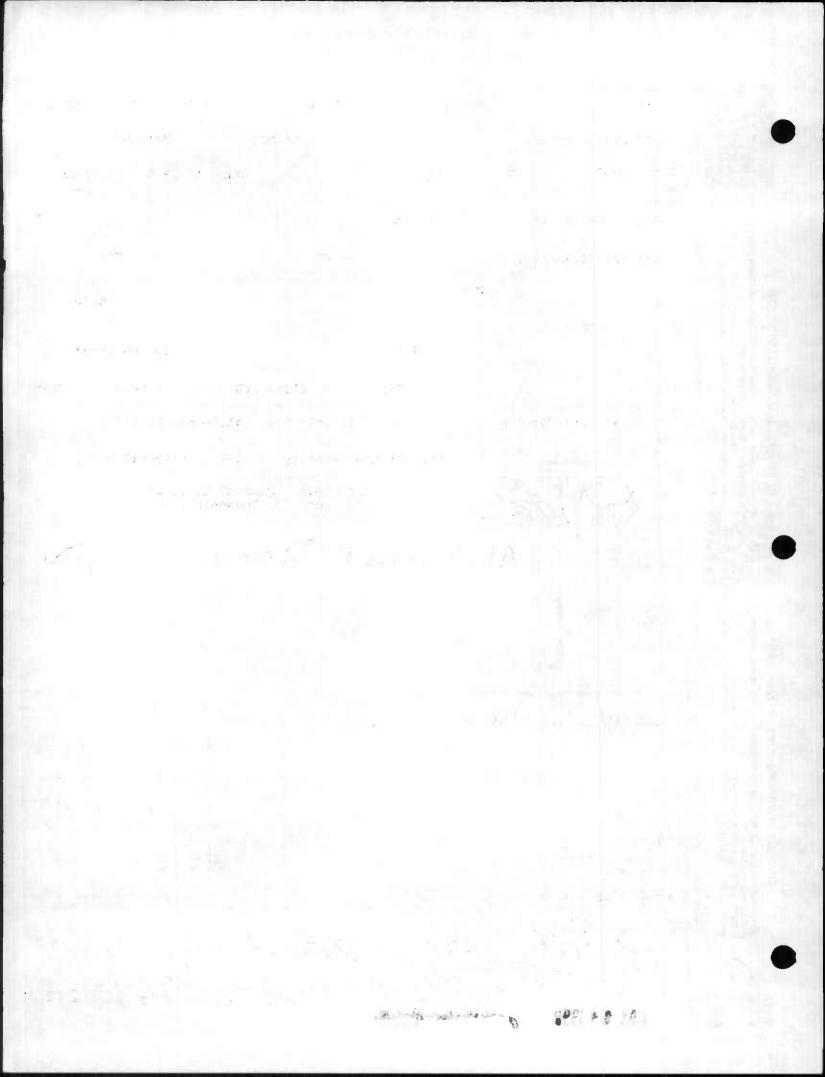


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death 1998 April 28 **Physician** Sarah Helen Volz 7:50AM /Medical 4c. County of Death 4a Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth **Examiner** 8113 Dalesford Rd. Baltimore Baltimore Birthplace (State or Foreign Country) If Under 1 Year If Under 24 Hrs. 5 Social Security Number 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Months Devs Hours 1□ M 28 F Yrs. 705-03-8023 June 17 1905 92 Maryland Director Usual Residence of Decedent 10d. Inside City Limits 10a State 10b. County 10c. City, Town or Location 1 ☐ Yes 2 ☒ No Md. Baltimore Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1211 Fairfield Ave. 21209 IISA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2€ No Specify: Specify: þ White 3 ⊠ Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) B&O Railroad Clerk 12 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Ellis Elizabeth Clark Unknown Rainey 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Mr. Donald Fair/Attorney 1211 Fairfield Ave. Baltimore, MD. 21209 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 5-1-98 Pikesville, MD. Druid Ridge Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, MD. the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Unionly one cause on each line. Approximete Intervel Between Onset and Death 23a. Part1. Enter the dis **Physician** /Medicai Immediate Cause (Finel rease disease or condition resulting in death) **Examiner** Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of) The law requires that tha daath certificate be exe Division of Vitai Records, P.O. Box 68760. Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? detached signed by t 1 Yes 20 No 3 Probably 4 Unknown ò 24b. Were autopsy findings available prior to completion of cause of death? should 24a. Was an autopsy Completed page 2 s 1 Tyes 2 No 1 Yes 20-No certificate Physician: director Be 25. Wes cese referred to medicel examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 | Inpatient 2 | ER/Outpetient 3 | DOA living this 24 hours aftar death.

Funeral Director: Aftar thi letely filled in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending Investigation Naturel 2 Accident or Attending 1 ☐ Yes 2 ☐ No 6 Could not be 3 ☐ Sulcide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital edical Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner stated. 29a. Certifier completely (Check only one) To the Vithin 2 29b. Signature and the confi 29d. Date signed (Month, Day, Year) 29c. License number ted ceuse of death (Item 23a) (Type, Print) 390 more mo 21211 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State MAY 0 4 1998 whavedown-Handel Registrar

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene()

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Death Month **Physician** CHARLES F. WHEAT, SR 10:17 p.M. MAY 1998 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (If not institution, give street end number) Examiner BALTIMORE If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | SEPT. 9, 1936 N/A MERCY MEDICAL CENTER 5. Social Security Number 6. Sex 1 XM 2 ☐ F 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Country) Maryland Yrs. 61 212-34-6557 **Director** Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or flems 23s or 28s-f show other traumetic event, the Madical Examiner must be notified at 1 Yes 2 No Maryland N/A Baltimore Directo 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 21230 USA 1401 Marshall Street death v Funeral 12. Wes Decedent Ever in U,S.
Amed Forces?

1 & Yes 2 No
1 Yes, Give
Year of Detes: 1957 Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 2 should be filed within 72 hours after and Mental Hygiena. Is marked other than "nature!", or Re-1 Never Married 2 Merried 1 ☐ Yes 2 No White þ 3 Widowed 4 Divorced 1957 Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiena. Baltimore City Elementery/Secondary (0-12) Cotlege (1-4or 5+) Marine Engineer Fire Department 12 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Charles Wheat Carrie Siebert 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If item 27 is m eny injury or other traun once. Patricia J. Ritter-Wheat/wife 1708 Belt Street Baltimore, MD 21230 altimore, 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 ☐ Buriel 2 🗡 Cremetion 3 ☐ Removal from State Metro Crematory, Inc. 5/4/98 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee Mc Dawn F. Mc Donald 22. Name end Address of Fecility.
Cremation Society of Maryland Inc. malo 299 Frederick Road Baltimore, MD 21228 23a. Part1. Enter the disease, or complications their caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical maliquait pleural reffrsions with respiratory
Due to (or es e consequence of): Failure 10 days **Examiner** Examiner metastatic bladder carrinoma bunal-Iransi Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury Due to (or es e consequence of): P.O. Box 68760, physician Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of) use as 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. datached 3 Probably 4 ☐ Unknown 1 ☐ Yes 2 ☐ No signed by Division of Vital Records, þ 24b. Were eutopsy findings avelleble prior to 24e. Wes an autopsy performed? Completed completion of cause of death? certificata has 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical exeminer? Be 26. Place of Deeth (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1º Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of injury (Month, Dey Year) funeral 28d. Describe how Injury occurred 27. Manner of Deeth 28b. Time of 28c. Injury et Work? Certification: After Hospital or Attending 5 ☐ Pending 1 Yes 2 No 24 hours after death. Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 4 Homicide filled in 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.

— Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29a. Certifier Medical To the Hosp within 24 hot To the Fune completely fi (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number lesident Duscian 30. Name and eddress of person who completed ceuse of deeth (ttem 23e) (Type, Print) DEPT. DE MEDICINE BALTIMORE, MD 21201 22 S. GLEEVE ST. Applistrer's Signeture

American Application State

**DHMH 16 Ray 6/95** 

Registrar

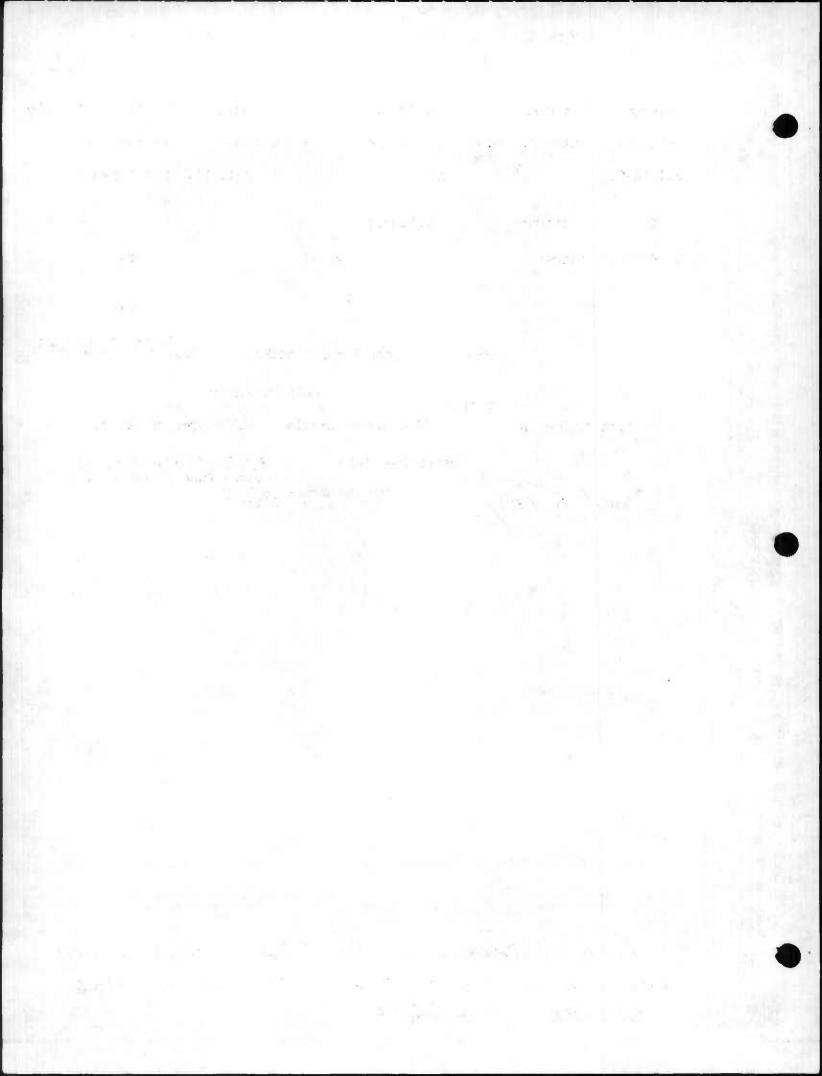
3. - 4. 1

Character has the Stephiness Demognosial Services but apply

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Tima ot Death 2. Data of Death **Physiclan** Month April Evelyn Plummer Willis 25 /Medical 4a. Facility Nama (If not Institution, give street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Augsburg Lutheran Nursing Center Baltimore Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number Birthplace (State or Foraign Country) **Funeral** 1 □ M 2 1 F Director 217-18-6691 Georgia Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location a or 28a-f show 10d. Inside City Limits Director 1 ¥ Yes 2 □ No Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan ot What Country? filed within 72 hours efter death with ms 23a 7414 Hindon Circle 21244 USA Funeral Нетв 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No 11. Marital Status Was Dacadant of Hispanic Orlgin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. "natural", or item 1 ☐ Nevar Married 2 ☐ Married 21215-0020 Completed by 1 ☐ Yes 2X No Specify: Specify: 3 □Widowed 4 □ Divorced **Black** the Medical 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working life. DO NOT use retired) (Specify only highest grada completed) State of Maryland Boys Group Home Juv Svo than College (1-4or 5+) 2 year Hygiene. Elementary/Secondary (0-12) years Food Service Worker 7 is marked other traumatic event, Battimore, Maryland 17. Father's Name (First, Middle, Last) unknown 18. Mothar's Nama (First, Middle, Maiden Surname) Be Pages 1 and 2 should be ment of Health end Mental Malinda Parker 19a. Informant's Name/Relationship (Type, Print) daughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health e 7414 Hindon Circle Baltimore, MD Jacqueline A. Drafts 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Ramoval from State Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory Apr 27 Catonsville, MD 21. Signature of Funeral Service Liperts 22. Name and Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Pkwy Baltimore, MD 21216 esle 23a. Part1. Enter the disaasa, or complications that are shock, or heart tailure. List only one cause of much line. Approximate Interval Between Onsat and Death **Physician** /Medical Immadiate Cause (Final myo cardial, marchim disease or condition resulting in death) **Examiner** atherosclerchic cardiovascular diseas loyears Examiner Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Cause (Disease or Injury that Initiated events Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence ot) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy has 1 Yes 2 LN 1 Yas 2 No Be 25. Was case refarred to medical examiner? 26. Place of Death (Check only one) To Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 42 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Bits 27. Manner of Daath 28a. Data of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Panding Investigation 1 DNatural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datermined 3 Suicide 28e. Place of Injury - At home, tarm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homleide To the Hospital of within 24 hours a To the Funeral D 1 critifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signature and titla of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) 25 Marin St. Reisdendans B. BUBMO HARO LO 32. Registrar's Signature 31. Data filed (Month, Day, Year) State MAY 0 4 1998 Registrar



Physician /Medical **Examiner** 

**Funeral** Director

To Be Completed by Funeral Director

Pleas	e Type or Prin					•	_	ble.	
	State of Ma	-		of Health a	ina Me		ene 9 8	3 13	781
1. Decedent's Nama (First, Middla,	Last)				1 2	2. Dete of Desth			Tima of Desth
Quentin Crevon	Williams				2	Month APRIL 2	Day	Year 998 5	:50 AM
4a. Facility Nama (If not institution,	give street and number)			4b. City, Tov		ation of Death	4c. County		· · · · · · ·
VAMHCS FORT H	S. Sex 7. Age	STON (In yrs. last birthde			HOW A	RD B. Date of Birth (Month, Day,	BALTI	9. Birthplaca	(Stata or Foreign
2.18 2.6 9632 Usuai Rasidance of Decedent	<b>X</b> M 2□ F 64	Yrs	MORIIS	Days	100	Sept. 23		Country)  Md.	
Md. 10b, County n/a		10c. City, Town or Balti							insida City Limits Yas 2 □ No
10e. Street and Number 329 E. 22nd Stre	et		10f. Zip C	<sup>2</sup> 21218		10	g. Citizan of V USA	Vhat Country?	
11. Maritei Stetus  1 Nevar Married 2 Marrie	If Yas, Giva		3. Was Deceda If Yas, specifi	nt of Hispanic Orig y Cuban, Maxican, XNo Specify:	gin? (Spec , Puerto Ri	ify Yas or No- ican, etc.)	Biac	e - American II ok, Whita, atc.	ndian,
3 ☐ Widowed 4 ☐ Pivorced	Yaar or Dates:	18a Da	codentie Heust	Occupation		4			
15. Decedant's (Specify only highest	grade completed)	(G	cedant's Usual iva <i>ki</i> nd of work a. DO NOT use	dona during most	of working	,	oo. AIRO OI BL	isinass/Industr	y
Elementary/Secondary (0-12) 12th Grade	Collega (1-4or 5-	-)		dinator (	Super	visor	tate o	f Md.	
17. Father's Name (First, Middla, La Cleveland Willia					r's Nama (	First, Middla, M			
19a. Informant's Name/Ralationshi Mark Williams	o (Type, Print) Son			Street and Number					le)
20a. Mathod of Disposition  1538urial 2 ☐ Cramation 3 4 ☐ Donalion 5 ☐ Other (Spe			rematory or oth	of erplace) t Veterar	ns Ma	_		City or Town,	
21. Signature of Funaral Service Lie 20a Fact Entartine disaasa, or co shock, or heart failure. List or	omplications that caused	tha daath. Do not a	2501 Gw	Addrass of Fecilify  ynns Fall  of dying, such as o	ls PK		imore,	Md. 2	
immediata Causa (Final disease or condition	PROSTA	TE CANC	ER WIT	H METAS	STAS	IS		8	YEARS
rasulting in death)	(	Dua to (or as a con-	sequance of):						
Sequentially list conditions, if eny, laading to immadiata cause. Entar Undarlying	b	Dua to (or as a cons	sequance of):						
Causa (Disaase or injury that initiated events rasulting in death) Last	c	ue to (or es e cons	sequanca of):						
	d							1	
Pert II. Other significant conditions	contributing to death but	not resulting in the	a undarlying cau	ısa givan in Part I.		23b. Did tob	acco use cor	ntribute to the	cause of death
FRACTURE LEFT	FEMUR, C	ACHEXIA				1 □ Ye	8 2□ No	3 Probabl	y 4 Unknow
						24a. Was an perform		availab	utopsy findings le prior to stion of cause h?
						1 □ Yas	2 No	1 □ Ye	s 2 No
25. Was casa rafarred to medical examinar?					of Death (	(Check only one	)		
1 ☐ Yas 2 ☐ No	Hospitel: 1 🖾 Inpatian	t 2 ER/Outpat	tient 3 DOA	Othar: 4 Nur	rsing Homa	a 5□Rasidar	ica 6 🗆 Oth	ar (Specify)	
27. Mannar of Death  1	100		of 280	c. Injury et Work? 1 🗆 Yas 2 🗀 N		3d. Describe how	v injury occurr	red	
3 Sulcida 6 Could no datamin		y - At home, farm, (Specify)	straat, factory,	office	28	8f. Location (Stre City or Town,		er or Rural Ro	ute Number,

Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be associted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completaly filled in by the funeral director, page 2 should be detached for use as the burial-thagsit Division of Vital Records, P.O. Box 68760, Medical Certification: To Be Completed by

Physician /Medical Examiner

29a. Cartifiar (Check only one)

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signatura and thia of certifiar

29c. Licansa number

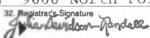
29d. Data signed (Month, Day, Year)

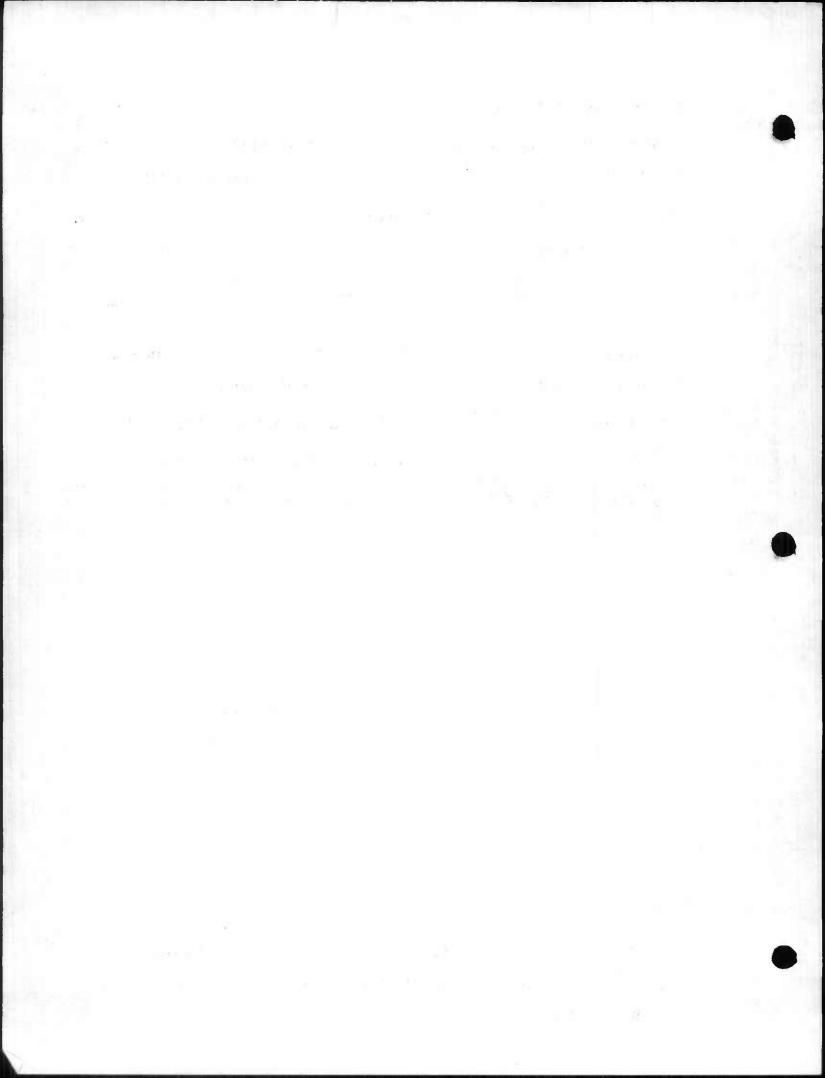
30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

DR. AURORA C.
31. Data filed (Month, Day, Year)

MAY 0 4 1998 9600 North Point Road, Ft. Howard, MD 21052 TAN

State Registrar



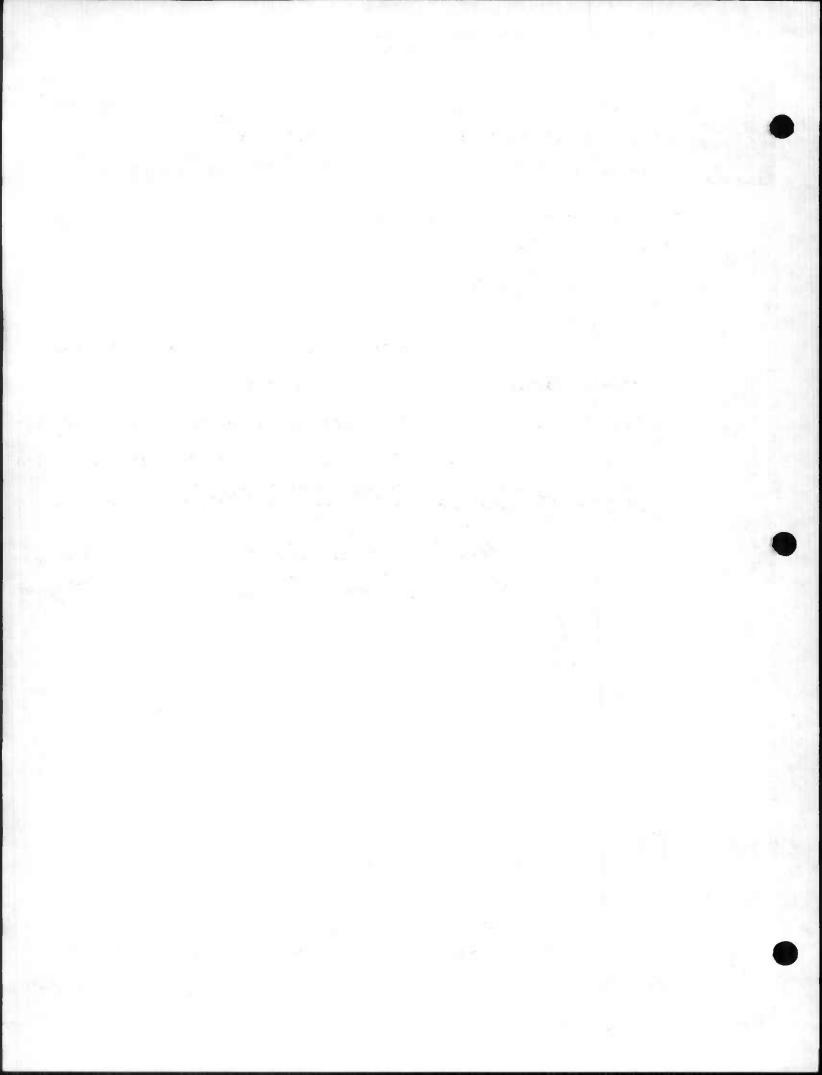


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth 5,30 pm **Physician** Month Year Joseph Η. Wagner 28 1998 4c. County of Deeth 4b. City, Town, or Location of Deeth /Medical 4e. Fecility Neme (If not institution, give street end number) **Examiner** Baltimore N/A Union Memorial Hospital 5. Social Security Number 8. Date of Birth (Month, Dev. Yeer) April 23,1922 Maryland If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** Deys Hours 10 M 20 F 213-20-3973 Director 76 Yrs. Usuei Residence of Decedent the Manyland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show frems 23s or 28s-f showing maint be notified at 1 Ves 2 No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3519 Keswick Road 21211 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, traumatic event, the Medical Examiner. Bleck White etc. Pages 1 and 2 should be filed within 72 hours after inent of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural", or Ite 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes X□XNo Specify: Specify: White þ 3X Widowed 4 □ Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Repair Person Appliance Repair 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melderi Sumeme) Joseph M. Wagner Stella 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 5226 Raccoon Court Columbia, Maryland 21845 permit. Pages 1 and 2 s Department of Health ar Important: If item 27 is any injury or other trau Les Caplan Stepson 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from Stete 4 Donetion 5 Other (Specify) Druid Ridge Cemetery Pikesville, Maryland 5/1 21. Signeture of Furerei Servica Licensee 22. Name end Address of Fecility Burgee-Henss Fuenral Home, PA 21211 3631 Falls Road, Baltimore, Maryland 23a. Pert1. Enter title disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each lips. **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Examiner Physician/Medical Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of) Box 68760 å Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Ē 1 Yes 2 Probably 4 Unknown Š 24e. Wes an autopsy performed? 24b. Were autopsy findings eveilebie prior to completion of cause of deeth? Completed 2 DNO t ☐ Yes 2☐ No Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Dinpatient 1 Yes 2 No 2 ER/Outpetient 3 DOA Medical Certification: 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide within 24 hours a To the Funeral L 29e. Certifier Cartifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner es steted. 2 Madical Examiner: On the basis of exemination and/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) 4 29b. Signature and little ply 29c. License number 29d. Pate signed (Month, Day, Year) 30. Name leted cause of death (Item 23a) (Type, Print) Univ. Portlag Butt. 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

was Davidson-Randall

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima ot Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** 2, May 11:00 A.M. Benny Cline Walters Sr. 1998 /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** 1₽M 2□F Months Yrs. Director 229-36-6382 66 Mar. 11 1932 West Virginia Usual Rasidenca of Decedant with the Maryland 10c. City, Town or Location 10d. Inside City Limits 10a. Stata Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hygiena.
Int: If Item 27 Is marked other than "natural", or items 23s or 28s-f show ury or other traumatic event, the Medical Examines round to notified at 1 ☐ Yas 2X No Directo Maryland Anne Arundel Severna Park 10e Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 673 Ellerslie Road 21146 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Maritai Status 1 X Yas 2 No 1948-It Yas, Giva Yaar or Datas: 1952 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: Specity: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada completed) Elementery/Secondary (0-12) Collega (1-4or 5+) 10 Maintenance Automotive 18. Mothar's Nama (First, Middla, Maidan Sumema) 17. Fathar's Nama (First, Middla, Last) Be William Seibert Walters Mary Payne 19a. Intormant's Name/Ratationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) Irene Walters/ Wife 673 Ellerslie Rd. Severna Park, MD 21146 20b. Placa of Disposition (Nema of camatary, cramatory or other place) May 4, 20c. Location - City or Town, Stata Important: If He any Injury or oth 20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐ Ramovai trom Stata 1998 Metro Crematory Catonsville, MAryland 4 Donation 5 DOther (Specify) Kirkley-Ruddick Funeral Home 421 Crain Hwy. S.E. GLen Burnie, MD 21061 23a. PartT. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximata Intarval Betwaan Onsat and Daath **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in death) Respiratory Failure Examiner Dua to (or as a consequence ot): Physician/Medical Examiner Acute M.I. the death certificate be experited Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaasa or injury that initiated avants Due to (or es e consequence of): Renal Failure Dua to (or as a consequence ot): rasulting in death) Last 88 Right Upper Lobe Pneumonia USB ō signed by the a d be detached t 23b. Did tobacco use contribute to the cause of death? Part It. Other etgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 ☑ Unknown that Anemia by 24b. Were autopsy findings avaitable prior to 24e. Was an autopsy Completed complation of cause of death? aw certificata has t irector, page 2 s 3FINO 1 Yas 2 No Attending Physician: director, 25. Was casa retarrad to medical axaminar? Be 26. Piace of Death (Chack only ona) Hospitai: Othar: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 0 1 TYas 25 No 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Mennar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28a. Data of Injury (Month, Day Year) Aftar 5 Pending 1 Natural 1 TYas 2 No death. invastigation 2 Accidant after deat n 24 hours after dea ne Funeral Director pletaly filled in by th 6 ☐ Could not be determined 3 ☐ Suicida 28e. Place of Injury - At homa, tarm, street, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida ò Executifying Physician: To the best of my knowledge, daath occurred at the time, date and place, end due to the cause(s) and manner es steted. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi Medical (Check only one) 2 Medicat Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b, Signature and title of certifier 29c. Licanse number 29d. Data signad (Month, Day, Year)

10

P.O. Box 68760,

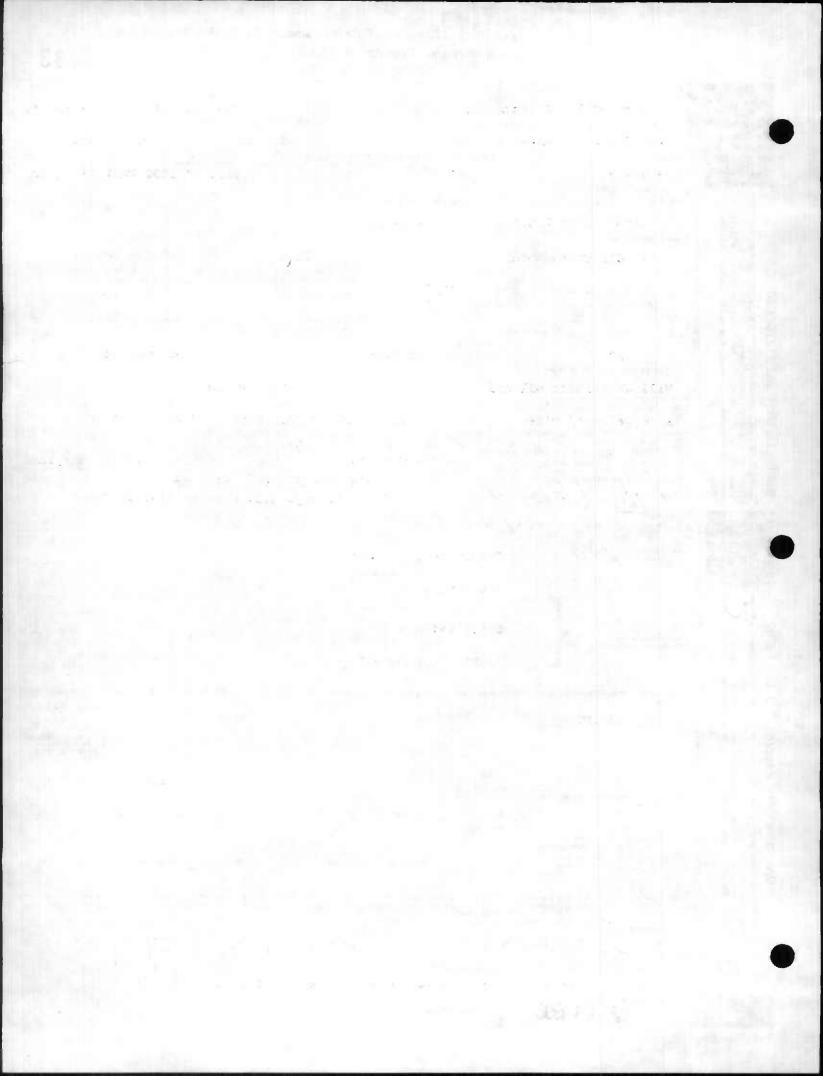
Division of Vital Records,

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print) Dr. Peter Swaby

Franklin & Cathedral Streets Annapolis, MD 21401

31. Data tiled (Month, Day, Year) Registrar





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death APKOPH. 1949 Babu 1 Bay Bou 12:50a 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year 5. Social Sacurity Number 6. Sax 7. Age (in yrs. last birthday) if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) March 30,1998 Birthplace (Stata or Foreign Country) Months Days 17 Hours DOM 2 F N.4. Vrs Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Caroline Ridgely 1X Yes 2 □ No 10e. Street and Number 10f Zip Coda 10g. Citizen of What Country? 12061 Wayman St. 21660 USA 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-It Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Yes 2 No
If Yes, Give
Year or Dates: 1√ Never Married 2 Married 1 ☐ Yas 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumeme) Kenneth Eugene Creasy Karen Welzel 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 12061 Wayman St., Ridgely, MD 21660 Karen Welzel/mother 20a. Method of Disposition

1 Burial 2 Cremation 3 Ramoval from State 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Spacify) 4/20/98 Greensboro Cemetery Greensboro, MD 21. Signature of Funaral Sarvice Licenses 22. Nama and Address of Facility
Fleegle & Helfenbein Funeral Home, P.A. Greensboro, MD 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each lina. Approximate tnterval Between Onset and Death Prematurit Immediate Cause (Final disease or condition rasulting in daath) honic lun Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 Po 3 Probably 4 Unknown 24b. Ware autopsy tindings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

attending physician and for use as the buriel-trans

the

signed by ti

peen s page 2 s has

certificata

this

After

after deeth.

within 24 hours after der To the Funeral Director complataly filled in by th

within 2 To the F

or Attending Physician:

Hospital

The law requires that the death certificete be executed

Box 68760.

Division of Vital Records, P.O.

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Physician/Medical Examiner

by

Completed

Be

Medical Certification: To

**Funeral** 

Director

7 is merked other than "natural", or frema 23s or 28s-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or theme 220 any injury or other traumetin.

Saltimore, Maryland 21215-0020

the Marylend

Sequentially list conditions, if any, leading to Immediate ceuse. Entar Underlying Cause (Disease or Injury that initiated avants resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t.

25. Was cese ratarrad to medical examiner? 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Management 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Yaar) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending Invastigation 1 Watural 1 Tyes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

29a. Certifier (Check only one)

31. Date tiled (Month, Day, Year)

MAY 0 4 1998

tacertifying Phyaictan: To the best of my knowladge, daath occurred at the time, date and place, and due to the cause(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. Licanse number 29d. Date signad (Month, Dey, Year)

ss of partion who complated causa of death (Itam 23a) (Type, Print) M.D., 600 N. Wolfe St., Baltimore, MD Jeffrey Keefer,

State Registrar

32. Registrar's Signature Julia Devideon- Pandalle

**DHMH 16 Rev 6/95** 

Sin in the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Lest) 2. Dete of Deeth Dey 45 Am Month APRIL 2814, 1998 1311 AH MOO 4e. Fecility Neme (If not institution, give street end number) 4b. Cltv. Town, or Location of Deeth 4c. County of Deeth Northwest Hospital Center Randallstown Baltimore If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Year) If Under 1 Year Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1□ M 2⊠ F Months Deys Yrs. 80 118-56-6635 Aug 19, 1917 China Usuet Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Maryland Baltimore Randallstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 4312 Mary Ridge Dr. 21133 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 □ Never Married 2 X Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 ☐ Yes 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Oriental 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 0 Homemaker Own Home 6 years 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Tong Chor Yan Unknown 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat end Numbar or Rural Routa Number, City or Town, Steta, Zip Coda) 4312 Mary Ridge Dr. Mr. Wo Kit Woo (Husband) Randallstown, MD 21133 20b. Placa of Disposition (Name of cemetery, cremetery or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlel 2 X Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore Washington Crem 4-30-98 Laurel, Maryland 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. 23e. P. of . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Applications on each line. 21133 Approximete Intervel Between Onset end Death Immediete Ceuse (Final CEREBRO VASCULAR ACCIDENT ADLAM . 3 DAYS diseese or condition resulting in deeth) Due to (or es e consaquance of) Sequentially list conditions, if eny, laading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In daeth) Last Due to (or es e consaquance of): Due to (or as e consequence of): Part II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown J-16-ull alion FIRIAL 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Was en eutopsy performed? 1 ☐ Yes 2 ☐ No 26. Placa of Deeth (Check only ona) Hospital: 1 npatient 2 ER/Outpatiant 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

Director

Funeral

by

Completed

item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Expresser rival be notified at

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygien. Important: If Item 27 is marked other than "natural", or Item any Injury or other traumetic event.

Baltimore, Maryland 21215-0020

physi peen

Box 68760

P.0.

Records,

Division of Vital

certificate To the Hospital or Attending Physician: within 24 hours efter deeth. To the Funeral Director: After this certific 2

Physician/Medical þ Completed Be Certification: To

Examiner

State Registrar

25. Was casa referred to medical examinar? 1 Yes 2 No 28a. Data of Injury (Month, Dey Year) 27. Menner of Death 28d. Dascribe how injury occurred 28c. Injury at Work? 28b. Time of 1 Naturel 2 Accident 5 Panding Investigation 1 ☐ Yas 2 ☐ No 6 Could not be detarmined 3 Suicide 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 ☐ HomicIda Certifying Physician: To the bast of my knowledga, daath occurred et tha tima, date and plece, and dua to tha causa(s) and mannar as steted.

Medical Examiner: On the basts of examination end/or invastigation, in my opinion, daath occurred et tha tima, date end plece, end due to the ceuse(s) end manner steted. 29a, Certifian Medical 29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

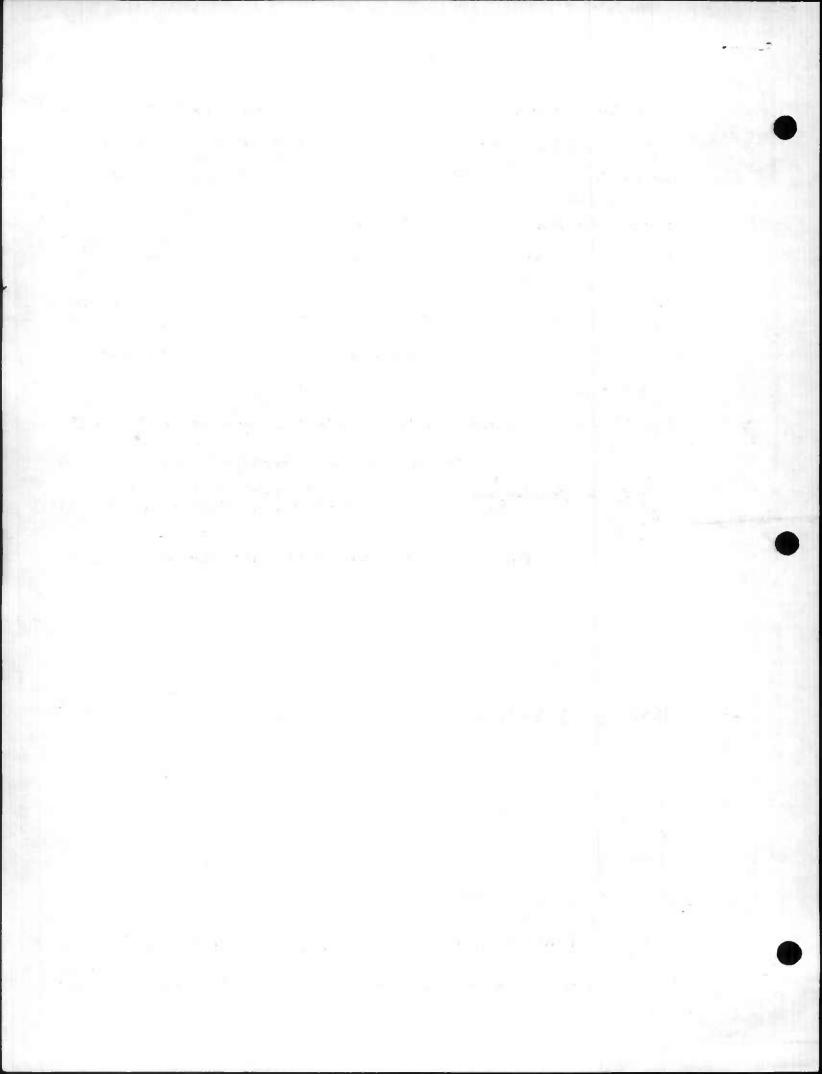
30. Name and address of person who complated ceusa of death (Itam 23a) (Type, Print)

nun

malla m.o

LOGINDER PMEHTA NURTHWEST HOSPITAL CENTER RANDALLSTOWN

31. Data filed (Month, Dey, Year) 32 Registrer's Signature was Davidson Randoll MAY 0 4 1998



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's Nama (First, Middla, Las	st)		tificate of	2001.7	2. Data of De		3. Time of D	leath	
Physician /Medical	Carl Jerr	y Armbi	tust			Month M	AYDex 1,	Y1998 5:54	4 AM	
Examiner	4a Facility Name (If not institution, give	street and number) Medica	Center		4b. City, Town, or	Location of Death	4c. County	of Death Baltimore	2	
Funeral Director	213-36-3/36	ex 7. Ag M 2□ F	a (In yrs. last birthday) 66 Yrs.	If Under 1 Yaar Months Days		(Month, Da	th ly, Year) 3, 1931	9. Birthplace (Steta or I Country) Maryland	Foreign	
Mo til	Usual Residence of Decedent  10a. State 10b. County		10c. City, Town or Lo	cation				10d. Inside City	Limits	
r 28a-f ahow notified at frector	Maryland Baltimon	re	Timon	ium				1 ☐ Yes 2	No (X	
or 28a-f a	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Vhat Country?		
	2143 Suburban Gre	eens		2109:			USA			
to memoral common must by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 X Yes 2 1 If Yes, Give Year or Dates:	Ever in U,S. 13. No	Nas Decedent of H f Yes, specify Cub 1 ☐ Yes 2 ☐ No	dispanic Orlgin? (S an, Mexican, Puerl Specify:	pecify Yes or No to Rican, atc.)	14. Rac Blac Specify	e - American Indian, k, White, etc. White		
rt, the Medical E	15. Decedent's Ed (Specify only highast gra	lucation de completed)	(Give	lent's Usual Occup kind of work done	f work done during most of working			usiness/Industry		
omp	Elementary/Secondary (0-12)	College (1-4or s	5+)	<i>DO NOT</i> use retire rtist	0)		Ret			
avent, Be C	17. Father's Name (First, Middle, Last)				18. Mother's Na	me (First, Middle,	, Maiden Sumam	a) 8	ant	
To	Carl Jerry	Armbrust	-		Mary	Melba			form-	
traumatic a	19a. Informant's Name/Relationship (1				and Number or Ri				1093	
other tr	William Leonhard 20a. Method of Disposition	it, Esq.	20b. Placa of Dispo	sition (Name of	a Road,	Date		City or Town, State	1093	
	1 Burial 2 Cremation 3 4 Donation 5 Other (Specify		Moreland	matory or other pla		5/5/98	Parkwill	lle, Marylan	nd	
any injury o once.	21. Signature of Funeral Service Logic		22	. Nama and Addra	ss of Facility		Idikvi	ile, naryran	Iu	
any	Bryan W. Clar	ary	,		neral Hor onia Road		fum. MD	21093		
	23a. Part1. Enlor the disease, or companies shock, or least allure. List only		the death. Do not ent	er the mode of dyi	ng, such as cardia	c or respiratory a	rrest,	Approximata Interval Between	een	
cian lical	Immediate Cause (Final		MYOCARD					Onset and De		
ner	disease or condition resulting in death)	a						I Ho	OK	
ě		CORON	Due to (or as a consect IARY ARTEI	RY DISE	ASE			4 HC	JURS	
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying									
se as the bunal-trensit	that initiated events resulting in death) Last									
cian	Date of the state	stributing to death but not resulting in the underlying cause given in Part I.				23b. Did tobacco use contribute to the cause of				
Physi	Part II. Other significant conditiona of	ontributing to death b	ut not resulting in the u	nderlying cause gr	ven in Part I.	1) Yes 2 No 3 Probably 4 Unkn				
pege 2 should be detected for use in Completed by Physician/M	24a. W						Was an autopsy performed? 24b. Were autoperformed? completion of deeth?			
Comp						10	Yas 2 No	1□Yes 20N	lo	
Be C	25. Was case referred to medical examiner?									
shysic this c al dire	1 Yas 2 No  27. Manner of Death 1 Netural 5 Pending	Hospital: 1 Inpatie 28a. Date of Inju (Month, Da	ry 28b. Time of	28c. Inju		Home 5 ☐ Residence 6 ☐ Other (Specify)  28d. Describe how injury occurred				
pletely filled in by the funera edical Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)				281. Location (Straet and Number or Rural Route Number, City or Town, State)				
completely filled in by the funer Medical Certification	29a. Certifier 12 Certifying Phy (Check only one) 1 Certifying Phy 2 Medical Exam	ysician: To the best liner: On the besis of and manner st	of my knowledge, death examination end/or invated.	occurred at the tivestigation, in my	me, date and place opinion, deeth occ	e, and due to the urred et the time,	cause(s) and madate and placa,	anner as stated. and due to the cause(s)		
completely filled in by the	29b. Signature and tille of priling 29c. Licanse number 29d. Date signed (Month, Day, Year)  D 3424  May 02, 1998									
X/	30. Name and address of person who of JOHN DMILTD	completed cause of d	eath (Item 23a) (Type, 20 YORK	Print)	WSON, M	ARYLANI				
	31. Date filed (MMAY 05 19		No. Topics							

TALLER IN

estable de la companya de la company

to the control of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 3. Time of Deeth 2 Date of Death Month 616 BAER MAY DAVID 1 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth HOSDITAL RANDAKSTONN NORTHWEST BALTimene | Months | Deys | Hours | Min. | AUG 2 , AUG 2 , 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign 1 XM 2 □ F Country) MARYLAND 89 Vrs 215-44-8772 Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND N/A BALTIMORE 1 XYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21215 7121 PARK HEIGHTS AVE., APT. 204 USA 12. Wes Decedent Ever in U,S. Armed Forces?

Y☐ Yes 2☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Married WHITE 1 ☐ Yes X No Specify: 3 ☐ Widowed 4 ☐ Divorcad 16e. Dacedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grede completed) College (1-4or 5+) Elamantary/Secondary (0-12) ATTORNEY AT LAW 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) LOUIS BAER CELIA UNKNOWN 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, Stete, Zip Code) REBECCA BAER (WIFE) 7121 PARK HEIGHTS AVE., APT. 204 BALTO., MD 21215 20b. Piece of Disposition (Name of cemetery, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Kuriel 2 ☐ Cremetion 3 ☐ Removei from Stete BETH EL MEM.PARK 5/3/98 RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licansee 22 SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 euris 23a. Part1. Inter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiretory errast, shack, or heart feilure. List only one cause on each line. Approximata Intervel Betwean Onset end Death Immediate Ceuse (Finel CANDIDGENIC Tow House diseese or condition rasulting in daeth) Dua to (or es e consequence of):

Acute myobarda INTARCTION Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or injury that initieted events resulting in deeth) Last Due to (or es e consequenca of): Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the ceuse of deeth? 1 Yes 2 No 3 Probably 4 Unknown OLD CONFBROVASCULAD 24a. Wes an autopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of daeth? ACCIDENT: Antonics Clerofic CARDIO VASCULAR DISTASE 1 Yes 25 No 1 Yes 2 No 25. Wes case rafarred to medical 26. Placa of Daeth (Check only ona) Hospitel: 1 ☐ Impatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28c. Injury et Work? 27. Menner of Deeth 28e. Deta of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined

Examiner Box 68760, P.O. Records, Division of Vital or Attending Physician: After eftar death.

Director: Aft
d in by the fur

Examiner Physician/Medicai þ Completed Be Certification: To

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

6

Herrs 23a

"natural", or

nd Mental Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hyg Important: If Item 27 is marked other any injury or other

**Physician** /Medical

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

traumatic event, the Medical Examiner must be notified at

To the Hospital or within 24 hours eft To the Funeral DII completely filled in

State Registrar

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et tha time, data end placa, and due to the ceuse(s) end manner stated. 29b. Signeture end title of continue

28e. Place of Injury - At home, ferm, street, factory, offica building, atc. (Specify)

29c. License number D19502

1 Certifying Phyelcian: To the best of my knowledga, death occurred et tha tima, data and placa, end due to tha causa(s) end menner as stated.

29d. Date signed (Month, Dey, Year)

28f. Location (Street and Number or Rurel Route Number, City or Town, Steta)

ted cause of death (Item 23e) (Typa, Print) 30. Neme end eddress of person who complete DRIANDO

CONANAN

HOSPITAL

31. Dete filed (Month, Day, Year) MAY • 5 1998

3 Suicide

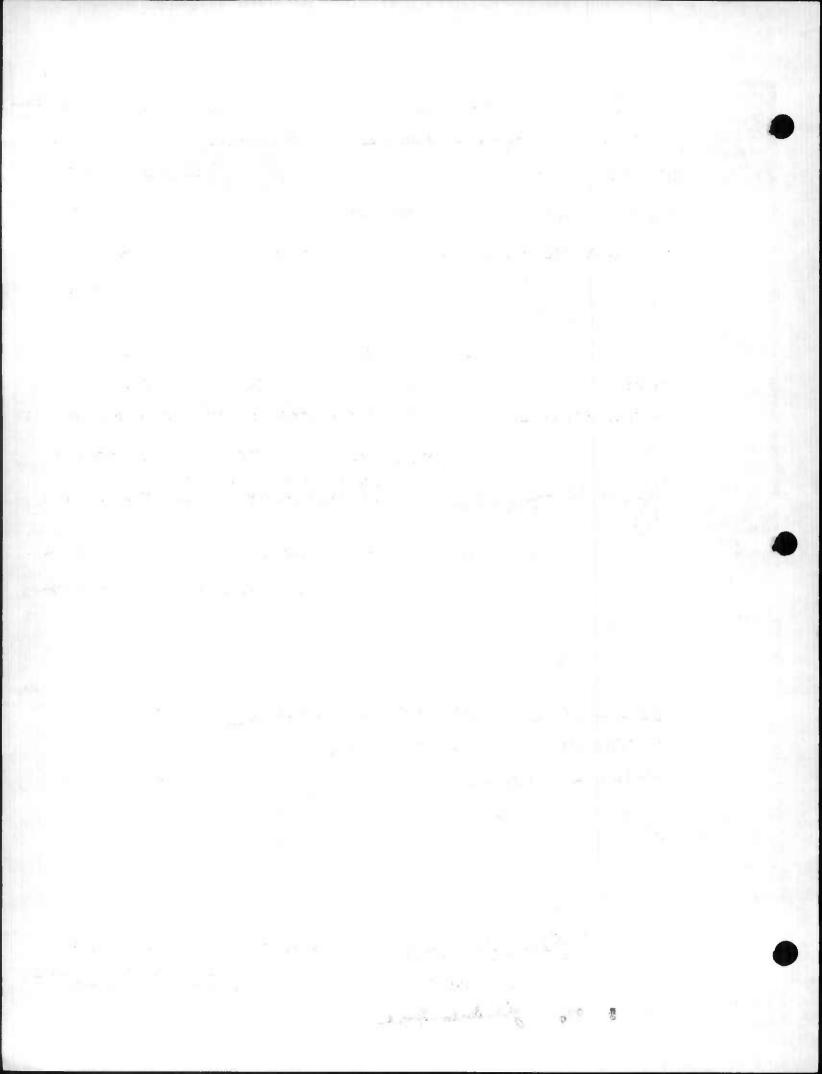
29a. Cartifier

Medicai

4 | Homicide

(Check only one)

32. Registrer's Signature who Davidson

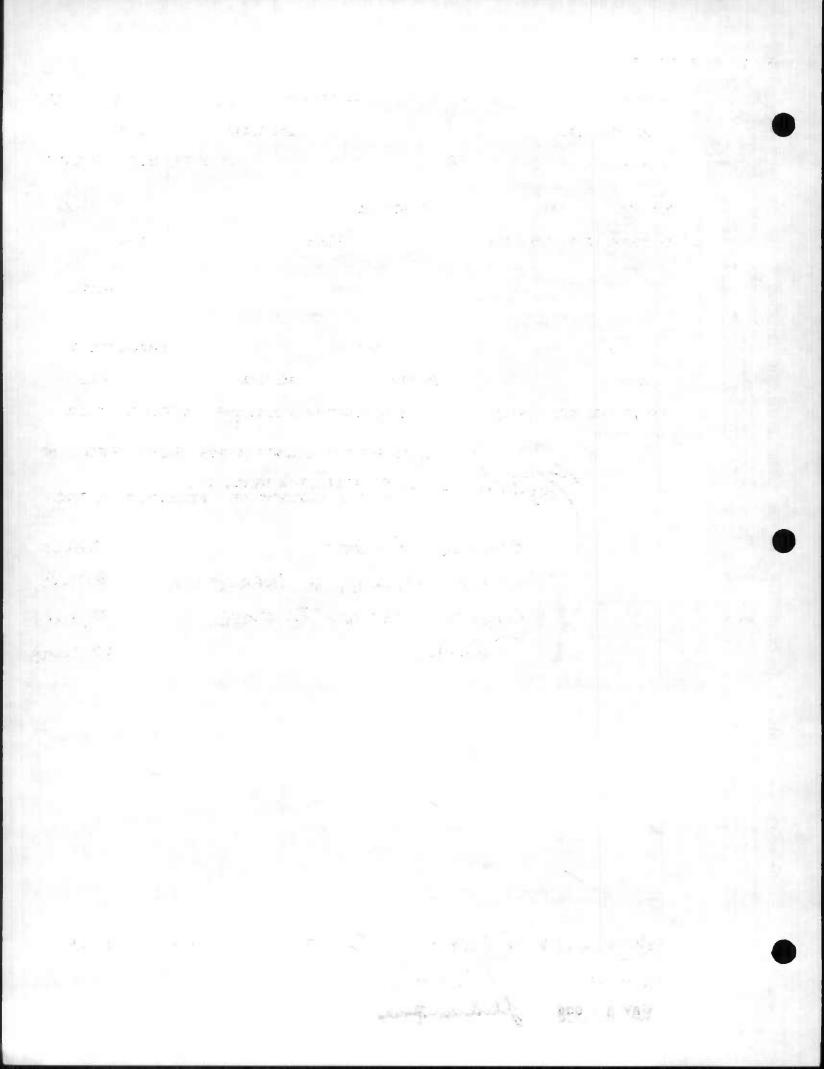


State of Maryland / Department of Health and Mental Hygiene Amend: 19b Per FH Film G759 5-5-98RC Certificate of Death 1 Decedent's Neme (First Middle Last) 2. Date of Deeth 3. Time of Death **Physician** BERNSTEIN MORTON M 1998 2:25 AM MAY /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Neme (If not institution, giva straat and number) Examiner N/A STNAT HOSPITAL BALTIMORE If Under 1 Year | if Under 24 Hrs. 8. Dete of Birth (Month, Bay 28ar) 1915 9. Birthplece (Stata or Foraign 5 County ARYLAND 5 Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months 15 M 2□ F Days Hours Min 218-07-6736 Yrs. Director Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits d 2 should be filed within 72 hours efter deeth with the Merylen he and Mental Hygiene. Tie marked other than "neturel", or items 23s or 28s-f show traumatic event, in a motical Examinat must be notified as MARYLAND N/A BALTIMORE 1 □Xes 2 □ No Director 10f. Zip Code 21215 10e. Street and Number 10g. Citizen of What Country? 3818 FORDS LANE, APT. 103 USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11. Marital Status Black, White, etc. 1 Never Merried 2 Married 1 X Yes 2 □ No If Yes, Give Yeer or Detes: WHITE 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada complated) 18e. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16h Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 9 SALESMAN LIQUOR STORE 18. Mother's Name (First, Middla, Maidan Sumama) 17. Fether's Neme (First, Middla, Last) **AARON** BERNSTEIN REBECCA GOLD Jemit. Pages 1 end 2 sho Department of Health important: If terring any injury or page. 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 3818 FORDS LA., APT. 013 BALTO., MD MORRIS BERNSTEIN (BRO) 20b. Plece of Disposition (Nama of cametery, cramatory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State TZEMECH SEDEK VE SHOMREI HADATH 5/3/98 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 23a. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) ARREST /Medical CARDIAC 1 hour Examiner Examiner INFARCTION 8 hours MYOCARDIA physician and the burnal-trensit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Box 68760. Physician/Medical 98 esn 23b. Did tobacco use contribute to the cause of death? ed by the g Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Donknown signed t Records, g 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed pege 2 hes certificate 2 TUNO 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Wes cese referred to medical Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 3 DOA 1 ☐ Inpetient 2 ☑ ER/Outpetient this funeral 27. Menne of Deeth 28d. Describe how injury occurred 28b. Time of 28c. tnjury et Work? Certification: 28a. Date of Injury (Month, Dey Year) After 5 Pending 1 Yes 2 No 24 hours after death. Funeral Director: A investigetion 2 Accident 6 Could not be determined 3 ☐ Suicide Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end manner as steted. edicai completely 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) end menner stated. (Check only one) within 2 To the 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BENJAMIN 38 GREN TREE RD. SUITE 53 31. Dete filed (Month, Day, Year) State

State Registrar

MAY 0 5 1998

32. Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene Reg. No. Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month 98 **Physician** Berry AROLUN 30 /Medical 4a Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** NA medical Center BALTIMORE mercy If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10M 20F Months Days Hours MO 212-58-0581 Usuel Residence of Decedent Yrs. Director the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23e or 28s-f show other traumstic event, the Medical Examiner must be notified at 1 Yes 2 No BALTIMORE Director MD NIA 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 2712 SETHLOW KOAD Funerai death 12. Was Decedent Ever in U,S.
Armed Forces?

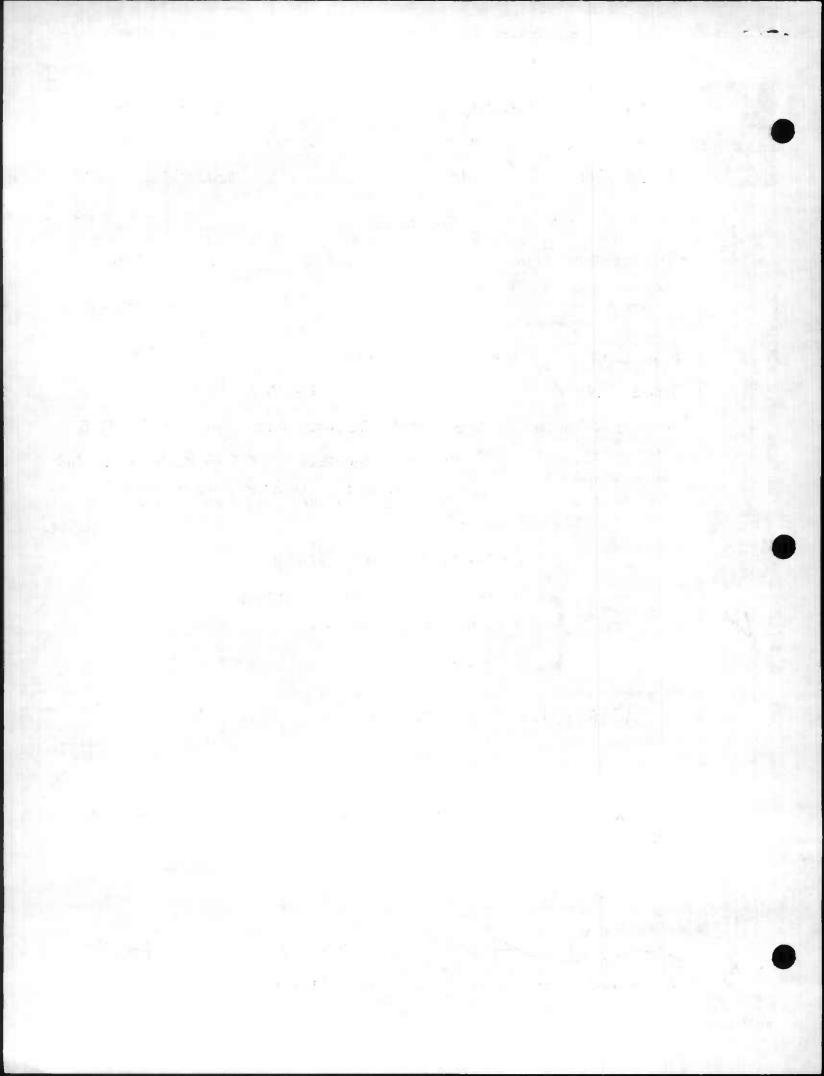
1 ☐ Yes 2 ☑ No
If Yes, Give
Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Haaith and Mantal Hygiana. Important: If Item 27 is marked other than "naturel", or ite 1 Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Baltimore, Maryland 21215-0020 p 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Il Hygiana. Elementery/Secondery (0-12) College (1-4or 5+) DOMESTIC HOME 10 TH GRADE NIA 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) BERNICE BERRY LOVE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) SPELMAN KOAD STRATION BALTO. 2825 MP DAUGHIER CHARRON 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition eny injury or o 1 Burial 2 □ Cremation 3 □ Removal from State 5-5-98 ELLICOT CITY MT. ZION CEMESERY 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
VAUGHN C. GREENE FUNERAL SERVICE 21. Signature of Funeral \$8tylice Licensee 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. BALTO. MO. 21229 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) +IZZE-J Examiner Physician/Medical Examiner Respiration Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, 0 holic Due to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the ceuse of death? signed by t 2□ No 3 Probably 4 Unknown py 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed cartificata has paga 2 20 No 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 PR/Outpatient 3□ DOA P 1 Inpatient Aftar this funaral 28b. Time of 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Dey Yeer) 28c. Injury at Work? Certification: 1 Netural
2 Accident or Attending 5 Pending Investigation 2 No daath. 1 Yes after daath 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a Hospital the Certifying Physicien: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 the 29d. Date signed (Month, Day, Year) 29b. Signature and tille of certified 29c. License number 98 D25 37 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Died Orall Are BRRRY 32. Register Signature
Sucha Davidson Pandall 31. Date filed (Month, Day, Year) MAY 0

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

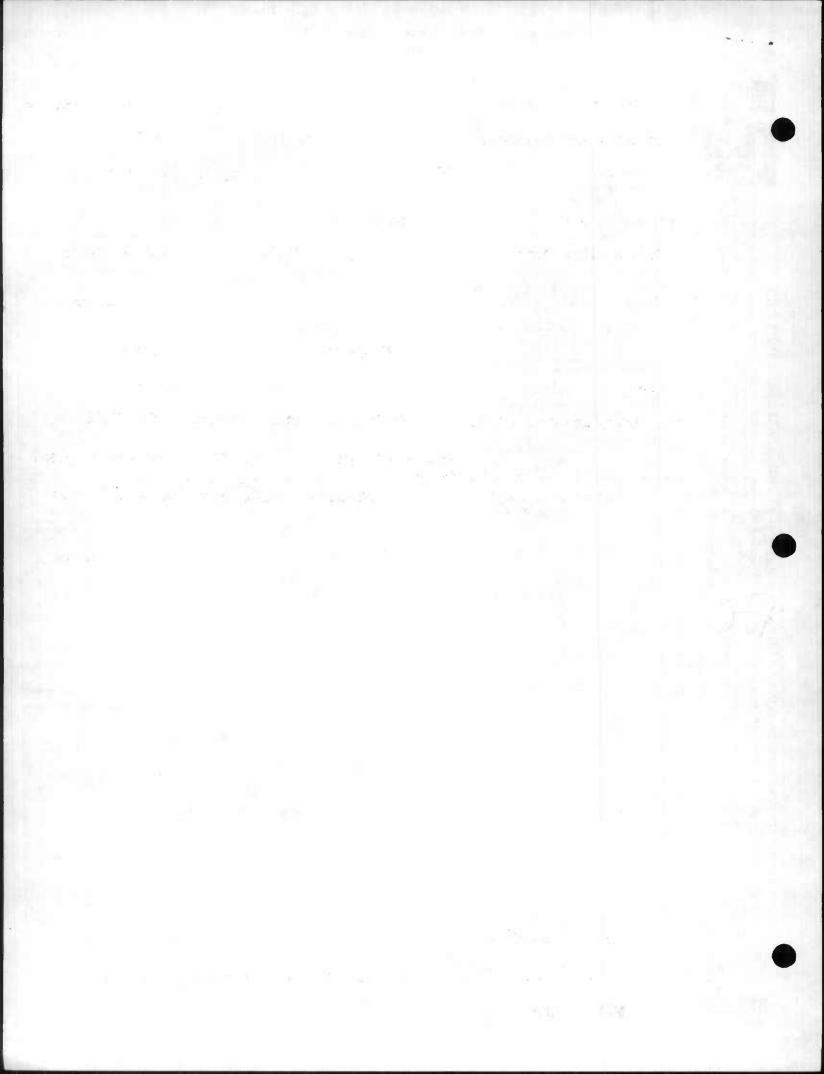
**DHMH 16 Rev 6/95** 

Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Evelyn E. Barnes May 1998 6:15 a.m. /Medical 4a Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner N/A Genesis - Hamilton Center Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF Months Deys Hours Min 215-07-8091 Yrs. 91 May 9, 1906 Maryland Director Usual Residence of Decedent the Maryland r 28a-f show 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Baltimore City Directo Maryland N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filled within 72 hours after death with I Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23s or 3 any Injury or other traumstic event, the Wed cal Examiner mant be in page. 21206 4009 Biddison Lane United States Funeral 14. Reca - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: by 3 ☑ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Be Lula A. Schaeffer J. Maisch Henry 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Baltimore, MD 21204 Mrs. Audrey Londeree / Cousin 806 Stagshead Road 20b. Place of Disposition (Neme of cametery, cremetory or other pleca) Dete 20c. Location - City or Town, State 20a. Method of Disposition 1 Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 5/6/98 Woodlawn, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery 21. Signeture of Funerel Service Licensee Michael E. Canapp 22. Name end Address of Fecility Leonard J. Ruck, Inc. Midd 21214 5305 Harford Rd. Baltimore, Maryland 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death Physician /Medicai immediate Ceuse (Finel disease or condition resulting in death) ementio Leas **Examiner** Due to (or es a consequenca of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es a consequence of): Box 68760 Physiclan/Medical Due to (or es a consequence of) use as 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown signed t by 24b. Were autopsy findings eveileble prior to Completed 24a. Wes en autopsy parformed? completion of cause of deeth? page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate director. 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Be Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Reeidenca 8 Other (Specify) 10 1 Yes 2 No this 28e. Dete of Injury (Month, Dey Year) funeral 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 28c. Injury et Work? Certification: After or Attending 5 Pending 1 Maturel 1 Yes 2 No death. investigation 2 Accident ector: 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) à after 4 T Homicide filled Hospital 24 hours 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. edicai 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and menner steted. (Check only one) within 2 2 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signeture and title of cartifier Backer Karskart, M.D. 47813 3007 E. Northern Parkway Baltimore My 2/2/4 30. Name and eddress of person who completed cause of deeth (item 23e) (Type, Print) BASHAR KARAKASH 32. Red strar's Sufficience 31. Dete filed (Month, Dey, Year) State MAY 05 1998 Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. Item#20b per FH G759 4/5/98 EW 3. Time of Deeth 2 Date of Death 1. Decedent's Name (First, Middle, Last) Day Month 1:55pm Blackwell Arthur 3, 1998 May 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Baltimore 1406 Argyle Ave. 5. Social Security Number If Under 1 Year Birthplace (State or Foreign Country) MD 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Months XXA 2DF Days Hours 52 Yrs 213-50-4196 Jan.2,1946 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Wes 2 No n/a **Baltimore** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21217 1406 Argyle Ave. USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 1 No 11 Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Stafus Black, White, etc. MIX Never Married 2 Married **Black** 1 ☐ Yes 2KXo Specify Specify: 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Delivery Man Market 7th 18. Mother's Name (First, Middle, Malden Sumeme) 17. Father's Name (First, Middle, Last) Mary Blackwell Aqu11a Watkins 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a, informant's Name/Relationship (Type, Print) Mary Blackwell/mother 1406 Argyle Ave. Balto., MD 20b. Place of Disposition (Name of cametery, crematory or other place) MT Zion Cemetery 20c. Location - City or Town, State 20a. Method of Disposition uriai 2 Cremation 3 Removal from State 7/98 Baltimore MD 5 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facilit 21 Figurature of Funeral Servica Licansee James A. Morton & Sons Funeral 1701 Laurens St. Balto., low MD ames 23a. Pattl Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock or heart feiture. List only one ceuse on each line. Approximete Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Due tol(or as a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lasf Due to (or as a consequenca of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 No 3 Probably 4 Unknown 1 Yes Human Immunodeficiency Synd 24b. Were autopsy findings available prior to 24a. Was an eutopsy performed? completion of cause of death?

Physician /Medical Examiner

**Physician** 

/Medical

Examiner

10a. State

Directo

Funeral

by

Completed

Be

•

MD

**Funeral** 

Director

7 is marked other than "natural", or items 23s or traumatic event, the Medical Examinar must be a

the Marylend r 28a-f show

with t

death 1

permit. Pages 1 and 2 should be filed within 72 hours after dea. Department of Health and Mental Hygiene. Important: If tem 27 is marked other than any injury or other traumonal.

Physician/Medical Examiner esn been signal

certificate hes b lirector, pege 2 s this funeral After s after des. al Director: Afte 124 hours after dea ne Funeral Director nletely filled in by th

py Completed 25. Was case referred to medical exeminer? Be 2 27. Manner of Death Certification:

the death certificate or Attending Physician:

P.O. Box 68760, Division of Vital Records,

within 24 hor To the Fune completely fi

Hospital

State Registrar

edicai

31. Date filed (Month, Day, Year) MAY 0 5 1998

mela

29b. Signature and title of certifier

2 Accident

3 Suicide

29a. Certifie

4 Homicide

(Check only

5 Pending Investigation

6 Could not be determined



28e. Dete of Injury (Month, Day Year)

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28b. Time of

29c, License number 29d. Date signed (Month, Day, Year)

26. Plece of Death (Check only one)

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

Injury et | 28d. Describe how Injury occurred

281. Location (Street and Number or Rural Route Number, City or Town, State)

2 No

1 Yes 2 No

Baltimore, Md 21205 Worke St 25010 Ren 615N

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as stated.

28c. Injury et Work?

2 Medical Examiner: On the basis of examination and/or Investigation, In my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

1 ☐ Yes 2 ☐ No

historidan

32. Registrar's Signature

The state of the s 

- State of the same of

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 98 13792

1. Concentral Name (Print, Madin, Late)   Sylvia Bruno   Sylvia					Certificate of	Death	R	leg. No.	1	019	4	
## Februs Name of root institution, plus share and mutation Genesias Elder Care Hammon's Lance Center  ## Service Name of root institution, plus share and mutation Genesias Elder Care Hammon's Lance Center  ## Service Name of Root institution of Path   100 plus		1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Dee	th	Veer	3. Time of	Deeth	
de Felity Neuer de role traiteure, peu siente reformantaire de Centes SE ELICIA CONTY O'Desti Harrier Control of Control			Sylvia	Bruno					-	5:00	A.M	
Special Source in Number of December   10 mode	4a Fecility Neme (If not institution, g	ive street and number)			4b. City, Town, or	Location of Deeth	4c. County	of Death				
42 6 26 32 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  42 6 26 36 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  42 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  42 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  42 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  42 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  42 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  42 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  43 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  44 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  45 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  46 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  47 6 26 347 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  48 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  48 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  48 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  48 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  49 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  49 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  40 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20,1913 Coulsisans  40 7 IDM 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mooring Days Hours No. Sept. 20F B4 Vrs. Mo		Genesis Elder	Care Hammo	onds Lai	ne Center	Baltimo	ore	Ann	e Aru	nde1		
Usual Predictions of Decaders   100. CBy, Town or Location   100. Easter City, Town or Location   100. Easter and Human   100. Easter City, Town or Location   100. Easter and Human   100. Easter City, Town or Location   100. Easter and Human   100. Ea					Months Days		(Month, Day	, Year) 0,1913			r Foreigr	
The Name Marked   Companies							•					
The Name of Market   Market   Market   Specific   Spe	dat			10								
200 - 1st Avenue	oto	-					225110					
11. Martiel Status 13. Web Depoted Phase of Phase Phase Chipper (Speech) Year or No. 15. Race - American Indian, 16. Race - American Indian, 1	0 %					try?						
Specific S	IN THE	11, Maritel Status	12. Was Decedeni E Armed Forces?	Ever in U,S.	13. Was Decedent of If Yes, specify Cub	Hispanic Origin? (	Specify Yes or No- rto Rican, etc.)					
Seamstress Seamstress Seamstress Factory Work State 17. Februre Neme (First, Micke, Last) 17. Februre Neme (First, Micke, Last) 18. Informer's Neme (First, Micke, Last) 19. Informer's Neme (First, Mick	by by		1 ☐ Yes 2 🔀 N If Yes, Give	lo				weily: White				
Seamstress Seamstress Seamstress Factory Work State 17. Februre Neme (First, Micke, Last) 17. Februre Neme (First, Micke, Last) 18. Informer's Neme (First, Micke, Last) 19. Informer's Neme (First, Mick	ted ster	15. Decedent's	Education	16a	Decedent's Usuel Occu	pation	orkina	16b. Kind of Bu	siness/Ind	lustry		
19. Months   Facility   Months   Facility			Flementery/Secondary (0-12) College (1-4or 5+)									
Teach of the water (mode, Mode) (Last)   Teach of the water (mode) (Mode) (Last)   Teach of the water (Mo	Set al				Seamstress							
1 Sparral 2   Cementon 3   Removal from State	Se Se	17. Fether'e Neme (First, Middle, Las	st)						Θ)			
1   Secretary   1   Secretary   2   Determined   De	To atic	Leo Norris						(not available)				
1 Spalial 2 Ceremeion 3 Chemoval from State ( Cedar Hill Ceretery 5/5/98 Baltimore, Maryland ( Cedar Hill Ceretery 5/5/98 Baltimore, Maryland 2 Cedar Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Holds Federal Hill Ceretery 5/5/98 Baltimore, Maryland Adolescent Federal Hill Ceretery 5/5/5/98 Baltimore, Maryland Adolescent Federal Hill C	E E	19a. Informent's Neme/Reletionship	(Type, Print)								211	
1   Serial   2   Decrement   3   Themoval from State   2   Decrement   3   Dec	127 Her tr		daughter			a Court					7	
23e, Pfi1. Error the disease for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.   Approximate this content failure. A con	0		□Removal from State	20b. Place o	f Disposition (Neme of ry, cremetory or other pla	ace)						
200   Ritchie Highway   Balttimore, Md. 2005   Septiminary   Balttimore, Md. 2005				Cedar	Hill Cemet	ery	5/5/98	Baltimo	re, l	Maryla	nd	
23e. Pfil. Finer the disease for complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of dying, such as cerdiec or respiratory arrest.  Approximate mode of the dying of the cerdific mode of th		. 0 -										
Michael aminor  The property of the property o		220 Parts Franches disease for an		the death. Do		_	_					
1   Yes   2   No   3   Probably   4   Umfkind   24a. Was en eutopsy   24b. Were autopsy findings evaliable prior to completion of cause of deeth;   1   Yes   2   No   1   Yes   2   N	3 E											
24a. Was en eutopsy performed?  24b. Were autopsy finding available prior to completion of cause of death?  1   Yes   2   No    25. Wes cese referred to medice!  26. Place of Death (Check only one)  27. Mannager Death  1   Yes   2   No    28. Place of Injury   28b. Time of injury   28b	by the attending ached for usa hysician/N	Part fl. Other significant conditions	iven in Pert I.					-				
25. Wes case referred to medical examiner?  1	s been signed 2 should be d pleted by								ava cor	ailable prior to impletion of c	to	
25. Was case referred to medical examiner?	e has						101	es 2000	10	Yes 2	No	
27. Manney of Death 1   Matural   2   EN/Outpatient   3   DOA   4   Nursing Home   5   Residence   6   Other (specify)   28b. Time of Injury   28b. Time o	or, p	25. Wes cese referred to medical				26. Place of D	eath (Check only o	ne)				
27. Manner of Death   Matural   Matural   Month, Dey Year   28b. Date of Injury   28b. Time of Injury   28c. Injury et Work?   1   Yes   2   No   28d. Describe how Injury occurred	direct direct	examiner?	Hospital:	nt 2□ER/O	utnatient 3 DOA O	hor.			er (Specifi	v)		
29a. Certifying Phyalcfan: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es stated.  29a. Certifying Phyalcfan: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es stated.  29b. Signalure end little of certifier  29c. License number  29d. Date signed (Month, Dey, Year)  30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)  372  383  394  395  396  397  397  398  398  399  399  399  399	After thi funeral funeral	27. Manner Death 1 Natural 5 Pending										
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature end little of certifier  29b. Signature end little of certifier  30b. Neme and address of person who completed cause of death (Item 23a) (Type, Print)  30b. Neme and address of person who completed cause of death (Item 23a) (Type, Print)  31c. Dete filed (Month, Dey, Year)  32c. License number  29c. License number  29d. Date signed (Month, Dey, Year)  30c. Neme and address of person who completed cause of death (Item 23a) (Type, Print)  31c. Dete filed (Month, Dey, Year)  31d. Dete filed (Month, Dey, Year)  32d. Registros Signature		3 ☐ Suicide 6 ☐ Could not	28f. Location (5 City or Tow	28f. Location (Street and Number or Rural Route Number, City or Town, State)								
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  ASHOK K CHATTENTEE 39, ANNA POLIS KOND  State 31. Dete filed (Month, Day, Year)  32. Registral Signature	Funeral taly filled lical Ce	(Check only 2 Medical Ex	aminer: On the basis of	exemination ar							5)	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  AS HOK K CHATTENTEE 39, ANNA PO21 8 KOND  State 31. Dete filed (Month, Day, Year)  32. Registral Signature	Thin The		and menner sta		29c 1 Iron	se number		29d. Date sinne	d (Month	Dev. Year)		
State 31. Dete filed (Month, Dey, Year) 32. Registro's Sign, Uru	8 4 8	200. Signature site file of confiler	111			352	3	29d. Date signed (Month, Dey, Year)				
State 31. Dete filed (Month, Dey, Year) 32. Registry & Sign, Urn	$\sim$	(/101/	muy ,			)> >(		>	(	N	0	
State 31. Dete filed (Month, Dev, Year) 32. Registro's Sign III	0	30. Neme and address of person wh	completed cause of de	ATTO	(Type, Print)	39.	27, AN	VAPOR	719	ルント	V	
	State	31. Dete filed (Month, Dey, Year)	1998 32. Registr	Signillura	50.00					- (-		

rependent to the second of the and the second thanks to a few few managements of the sales

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last, 2 Date of Deeth **Physician** /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner IMORE 7. Aga (In yrs. last birthday) 85 Yrs. If Under 1 Yaar | If Undar 24 Hrs. 6. Sex Birthplaca (Stete or Foreign Country) Days 1□M 21 F Director Usual Rasidance of Dacedant with the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylar Department of Heelth and Menial Hygiens. Important: If Item 27 is marked other than "natural; or items 23e or 28s-1 show any liqury or other treumatic event, Its Medical Expriner results roughled as any injury or other treumatic event, Its Medical Expriner results roughled as 1 TYas 2 □ No Directo 10e. Street and Number 10g. Citizan of What Country? Rece - Amarican Indian, Black, Whita, alc. 12. Was Dacedant Ever in U,S. Armed Forcas? 11. Marital Status 1 Naver Marriad 2 Married 1 ☐ Yas 2 ☐ If Yas, Give Yaar or Dates: 2 No Baltimore, Maryland 21215-0020 1□ Yas 2☑ No þ 3 DWidowad 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 041 ABORER 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) (50n) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or To te, Zip Code) 2/202 20b. Placa of Disposition (Name of cametery, cremetory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Buriei 2 ☐ Cramation 3 ☐ Ramoval from State DN 4 Donation 5 Othar (Specify) 21. Signature of Funaral Service License 22. Nama and Address of Fecility N. GILMON Balto. MPZRIT 23a Part1 Emfar tha disease, or complications of a caused the death. Do not anter tha moda of dying, such es cardiac or raspiratory errast shock, or heart feilure. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) Examiner Examiner physican and s the buriat transit Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Diseasa or Injury that Initiated evants rasulting in daath) Last es a consaguance of) Division of Vital Records, P.O. Box 68760 Physician/Medical Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 HO 3 Probably 4 Unknown à 24b. Wara eutopsy findings availabla prior to complation of causa of deeth? 24a. Was an autopsy performed? Completed 1 Tas 2 No 1 Yes 2 No this certificate I or Attending Physician: effer death. Director: After this certific funeral director, 25. Was casa rafarred to medical axaminar? 26. Place of Deeth (Check only one) Othar: 4 Nursing Homa 5 Hasidance 1 Yes 2 No Certification: To 1 Inpatlant 2 ER/Outpetiant 3 DOA 8 Othar (Specify) 28e. Date of Injury (Month, Dey Yeer) 27. Manney of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No investigation 2 Accidant Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 ☐ HomicIda To the Hospital within 24 hours e To the Funeral D 29a. Cartifiar To critifying Physician: To tha best of my knowledge, death occurred at the time, date and piece, and dua to tha cause(s) end manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, In my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29d. Dete signed (Month, Dey, Year) 29b. Signetura and titla of contifia

Eulaw

m D2/20

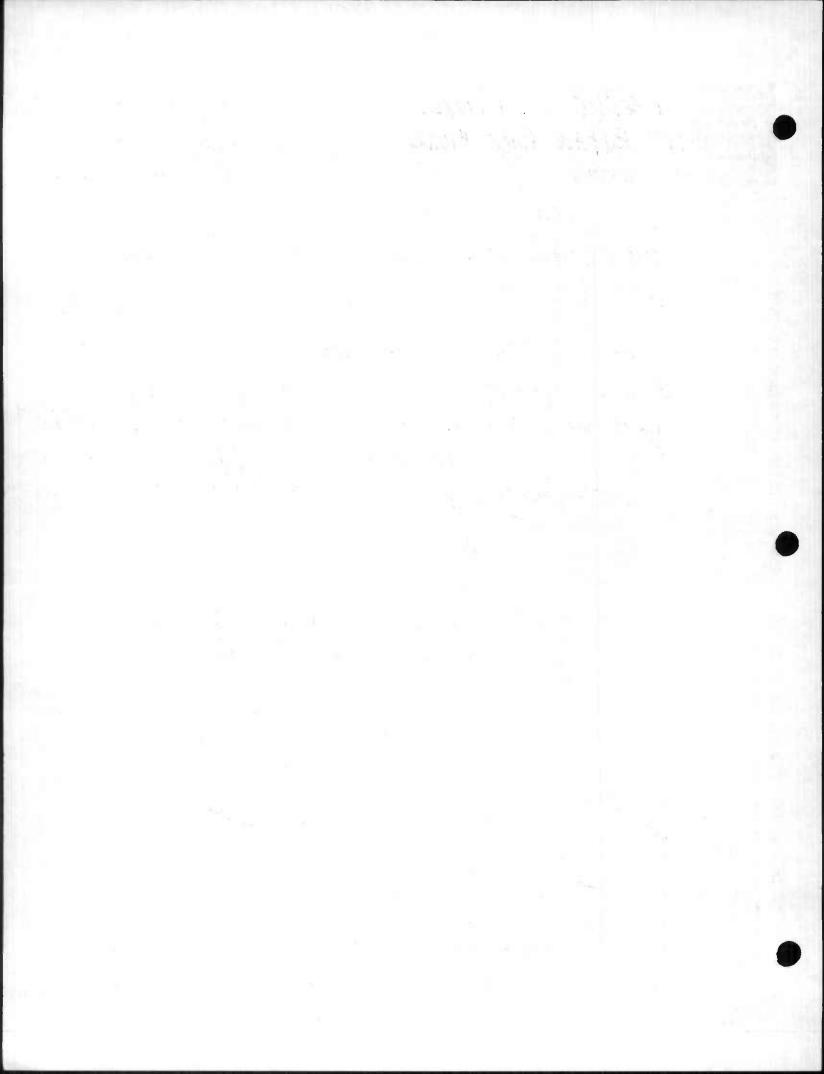
21

N.

State Registrar 31. Dete filed (Month, Dey, Year)

MAY 05

30. Name end addrass of person who completed cause of deeth (Item 23a) (Type, Print)



98-2497-510 TET. **BERNARD** CRUMP **Physician** /Medical Examiner 2000 Funeral Director 10e. Stete item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Modical Examiner maint be notified at Director Md 10e. Street end Number 2000 Funerai 11. Maritei Status permit. Peges 1 end 2 should be filed within 72 hours efter Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or ite any Injury or other traumatic event, the Mod call Examena. Baltimore, Maryland 21215-0020 by Completed Be 10 LONNIE Physician /Medical

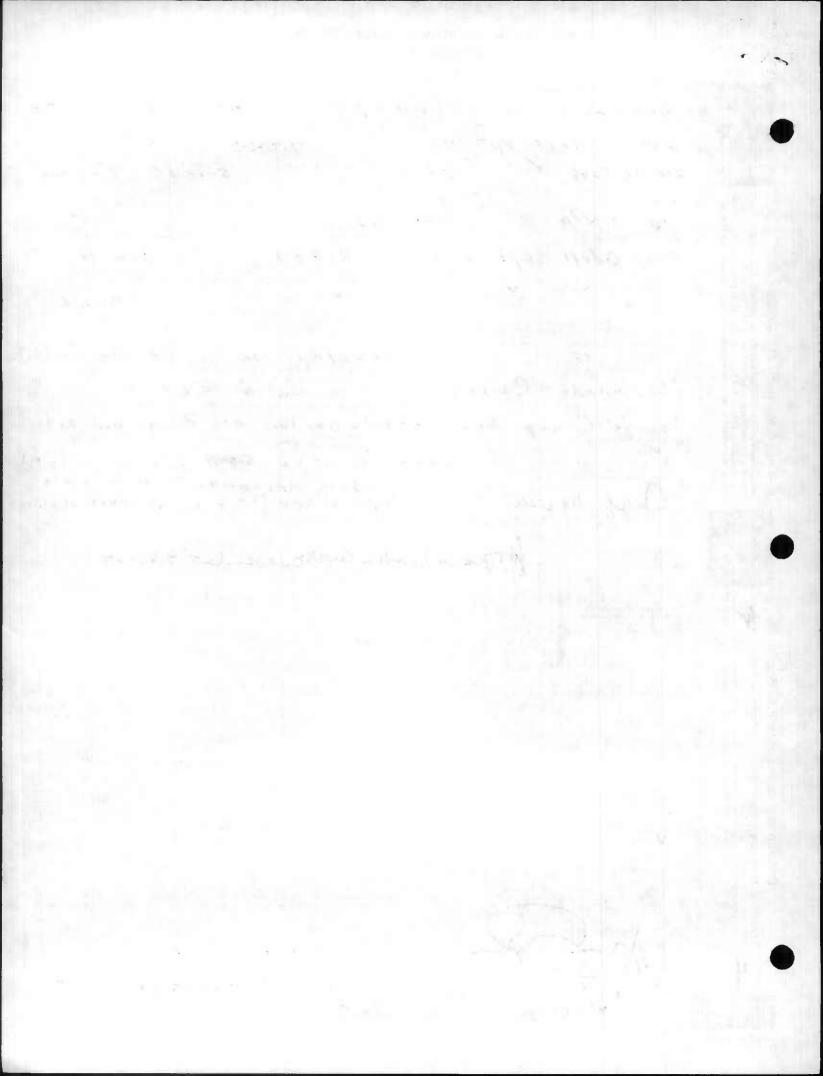
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 3. Time of Death 1. Decedent's Neme (First, Middle, Last) Month Crump MAY BEKNAVO 3 1998 3:42PM 4b. City, Town, or Location of Death 4c. County of Death 4e Fecility Neme (If not institution, give street end number) Apt Odell 162 BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year 5. Sociel Security Number 10 M 20 F Deys Min. 65 218-26-0545 Yrs. VIVGINIA Usuel Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 Tes 2 No BALTIMOVE NIA 10f. Zip Code 10g. Citizen of Whet Country? 21237 4.5, 102 Ode11 12. Wes Decedent Ever in U.S. Armed Forces?
1 Offes 2 No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 Tes 2 TNo Specify: Specify: 13 LACK 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) CON STRUCTION TERCISON CONCRETE 12 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Bernard CRUMP Keese Ju 17 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) 633 Pubarton AVe. 13 scto. Md. 21218 SON CRUMP 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State 5-8-98 GAVVISON FOREST VA 4 ☐ Donetion 5 ☐ Other (Specify) WINGS 22. Name and Address of Facility BRUACLWAY BALto. And. 21213 21. Signeture of Funeral Service Licensee 23a. Part Enjoy the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest,

Approximate

Approximate Approximete Intervel Between Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting in death) Cast Nasculas & 38008 **Examiner** Due to (or es e consequenca of) Examiner Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or as e consequence of): the USB 23b. Did tobacco use contribute to the cause of death? Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably # Unknown by 8 24b. Were eutopsy findings evailable prior to 24e. Wes an autopsy performed? Completed completion of cause of deeth? INSPECTION certificate hes 1 ☐ Yes 2 ☐ No 1 ☐ Yes Y No 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Be Hospitel: Other: 4 Nursing Home XX Residence 6 Other (Specify) XXYes 2□ No 2 1 Inpatient 2 ER/Outpetient 3 DOA this 28d. Describe how injury occurred 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Certification: After t 5 Pending Investigation or Attending Naturel 2 Accident 1 Yes 2 No efter deeth Director: 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 | Homicide To the Hospital within 24 hours e 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and menner es stated.

Medical Examinat: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and manner stated. Medical 29d. Dete signed (Month, Dey, Yeer) 29b. Signature and title of certifier 29c. License number 1998 MAY 4 O.C.M.E dress of person wert completed cause of deeth (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Amn Dixon M.D. 32. Registra

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death 1. Decedent's Nama (First, Middle, Last) Month **Physician** /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Parkvi 2/13/61/ Undar 24 Hrs. 9. Birthplaca (Stata or Foreign 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) 69 **Funeral** 1 MM 20 F Months Days Hours Min. 220-20-624 Yrs. Director Maryland Usual Residence of Decedent Pages 1 end 2 should be filed within 72 hours after death with the Maryland nent of Health end Mental Hygiena. Int: If Ikem 27 is marked other than "natural", or Items 23a or 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits i is marked other than "natural", or items 23a or 28a-f show trsumatic event, the Movical Examiner must be motified at 1 ☐ Yes 2 No Ha Maryland 1-10e. Street and Number Directo 10f. Zip Code 10g. Citizen of What Country? by Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 13. Yes 2 10 No It/Yes, Give Yaar or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerlo Rican, etc.) 14. Race - American Indian 11. Marital Status Biack, White, etc. Specify: White 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 📉 No Baltimore, Maryland 21215-0020 Specify 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working fife. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) 124RS 18. Mother's Nama (First, Middla, Maidan Surname) 17. Father's Name (First, Middla, Last) Be naples 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Informant's Name/Relationship (Type, Print) arolun 1700 other 20a. Method of Disposition 20b. Piece of Disposition (Name of cematary, cramatory or other place) May 20c. Location - City or Town, State permit. Pages Department of Important: If Its eny Injury or o 1 XBuriai 2 Cremation 3 Ramoval from State 4 Donation 5 □ Other (Specify) 22. Name and Address of Facility 3 Funeral Chape 21. Sign tur Fineral Service Licenses vaus 23a. Part1. Enlar tha disaase, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest shock, or heert feilure. List only one ceuse on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68769 Due to (or as a consequence of) The law requires that the death certificals signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of causa of death? been si 24a. Wes an autopsy Completed director, page 2 1 Yes 2 No 1 Yes 254 No or Attending Physician: Be 25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Aftar 5 Pending invastigation 1 Naturai 1 ☐ Yes 2 ☐ No 2 Accident I Director: A 6 Could not be determined 3 ☐ Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 124 hours efter We Funeral Direct pletely filled in b 4 Homicide Hospital 29a. Certifier t Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) and menner as stated. edical completely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. Licensa number 0 30. Name and eddiese of person who completed cause of death (item 23e) (Type, Print) (00) 31. Data flied (Month, Day, Year) 32 Registrar's Signature

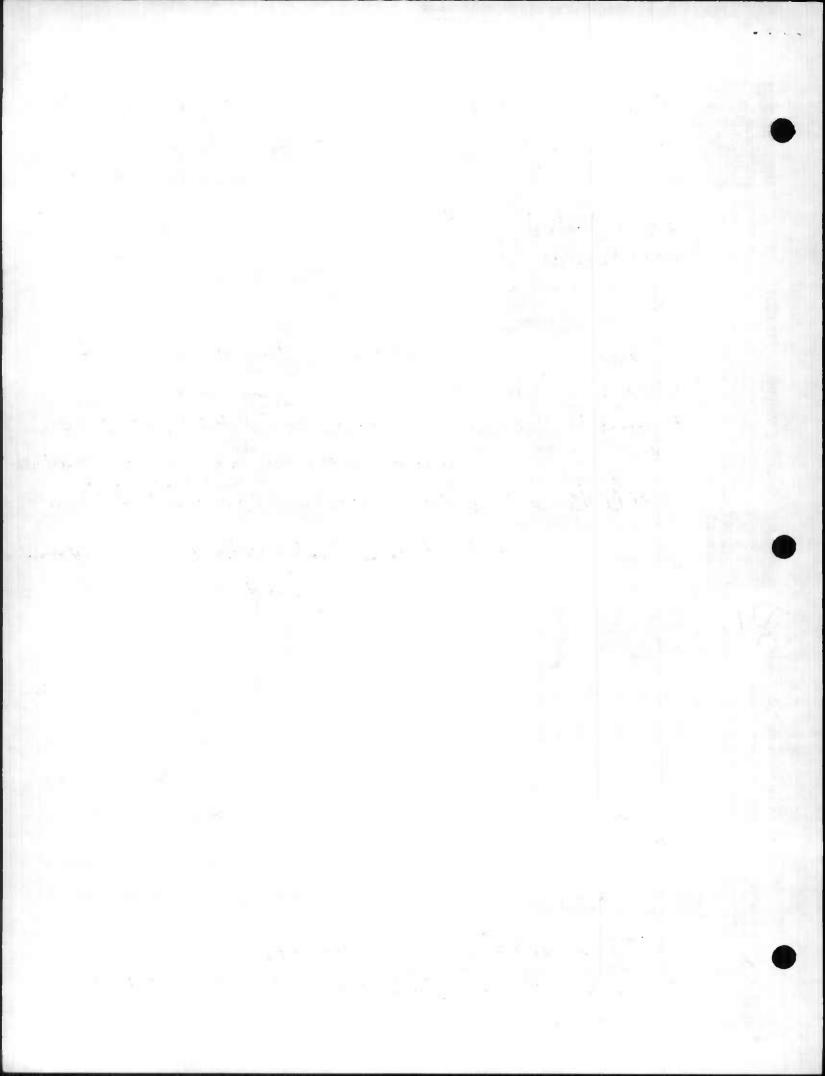
idia Davidson

**DHMH 16 Rav 6/95** 

State

Registrar

MAY

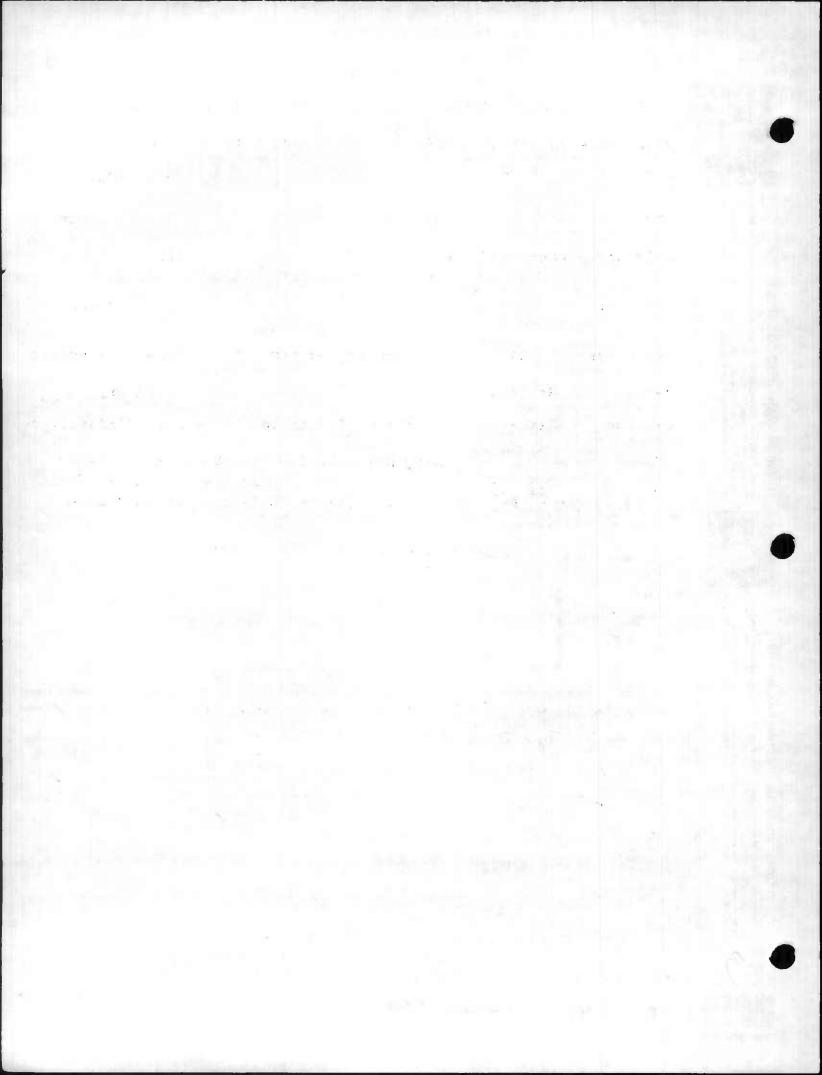


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene \ Certificate of Death 3. Time of Deeth 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Yaar **Physician** 4:44pm Delores Griffin Drake April 30, 98 /Medical 4b. City. Town, or Location of Death 4a Facility Nama (If not Institution, giva straat and number) 4c. County of Death Examiner 2722 Lodge Farm Road Apt. #7 Baltimore 6. Sax Birthplaca (Stata or Foreign Country) **Funeral** 1 M 3 DyF 54 Yrs 216-42-9171 04-04-44 Director Md. Usual Rasidanca of Decedant 10a. Stata 10c. City, Town or Location 10d. Insida City Limits r 28a-f show 1 Typs 2 □ No Director NA Baltimore 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda r than "natural", or items 23a or the Medical Examiner must be 2722 Lodge Farm Road Apt. #7 21219 USA Funeral death 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-tf Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, 11 Marital Status Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Marriad 2 ☐ Married altimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 反 Divorced Black 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Hygiena. Elementery/Secondary (0-12) Collega (1-4or 5+) 12th Grade Factory worker General Electric Ith end Mental Hygie 27 is marked other t traumatic event, 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Sumema) Pages 1 end 2 should be filment of Health end Mental H Griffin Alice Spivey James 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 7831 E. Collington Drive Apt. #13 Baltimore, Drake Cameron 20b. Placa of Disposition (Nama of camatary, cramatory or other pleca) 20c. Location - City or Town, Stata 20s Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Depertment of Important: If any Injury or once. King Mem. Pk. Cem. 05-06-98 Randallstown, Md 21. Signature of Funaral Sarvice Licanse 22. Nama and Addrass of Facility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** LUNG CANCER TERMINAL Immadiata Causa (Final disaasa or condition resulting in death) /Medical Examiner Dua to (or as a consequence of): Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Disaasa or injury Dua to (or as a consequence of): P.O. Box 68760. that Initiated avants rasulting in daath) Last Dua to (or as a consequanca of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HYPERTONSINE CARDIOVASCULER DISEASE 1 Yes 2 No 3 Probably 4 Unknown p HSTORY OF THROM \_ 24a. Was an autopsy performad? 24b. Wara autopsy findings aveilable prior to complation of causa of daath? Completed RIGHT JUGULON UBIN page 2 s BOSIS OF THE 1 ☐ Yas 2 Z No Division of Vital 25. Wes case referred to medical axaminar? 26. Placa of Death (Check only ona) Be Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4☐ Nursing Homa 5 Rasidance 8 ☐ Othar (Specify) 1 Yas 2 No 10 funeral 27. Manner of Death 28b. Tima of 28d Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? or Attending 1 Neturel 5 Panding invastigation after death. 1 TYas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) in by 4 | Homicida Hospital 24 hours 1 Certifying Phyeictan: To tha best of my knowladga, daath occurred et the time, dete end pleca, end dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and mannar stated. 29a, Cartifiar To the Hosp within 24 hor To the Fune completaly fi (Check only one) 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) Come May 017148 30. Nama and addrass of person who completed cause of daath (Itamy 23a) (Type, Print) 10/0-B WILSON POINT PL. BONDTO A. VAREAS REPORT BALTO, MA, 2/12 21220

State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth Many Dettor

				Cei	tificate of	Death			Reg. No.			
Physician	1. Decedent's Nama (First, Midde Dorothy May De							2. Dete of De	Dey	Yeer on	3. Time of Death	
/Medical Examiner	4a Facility Nama (If not institution	on, giva street and nu	mber)					cation of Deel			Ottini	
Funeral	5. Sociel Security Number 167-12-6580	er 6. Sex 1□M 2XF	7. Age (In yrs.		If Under 1 Year Months Deys	TOW If Under 2 Houra		8. Date of Bi (Month, D	rth ey, Year)	9. Birthr	Ore place (Steta or Foreign ptry)	
Director	Usuel Rasidenca of Decedent	10 W 2M	93	Yrs.				May 1,	1904	Mar	yland	
ith the Meryland or 28s-f show a northed a	10a. Stete 10b. Count Maryland Balt	imore	10c. City	y, Town or Lo Luthe:						1	0d. Inside City Limita 1 ☐ Yes 2 No	
th with the Meryla 23s or 28s-1 shout with the notified at	10e. Street and Number 212 Rothwell D	)r.			10f. Zip Code 21093				10g. Citizen of United			
er des		12. Was Dec Armed Fo rried 1  Yes If Yes, Gir	/e **		Vas Decedent of N Yes, specify Cub	Hispenic Orlg an, Mexican Specify:	jin? (Spe , Puarto F	cify Yas or N Rican, etc.)		ce - Americ ck, White,	can Indien, atc.	
1	15. Decade (Specify only high	d Yeer or D  nt's Education est grade completed)  College (*		16e. Deced (Give lifa. L	lent's Usuel Occup kind of work done OO NOT use retire		of workin	lg	16b. Kind of E	Business/In		
und be file other overn.	17. Fethar's Neme (First, Middle				homemal	18. Mother			own he	ma)		
laryla 2 should la marke ourmetic	John Henry See	19b Mallin	g Addrass (Street				a Tilghi		Code)			
re, Maryla St and 2 should Health and Mer ten 27 is marke other treumatic	Meredith Detto		n		St. Franc			Towson		1286		
DOROTHY Baltimore, I semil. Pages 1 enc Department of Healt mportant: if item 27 my lojuty or other i	20a. Method of Disposition	3 □Removel from	20b. P	lace of Dispo ametery, crer	sition (Neme of netory or other pla	ica)		Date	20c. Location	- City or To	own, Stete	
RO Fage ment o lury or	4 Donetion 5 Other (		Lor		Park Cem			/4/98			Maryland	
Baltimore, Mai permit. Pages 1 and 2 st Department of Health and Important: if item 27 is n any injury or other treum page.	21. Signetura of Funerel Sarvice	Mitchell	I	22	. Nema and Addre	ass of Facility	Mit 650	chell- O York timore	Wiedefe Rd.	ld Ho 1212	me, Inc.	
100	233 Part 1. Enter the diseese, of shock, or heert feilura. Lis	or complications that out only one cause on a	aused the deetl	n. Do not ent	er the mode of dyi	ing, such es	cardiec o	respiretory	errest,	1212	Approximeta Interval Between	
Physician /Medical Examiner	Immadieta Ceuse (Finel diseasa or condition rasulting in daeth)	a. Co	ngest	we	heart	- fa	JUR	KE			Y mos	
Box 68760 attending physician and or use as the bural-trensit		c	Dua to (o	r as e consequences e	uence of):	DOVA	SWI	A	SILEY	SE	hohkr.	
P.O. Bo	Part II. Other significant condit	eath but not res	ot resulting in the underlying cause given in Pert I.				23b. Did tobacco use contribute to the cause of dea  1 Yes 2 No 3 Probably 4 Unkn					
Division of Vital Records, P.O. Bo or Attending Physician: The law requires that the deeth of effect death.  Director: After this certificate has been signed by the etten of in by the funeral director, page 2 should be detached for unertification: To Be Completed by Physician	Completed by								performed?		b. Were eutopsy findings available prior to completion of cause of death?	
I Rec								1 🗆	Yes 2 Kilo	1	□Yea 2□No	
Vital I	25. Wes case raferrad to medic examiner?				100		of Daath	(Check only	ona)		11.1000	
Ing Ing	1 Yes 2 No  27. Mapner of Daath 1 Patural 5 Pand	28a. Dete	Inpatient 2  of Injury th, Day Yaer)	28b. Time of Injury	28c. Inju		2	na 5□ Ras 8d. Dascribe	how injury occu	her (Speci irred	by HOPICE	
Division I or Attending effer death. Director: After d in by the fune	2 Accidant Inves 3 Suicide 6 Coulc 4 Homicida daten	not be 28a. Place	of Injury - At he ng, atc. (Specify	oma, farm, str	aat, fectory, office			8f. Location City or To	(Street and Num own, State)	ber or Run	al Route Number,	
Division To the Hospital or Attend within 24 hours effer death To the Funerel Director: / completely filled in by the funeral Certificati	29a. Cartifiar 1 Certifyl (Check only one) 2 Medica	ing Physician: To that I Exeminer: On the brand men	best of my kno- esis of examine nar statad.	wiedge, deeth tion end/or inv	occurred at tha ti rastigation, in my	ima, data end oplnion, daet	d place, e	nd dua to the	e cause(s) and m	nannar as s , and dua t	stated. o the cause(s)	
To the To the comp	29b. Signatura and titla of certification	& ANII	- un		29c. Lican	sa numbar	176	1	29d. Date sign	9P	Dey, Year)	
4	30. Name and endress of person	san my	74	or Or	Print)	an T	row,	son, o	us ?	راكه	4-	
State Registrar	31. Dete filed (Month, Day, Yeel MAY 0 5 19	1 1	legistrer's Signe	ture - Alareda	2							

DHMH 16 Rav 6/95

secrets which in a good of the

# Death

	Exa
vision of Vital Records, P.O. Box 68760,	Attending Physician: The law requires that the death certificete be executed
rision	Attending

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Deta of Daath 3. Time of Death Voor **Physician** HELENE M. DAVIS 4b. City, Town, or Location of Death 1998 /Medical 11:05 am 4a. Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** Harford Memorial Hospital Havre de Grace Harford If Under 1 Year If Under 24 Hrs. B. Date of Birth (Months Deys Hours Min. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1 M 2 X F Yrs. 567-36-7415 Director 79 12/28/1918 | Maryland Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ? is marked other than "natural", or items 23a or 28a-f shov treumatic event, tra Medical Examiner, must be not fried at 1 ☐ Yes 2K No Director Maryland Harford Street 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3780 Davis Corner Road 21154 United States 12. Was Decedant Evar In U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specity Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritai Status Armed Polices:

1 X Yes 2 No
If Yes, Give
Year or Datas: WW II 1 Navar Marriad 2 Married 1 ☐ Yes 250 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry filed within Hygiana. Elamantary/Secondary (0-12) College (1-4or 5+) School Teacher Education 11 5+12 should be filed w h end Mental Hygian Is marked other ti 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Frank R. Davis Gladys Mincer 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) Department of Health en Important: If Item 27 is any Injury or other treu once. Barbara L. Burke/Cousin 3859 Prospect Road, Street, MD 21154 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) R.A. Ferris & Co.Inc. 5/4 West Chester, PA 22. Name and Address of Facility Harkins Funeral Home, In all the death Do not enter the mode of dying, such as cardiac or respiratory errest, cause on each line. Harkins Funeral Home, Inc., Delta, PA heart failure. List only Approximate Interval Batween Onsat and Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) miner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury attending physician of a for use as the bundl-t. Dehydration
Due to (ofes e consequence of): that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Dld tobacco use contribute to the cause of death? signed by to d be detact 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to complation of cause of daath? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical examiner? Be 26. Place of Daath (Check only one) Hospital: 12 Nopatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yas 2 No 27. Mannar of Death 28a. Data of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending Invastigation 1 ☐ Yes 2 ☐ No ne Hospital or Attendi n 24 hours after death, ne Funerel Director: A pletely filled in by tha fi 6 Could not be datarmined 3 ☐ Suicida 28e. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a. Certiflar To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) MIRZA A-BAIG MD D43115 30. Name and eddrass of parson who complated causa of deeth (Item 23a) (Type, Print) parse De 6 20ce, ND 31. Date filed (Month, Day, Year) 32. Registrar's-Signature Jula Buidson Randelle 05 1998 Registrar

TOTAL TOTAL CO. Startled to meeting Suppress from the entry of the

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Yeer Rometa Diehl April 29, 1998 2:35 AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Salisbury Center: Genesis ElderCare Salisbury, MD Wicomico If Under 1 Year Months Deys If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthpiace (State or Foreign Country) **Funeral** Hours 1 □ M 2 🖫 F 87 Vrs Director 218-36-0694 June 30 1910 Virginia Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director Md. Wicomic Co. Salisbury 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7519 Titleist Drive 21801 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Race - American Indian, Biack, White, etc. Pages 1 and 2 should be filled within 72 hours after nent of Health and Mental Hygiene.
int: If item 27 is marked other then "natural", or ite 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: by Specify: white 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) Housewife Home Owner 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Acquilla E. Waugh Ora McCoy 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Dapartment of Health a Important: If item 27 is any Injury or other trau 3123 Ryerson Circle, Baltimore Md. 21227 Nancy C. Kirby Daughter 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Dete N Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) May 1 Cedar Hill Cemetery Broklyn Park, Md. 1998 21. Signeture Inerai Service Licensee 22. Name and Address of Fecility
McCully-Polyniak Funeral HOme 23a. Pert1. Enter the disease, or complications that current the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause or such line. 130 E. Fort Ave. Baltimore, Md. 21230 Approximete Intervel Between Onset end Deeth Physician Unhoun Immediate Cause (Finei disease or condition resulting in deeth) /Medical Examiner Due to (or as a consequence of): Completed by Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or thiury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760 physical Due to (or es e consequence of): Pert ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ Mo 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings evailable prior to completion of ceuse of deeth? 24e. Wes an autopsy performed? 1 ☐ Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Was cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 28c. Injury et Work? 27. Manner of Death 28a. Date of Injury (Month, Dey Yeer) 28d. Describe how injury occurred 28b. Time of 1 Neturel 5 Pending 1 Tes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ HomicIde 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the ceuse(s) end manner as stated.
2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier Michael Atkins M.D. 29d. Date signed (Month, Day, Year) no

1104 Healthway Dr., Salisbury, MD

30. Name and address (Type, Print)

05 1998

31. Date filed (Month, Dey, Year)

32. Registra Signature

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 1908 Month **Physician** JOAN . M . DEPKIN 4b. City, Town, or Location of Deeth 30 /Medical 4e. Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner HOSPITAL FALLSTON HARFORD GENERAL FALLSION If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 6. Sex Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Days Hours 1 M 2 V 216-34-7690 Yrs Director JULY 10, 193 MARYLAND Usuel Residence of Decedent 72 hours after death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits pemit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, its Med all Eastmins must be notified as any injury or other traumatic event, its Med all Eastmins must be notified as 1 Yes 2 No Director HARFORD ABINGDON 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2811 BLUEBELL 2100c U-S.A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ Mo If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2No Aq Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PRINCIPAL 12 BALTO. SCHOOL SYSTEM 4 YRS SCHOOL 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be HAROLD REYNOLDS JOSEPHINE 2 SAFFA 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MR RICHARD DEPKIN (HUSband) ABINGDON, MD 21009 2811 BLUEBELL . CT. 20e. Method of Disposition 20b. Pleca of Disposition (Name of cametery, crematory or other pleca) 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State 5/1/98 4 ☐ Donetion 5 ☐ Other (Specify) BALTO. GRIEDIMOUNT CEMETERY HARTLEY Milker Funeral Home 21. Signeture of Funeral Servica Licensee Willer BALTO. MD 7527 HacFORD RD. 23a. Pert1. Enter the disease, on complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Cause (Finel diseese or condition resulting in death) 65 month 10 Examiner Due to (or es e consequence of) Examiner Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): physician a the burial Physician/Medical Due to (or es e consequença of): datached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Onknown been signed by ۵ 2 Records. 8 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en autopsy performed? Completed has certificata 1 Yes 2MNO 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case reterred to medical exeminer? 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2☐ ER/Outpatient 3☐ DOA this 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? or Attending Fatter death. Aftar 5 Pending Investigation Naturel 1 Tes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, offica bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide • Funeral C Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medical

State

Registrar

29b. Signeture end title of certifier

(Check only one)

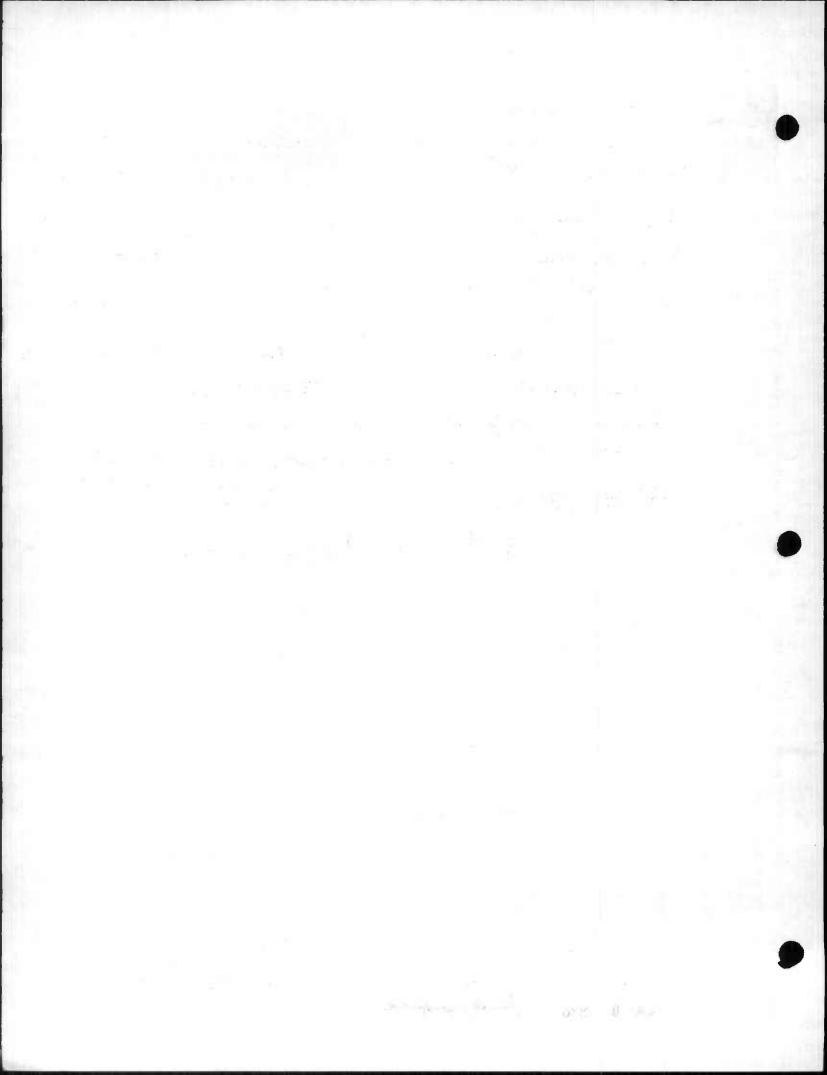
ath (Item 23e) (Type, Print) D. 2373 Bel Wi

29c. License number

Rd

29d. Dete signed (Month, Dey, Year)

within 2



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 3. Time of Deeth 1. Decedent'a Neme (First, Middle, Last) May 3, 1998 Emma Elizabeth Eggleston 6:00 PM 4b. City, Town, or Location of Death 4e Fecility Neme (If not institution, give street and number) 4c. County of Deeth Millennium Health and Rehabilitation Center Glen Burnie Anne Arundel If Under 24 Hrs. 8, Date of Birth If Under 1 Year 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign 6. Sex 1 M 2 K Days Hours February 16, 1901 MaryTand 97 Yrs. 10b. County 10c. City, Town or Location 10d. Inside City Limita 1 ☐ Yea 2 No Glen Burnie Anne Arundel 10f. Zip Code 10g. Citizen of Whet Country? United States 21061 7575 Howard Road. 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 X No tf Yes, Give Yeer or Dates: 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify: Specify: White 3 ₩ Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Clerk Social Security Admin. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Emma Felgner Augustus Ziemann 19a. tnforment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 806 Meadowbrook Road Glen Burnie, MD 21061 Katharine Laney / Daughter 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Burlal 2 Cremation 3 Removal from State 5/5/98 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery Baltimore, Maryland Leonard J. Ruck Funeral Home, Inc. Timothy S. Harman 5305 Harford Road Baltimore, MD 21214 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death 5 months Cerebrovascular Accident Due to (or es a consequence of): Coronary Artery Disease 9 years Due to (or es a consequence of): 20 years Essential Hypertension

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

with the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show way injury or other traumatic event, the Medical Examples must be notified at once.

Baltimore, Maryland 21215-0020

5. Social Security Number

10a. State

Maryland

11. Maritel Status

10e. Street end Number

6

20e. Method of Disposition

Immediate Cause (Fine) disease or condition resulting in death)

Directo

Funeral

by

Completed

Be

P

220-14-3254 Usual Residence of Decedent

**Physician** /Medical Examiner

The law requires that the death certification signed t been si

After this certificate has funeral director, page 2 or Attending Physician: death. within 24 hours after death To the Funeral Director: , completaly filled in by tha

Physician/Medical Examiner by Completed Be P Certification:

Division of Vital Records, P.O. Box 68760

To the within 2 State Registrar

edical

Hospital

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Multiple Decubiti 5 months 23b. Did tobacco use contribute to the cause of death? Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably ★ Unknown 24b. Were autopsy findings available prior to 24a. Was en autopsy performed? completion of cause of deeth? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of injury (Month, Dey Year) 28d. Describe how injury occurred 27 Manner of Deeth 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 🔀 Cartifying Phyaictan: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end menner stated. (Check only one)

29c. License nymber 0

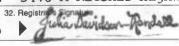
29d. Date signed (Month, Dey, Year) 05/04/98

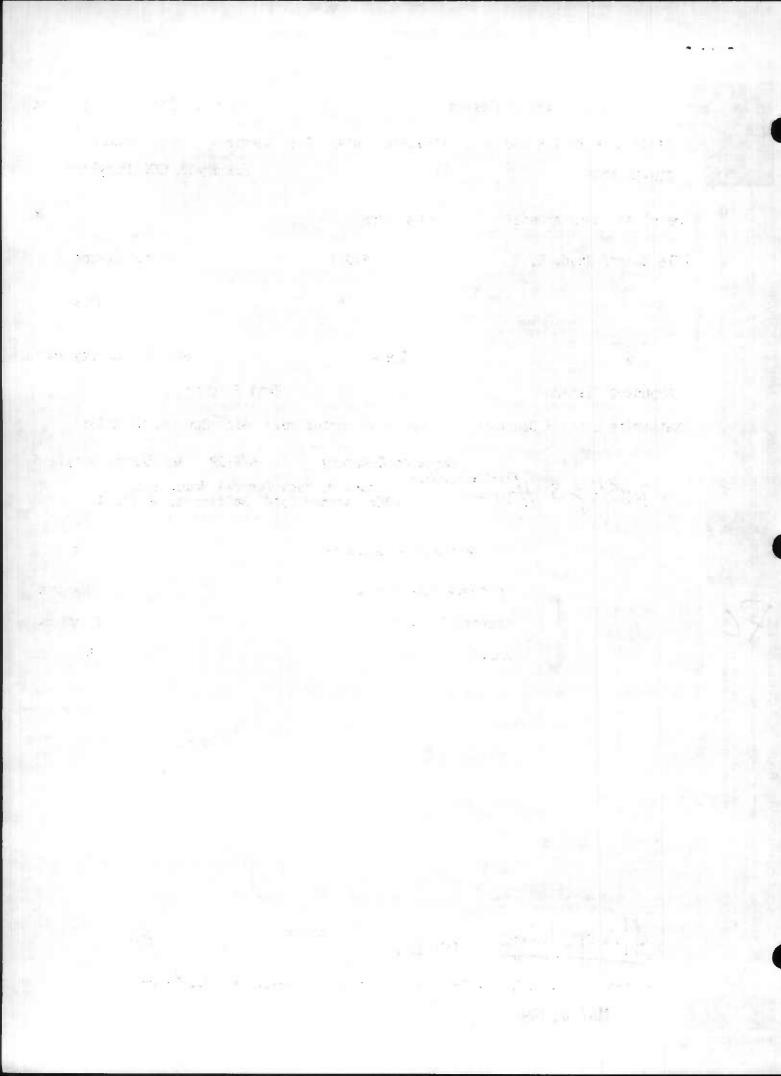
30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

5410-A Ritchie Highway Baltimore, Md. 21225 Harjit Singh, M.D.

31, Date filed (Month, Day, Year)

MAY 05





# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

O-03-3338  Il Rasidence of Decedent  State 10b. County  ryland Baltime  Street and Number  300 Dulaney Val  fanital Status  Never Married 2 Married  Widowed 4 Divorced  15. Decedant's E (Specify only highest gramantary/Secondary (0-12)  ather's Name (First, Middle, Lass	IEL FLYN ive street and number) Medical Sex 1 M 2 F 7. Ag	Cent e (In yrs. la )1  10c. City, T:  Ever in U,S No 1942-4	Town of imon	ium  10f. Zip  3. Was Decedif Yes, spec	Days  Code  21  denf of Hispoirty Cuban,	Tows of funder 24 Hrs. Hours Min.  093  earlic Origin? (S. Mexican, Puerlu	8. Date of Birth (Month, Day OCt. 27	Day AY 3, 1 4c. County B  Vear) , 1906	year 998 2: of Death Baltimo 9. Birthplace (S County) Marylar	itate or Foreign		
acility Name (If not institution, given in to Joseph cial Security Number 0-03-338  Il Rasidence of Decedent State 10b. County  ryland Baltime Street and Number 300 Dulaney Val Marital Status  Never Married 2 Married Widowed 4 Divorced  15. Decedent's E (Specify only highest given the state of the state	rive street and number)  Medical  Sex 7. Ag 12 M 2 F  OTE  OTE  12. Was Decedent Armed Forces? 12 Yes 2 T 14 Yes, Give Yes, Give rade completed)  College (1-4or 5 5+ years)	Cent e (In yrs. la )1  10c. City, T:  Ever in U,S No 1942-4	Town of imon	ium  10f. Zip  3. Was Decedif Yes, spec	Days  Code  21  denf of Hispoirty Cuban,	Tows of funder 24 Hrs. Hours Min.  093  earlic Origin? (S. Mexican, Puerlu	M. ocation of Death Dn 8. Date of Birth (Month, Day Oct. 27	AY 3, 1 4c. County B 4c. County B 7 (a) 1906	of Death Baltimo 9. Birthplace (Scounty) Marylar  10d. Ins	re State or Foreign ad		
cial Security Number 6.  0-03-3338  Il Rasidence of Decedent State 10b. County  ryland Baltime Street and Number  300 Dulaney Val  Idential Status  Never Married 2 Married  Widowed 4 Divorced  15. Decedent's E (Specify only highest giamantary/Secondary (0-12)  ather's Name (First, Middle, Las William  Informant's Name/Reiatlonship  itlip Daniel Fl	Medical  Sex 7. Ag 112 M 2 F 7. Ag  Ore  Ley Road  12. Was Decedent Amed Forces? 112 Yes 2 If Yes, Give Year or Dales:  Education rade completed)  College (1-4or 5 5 + years)	e (In yrs. Ia )1  10c. City, T:  Ever in U,S No 1942-4	Town of imon	ium  10f. Zip  3. Was Decedif Yes, spec	Days  Code  21  denf of Hispoirty Cuban,	Tows of funder 24 Hrs. Hours Min.  093  earlic Origin? (S. Mexican, Puerlu	8. Date of Birth (Month, Day) OCt. 27	4c. County B Year) 1906	9. Birthplace (S County) Marylar	re State or Foreign ad		
cial Security Number  0-03-3338  Il Rasidence of Decedent State  10b. County  ryland  Baltime  300 Dulaney Val  tarital Status  Never Married  Widowed  15. Decedent's E (Specify only highest gramantary/Secondary (0-12)  ather's Name (First, Middle, Las William  Informant's Name/Reiatlonship  iilip Daniel Fl	Sex  1 M 2 F  7. Ag  1 M 2 F  Ore  12. Was Decedent Armed Forces? 1 M Yes 2 If Yes, Give Year or Dales:  Education rade completed)  College (1-4or 5 5+ years)	e (In yrs. Ia )1  10c. City, T:  Ever in U,S No 1942-4	Town of imon	ium  10f. Zip  3. Was Decedif Yes, spec	Days  Code  21  denf of Hispority Cuban,	If Under 24 Hrs. Hours Min.  093  anic Origin? (S. Mexican, Puerli	8. Date of Birth (Month, Day Oct. 27	, 1906  Og. Citizen of V  U.S.	9. Birthplace (S County) Marylar 10d. Ins 1 D What Country?	itate or Foreign		
O-03-3338  Il Rasidence of Decedent State 10b. County  ryland Baltime Street and Number 300 Dulaney Val farital Status  Never Married 2 Married Widowed 4 Divorced  (Specify only highest gramantary/Secondary (0-12)  atther's Name (First, Middle, Las William  Informant's Name/Reiatlonship  illip Daniel Fl	Ore  Ley Road  12. Was Decedent Armed Forces?  1  Yes 2 1  Yes Cive Year or Dales:  Education rade completed)  College (1-4or 5 5+ years)	10c. City, T:  Ever in U,S No 1942-4	Town of imon	ium  10f. Zip  3. Was Decedif Yes, spec	Days  Code  21  denf of Hispority Cuban,	O93  anic Origin? (S) Mexican, Puerl	Oct. 27	og. Citizen of V	Marylar  10d. Ins 10	nd Ide City Limits		
State 10b. County ryland Baltime Street and Number 300 Dulaney Val Marital Status Never Married 2 Married Widowed 4 Divorced (Specify only highest gramantary/Secondary (0-12) ather's Name (First, Middle, Las William Informant's Name/Relationship Lilip Daniel Fl	Ley Road  12. Was Decedent Armed Forces? 1 N Yes 2 1 H Yes, Give Year or Dates: Education rade completed)  College (1-4or 5 5+ years)	Ever in U,S No 1942-4	imon  6.   1	ium  101. Zip  13. Was Deced If Yes, spec	21 dent of Hisp city Cuban,	eanic Origin? (S Mexican, Puert		U. S	1 [			
Street and Number  300 Dulaney Valuation  Initial Status  Never Married 2 Married  Widowed 4 Divorced  15. Decedent's E (Specify only highest gramantary/Secondary (0-12)  ather's Name (First, Middle, Las William  Informant's Name/Relationship  illip Daniel Fl	Ley Road  12. Was Decedent Armed Forces? 1 N Yes 2 1 H Yes, Give Year or Dates: Education rade completed)  College (1-4or 5 5+ years)	Ever in U,S No 1942-4	46 16a. De	3. Was Decedif Yes, spec	21 dent of Hisp city Cuban,	eanic Origin? (S Mexican, Puert		U. S	What Country?	Yes 2 No		
Street and Number  300 Dulaney Valuation  Initial Status  Never Married 2 Married  Widowed 4 Divorced  15. Decedent's E (Specify only highest gramantary/Secondary (0-12)  ather's Name (First, Middle, Las William  Informant's Name/Relationship  illip Daniel Fl	Ley Road  12. Was Decedent Armed Forces? 1 N Yes 2 1 H Yes, Give Year or Dates: Education rade completed)  College (1-4or 5 5+ years)	Ever in U,S No 1942-4	46 16a. De	3. Was Decedif Yes, spec	21 dent of Hisp city Cuban,	eanic Origin? (S Mexican, Puert		U. S				
Initial Status  Never Married 2 Married  Widowed 4 Divorced  15. Decedant's E (Specify only highest giamantary/Secondary (0-12)  ather's Name (First, Middle, Las William  Informant's Name/Relationship  ilip Daniel Fl	12. Was Decedent Armed Forces? 1 M Yes 2 1 If Yes, Give Year or Dales:  Education rade completed)  College (1-4or 5 5+ year)	No 1942-4	46 16a. De	1□Yes	denf of Hisp cify Cuban,	eanic Origin? (S Mexican, Puert	pecify Yes or No-	14. Rac	S.A.			
Initial Status  Never Married 2 Married  Widowed 4 Divorced  15. Decedant's E (Specify only highest giamantary/Secondary (0-12)  ather's Name (First, Middle, Las William  Informant's Name/Relationship  ilip Daniel Fl	12. Was Decedent Armed Forces? 1 M Yes 2 1 If Yes, Give Year or Dales:  Education rade completed)  College (1-4or 5 5+ year)	No 1942-4	46 16a. De	1□Yes	denf of Hisp cify Cuban,	eanic Origin? (S Mexican, Puert	pecify Yes or No- Dicen, etc.)	14. Rac				
Widowed 4 Divorced  15. Decedant's E (Specify only highest grammantary/Secondary (0-12)  ather's Name (First, Middle, Las William  Informant's Name/Relationship  illip Daniel Fl	1 N Yes 2 □ If Yes, Give Year or Dales:  Education rade completed)  College (1-4or 5 5 + year;	L942-4	46 16a. De	1□Yes			Hicen, etc.)		No- 14. Race - American Indian,			
(Specify only highest g. amantary/Secondary (0-12) ather's Name (First, Middle, Las William Informant's Name/Relationship ilip Daniel Fl	College (1-4or 5 5+ year)	5+)	16a. De		2.4	Specify:		Black, Whita, etc.  Specify: White				
amantary/Secondary (0-12) ather's Name (First, Middle, Las William Informant's Name/Relationship ilip Daniel Fl	College (1-4or 5 5+ years		(G	on 16a, Decedent's Usual Occupation				16b. Kind of E				
ather's Name (First, Middle, Las William Informant's Name/Relationship ilip Daniel Fl	5+ years		In	e. DO NOT us	rk done dur se retired)	ring most of wor	King					
William Informant's Name/Relationship ilip Daniel Fl						ian		Medi	cal			
Informant's Name/Relationship	F.				18	8. Mother's Nan	ne (First, Middle,	Middle, Maiden Surname)				
ilip Daniel Fl		William Flynn						Clark				
	(Type, Print)		19b. M	ailing Addrass	(Street and	d Number or Ru	ral Route Numbe	r, City or Town,	State, Zip Coda)			
	ynn, Jr. (	son)	102	Bent 1	Lane	Newark	, Delawa	re 1971	1			
		20b. Pia	aca of Di	sposition (Nan	ne of other place)		Date	20c. Location ·	City or Town, Sta	ate		
IXBurial 2 ☐ Cremation 3 I I ☐ Donation 5 ☐ Other (Spec	Cremation 3 LIRemoval from Stata				1	5-13-98	Timoni	ium, Mar	vland			
Signature of Funeral Service Lice	·	Dunn	1	22. Name an	nd Address	of Facility			, , , , , ,	7		
Mitchell-Wiedefeld Home, Inc.												
Part Enter the disease for on	molications that caused	the death	Do not	500 Yo	ork Ro	ad Bal	timore,	Marylar	nd 21212	vimata		
shock, or heart failure. List only	y ona causa on each ii	ne.	001100	Olitor tillo moo	o o o,g,	00011 00 001 010	or raspiratory and		intarv	al Batwaan and Death		
ase or condition	a	итн										
		Due to (or	as a cor	saquanca of):								
	b											
uentially list conditions, y, leading to immediate		Due to (or	as a con	sequenca of):								
causa. Enter Underlying Cause (Disease or injury												
that initiated events resulting in death) Last Due to (or as a consequence of):												
Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  d.  Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I.  23b. Did tobacco use contribute to DEHYDRATION  1   Yee 2   No 3   Prob												
							COL PLANTA AND AND AND AND AND AND AND AND AND AN					
Ii. Other significant conditions contributing to death but not resulting in the undarlying cau						in Part I.	11			. 1		
DEHYDRATION				A				1 Yee 2 No 3 Probably 4				
							Den Man	an autonou	24h Were aut	oney findings		
CHRONIC OBSTI	ISEASE	24a. Was perto			ormed? available prior to completion of ceusi							
								1	of death?			
							1 □ Y	es 201No	1 □ Yas	2 1 No		
							ath (Check only or	ne)				
☐ Yes 2 No	Hospital:	ent 2 E	R/Outpe	itient 3 DC	JA	4 LI Nursing F						
A.e.	28a. Date of Inju (Month, Da	ry y Year)	(ear) 28b. Time of 28c. Injury at Work?				28d. Dascribe h	ow Injury occur	rred			
Accident investigation				М	1 🗆 Ye	s 2 No						
determine	d 286. Place of Inj			, streel, factory	y, offica				ber or Rural Rout	Number,		
		J. (OP COy)										
	miner: On the basis of	axamination	rledga, d on and/o	eath occurrad r invastigation	at tha time, , In my opin	, date and piace nion, daath occu	, and due to the or rred at tha tima, o	ause(s) and ma data and placa,	anner as stated. and due to tha co	ause(s)		
				290	c. License r	number		29d. Date signe	ed (Month, Day, Y	'ear)		
1-1	0 M 11 M	D		*	1444	10		И	1, .461			
Jonaha !	11/1/12 -			L.	7 414	10	/	Jay 3	1998			
	o complated cause of d	laath (itam	23a) (Ty	pe, Print)								
lama and address of person who				ROAD.			RYLAND					
V8 1 2 3 4	puentially list conditions, by leading to immediate sa. Enter Underlying se (Disease or injury initiated events ulting in death) Last  Ii. Other elgnificant conditions  DEHYDRATION  CHRONIC OBST  Was casa rafarred to medical examiner?  I yes 2 No  Manner of Death  Natural 5 Pending investigating Suicide 6 Could not determine  Cartiflar (Check only one)  Signature and little of certifler	inediate Cause (Final pass or condition at a. PNEUMO a  puentially list conditions, by leading to immediate sae. Enter Underlying ise (Disease or injury initiated events utiling in death) Last  II. Other eignificant conditions contributing to death by DEHYDRATION  CHRONIC OBSTRUCTIVE PUI  Was case referred to medical examiner?    Was case referred to medical examiner?   Was case referred to medical examiner.	Due to (or b. Due to (or c. Due to (or c. Due to (or d. Du	Part 1. Enter the diseasa, for complications that caused the death. Do not shock, or heart failure. List only one cause on each line.  The diate Cause (Final pass or condition pass or condition pass or condition pass or conditions. The diate set of the conditions pass or conditions pass or conditions. The conditions pass or conditions pass or conditions pass or conditions pass or conditions pass or conditions. The conditions pass of the conditions pass or condition	And the death are diseased for complications that caused the death. Do not enter the most shock, or heart failure. List only one cause on each line.  Death of the death are death are death. Do not enter the most shock, or heart failure. List only one cause on each line.  Death of the death are death are death. Do not enter the most shock, or heart failure. List only one cause on each line.  Death of the death are death are death. Do not enter the most shock, or heart failure. List only one cause on each line.  Due to (or as a consequence of):   Part   Entar the diseasa, for complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line.    Possible   Po	L. Part I. Enter the disease for complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.  PNEUMONIA  a. PNEUMONIA  a. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  DUE TO THE STRUCTIVE PULMONARY DISEASE  Was case referred to medical examiner?  Hospital: Inpetient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hospital: 1 Inpetient 2 ER/Outpatient 3 DOA Other: 4 Nursing Hospital: 1 Nurs	A consequence of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory and shock, or heart failure. List only one cause on each line.  PNEUMONIA  a. PINEUMONIA  a. Due to (or as a consequence of):  Due to (or as a consequence of):  puentially list conditions, by leading to immediate set. Enter Underlying set (Disease or injury initialled events litting in death)  Due to (or as a consequence of):  DEHYDRATION  CHRONIC OBSTRUCTIVE PULMONARY DISEASE  24a. Was performed a consequence of the cons	Part   Enter the disease for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    Possible of condition   Possible of the cause of th	Due to (or as a consequence of):    Due to (or as a consequence of):			

DHMH 16 Ray 6/95

Periton situs o

99 IEV 1 72 4 2 II \_ II

- Map (24)

and the second s

200 g 100

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) Month **IRENE GLATTER** MAY 1998 10:30AM 4b. City, Town, or Location of Deeth 4c. County of Death 4e Fecility Neme (If not institution, give street and number) BALTIMORE 19 FARMHOUSE CT. BALTIMORE If Under 24 Hrs. If Under 1 Year 8. Dete of Birth (Month, Dey, Year) NOV. 25, 1933 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (Stete or Foreign 1 M 2 F Deys Hours Min Yrs. NEW YORK 64 065-26-9228 Usuel Rasidanca of Decedant 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MARYLAND BALTIMORE BALTIMORE 10f. Zip Code 10g. Citizen of What Country? 10e. Street end Number 21209 USA 19 FARMHOUSE CT. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Stetus 1 Never Merried 2 Married Specify:WHITE 1 ☐ Yes 2 ☐No Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Collega (1-4or 5+) 5+ Elamantary/Secondary (0-12) SOCIAL SECURITY BUDGET ANALYST 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) ANNA BALTER LEON SEGALL 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) BALTIMORE, MD 21209 19 FARMHOUSE CT. HAROLD GLATTER (HUSBAND) 20b. Plece of Disposition (Neme of cemetery, crametory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Buriel 2 Cremetlon 3 Removal from State 5/3/98 BETH EL MEMORIAL PARK RANDALLSTOWN, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22 SOL TEVINSON BROS., INC. 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 سع 23a. Pent Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one cause on each line. Onset end Deeth Immediate Cause (Final disease or condition rasulting in daath) C Dua to (or es e consequança of) Due to (or es e consequança of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? XYea 2 No 3 Probably 4 Unknown 24e. Wes en eutopsy performed?

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

ir than "naturel", or items 23a or 28a-f ehow the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or its my Injury or other treumatic event, the Medical Examina page.

Director

Funeral

Aq

Completed

2

deeth with the Maryland

signed by the attending physician and do deteched for use as the bunal-transit been sig hest ie 2 si page certificate director

Examiner this After this funeral of Director: /

Physician/Medical þ Completed Be 70 Certification:

The law requires that the death certificate between Box 68760. Division of Vital Records. To the Hospital or Attending Physician: death.

within 24 hours a To the Funeral C completely filled

edical

(Check only one)

State Registra

Sequentially list conditions, if eny, leeding to Immediate cause. Enter UnderlyIng Causa (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24b. Wara autopsy findings eveilable prior to completion of cause ot daath? 1 ☐ Yas 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only ona) 1 Yes No Hospital: Other: 4 ☐ Nursing Home Residence 8 ☐ Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Manner of Death 28b. Time of 28c. Injury et Work? 1 Naturel
2 Accidant 5 Pending Investigation 1 TYes 2 TNo 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28a. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 ☐ Homicide 29a. Cartifier

1) Cartifying Physician: To the best of my knowledga, daath occurred et the time, dete end plece, and dua to the cause(s) end manner es steted.
2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, daath occurred et the tima, data and pleca, and due to the causa(s) end member stated. 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifie

30. Nama and addrass of person who completed cause of deeth (Item 23a) (Type, Print)

Drive 415 Owings Mills My all 7 210 Jel Zygler, K rossroads

Dey, Year) 5 1998 Registrar's Signature

### FLORENCE Jeas Et Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Tima of Death APRIL 28, 1998 **FLORENCE** GATEWOOD 6 A.M. 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Deeth CLINTON, PRINCE GEORGE CO. MD. SOUTHERN MARYLAND HOSPITAL If Under 1 Year | if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) JUNE 22, 1902 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 5. Social Security Number Days ORANGE, 95 Yrs 577-26-0877 Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits 10e. State 1 ☐ Yes 2 No PRINCE GEORGE MARYLAND CLINTON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9211 STUART LANE 20735 USA Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian. 11. Marital Stetus Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: AFRO. AMERICAN P 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOME HOUSEWIFE 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Name (First, Middle, Last) ROBERT GENTRY ROSA WALKER GENTRY 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ALICE GENTRY SISTER RT 1 P.O. BOX 214, ORANGE CO, VIRGINIA 22960 20a. Method of Disposition 1 🖸 Burial 2 🗆 Cremation 3 🗀 Removel from State 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete ARLINGTON NATIONAL CEM. 15/6/98 ARLINGTON, VIRGINIA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 11.0YD M. ESTER MD. 191 ESTEP BROTHERS FUNERAL HOME, P.A. LLOYD M. ESTER MD.191 ESTEP BROTHERS FUNERAL HOME, 1300 EUTAW PLACE, BALTIMORE, 23a. Part. Enter it dis ese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or he at failure. List only one cause on each line. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) envogenic Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 45 Unknown HyperTension 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of deeth? 20 No 25. Was cese referred to medicel 26. Place of Death (Check only one) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA

**Physician** /Medical Examiner

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

**Physician** 

/Medical

Examiner

**Funeral** 

Director

rthan "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at

Directo

the Marylar

should be nd Mental is marked

Pages 1 and 2 s ment of Health an ant: If Nem 27 is:

Division of Vital Records. P.O. Box 68760. signed by t

pege 2 s certificate has After this

The law requires that the death certificate Physician: or Attending s after deen. filled in by

within 24 hours edicai completely

State Registra

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 27. Menner of Deet 28d. Describe how injury occurred Injury at Work? 1 Natural 2 Accident 5 Pending investigation 1 Yes 2 No 6 ☐ Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide

15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and mannar as steted.
2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated. 29e. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier

ess of person who completed ceuse of deeth (Item 23e) (Type, Print)

Belevest isd ELSON 6525

Hyattsville MD 20782

NORTON 31. Date filed (Month, Day, Year) MAY 0 5 1998

32. Registrar's Signature who Davids

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 98 | 3805

			Ce	rtificate of	Death		Reg. No.			
	1. Decedent's Neme (First, Middle, Last	()				2. Dete of De	eeth	Vaar	3. Time of Deeth	
cian Iical	Sara Genevie	eve Gorman				April	28	1998	6:20P1	
iner	4e. Fecility Neme (If not Institution, give	street end number)			4b. City, Town, or Lo	cation of Deet	th 4c. Coun	ty of Deeth		
	Charlestow	in Care	Cen	ter	Catons	ville	Ba	Itim	lore	
i 🗐	Social Security Number     6. Se	TH OME	rs. last birthday,	If Under 1 Yea Months Deys		8. Date of Bi (Month, D	irth	9. Birthple	ece (Stete or Foreig	
	214-03-4481	JM 21ALF 92	Yrs.	Internation Doys		January	y 30,190	6 Mar	yland	
	Usuel Residence of Decedent  10e. Stete 10b. County	100	City, Town or Le	noatlan				140	4 1. 2 . On 11 .	
2	Maryland Baltimo		Catons					10	d. Inside City Limits 1 ☐ Yes 2 🛣 No	
Sct		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	outonb							
Ö	10e. Street end Number	Tomo		10f. Zip Code	220		10g. Citizen of Whet Country?			
Funeral Director	709 Maiden Choice							nited States		
S	11. Maritel Status	12. Was Decedent Ever in Armed Forces?	10,8.	If Yes, specify Cul	Hispenic Origin? (Spe ben, Mexicen, Puerto I	Ricen, etc.)	0- 14. He	ece - America eck, White, e		
by F	1 Never Married 2 Married 3 N Widowed 4 Divorced	1 ☐ Yes 2 💆 No If Yes, Give Yeer or Dates:		1 ☐ Yes 2 📉 No	Specify:		Speci	ity: Whi	te	
D I	15. Decedent's Edu		160 Door	dont's Heuri Ossa	unotion		10h Vind of I	Ducinas And	late.	
Completed	(Specify only highest gred	le completed)	(Give	kind of work done  DO NOT use retire	upetion e du <i>ring</i> most of workii ed)	ng	16b. Kind of I	buşiness/ingi	ustry	
E	Elementary/Secondary (0-12)	College (1-4or 5+)		earch ana			bureau	of sta	andards	
O	17. Fether's Name (First, Middle, Last)			Jaron and	18. Mother's Name	(First, Middle	e, Meiden Sume	eme)		
o Be	John L. Becker				Elizabet	h M. To	oal			
2	19e. Informent's Name/Reletionship (Ty	voe. Print)	19b Meili	nn Address (Stree	et end Number or Rura	I Route Numb	her City or Town	n State Zin (	Code)	
	Susan R. Fil/daugh			ysfield I			ley, CA	9402	_	
	20e. Method of Disposition		. Plece of Dispo	osition (Neme of		Dete	20c. Location	- City or Tow	m. Stete	
	1 M Burial 2 Cremation 3 F			metory or other pla		/9/98			Maryland	
	4 ☐ Donetion 5 ☐ Other (Specify)  21. Signeture of Funeral Service License			ge Cemet						
	6500 York Rd.									
	your o. Thuch	ece			Bal	timore	, MD 2.	1212		
	2 ert1. Enter the disease, or compleshock, or heert feilure. List only or	ne ceuse on each line.	eth. Do not en	ter the mode of dy	ring, such es cerdiac o	r respiretory e	errest,	1 1	Approximete Interval Between	
	Immediete Ceuse (Finel diseases or condition resulting in death)  e. Stroke								Onset end Deeth	
									5 days	
		Due to	(or es e conse	quence of):					0	
Examine		b		,				1		
88	Cause. Litter Origenying									
46										
edical	resulting in deeth) Lest		-							
2		i						1		
clar										
Physician	Pert II. Other significant conditions con	ntributing to deeth but not r	esulting In the u	nderlying ceuse g	iven in Pert I.				the cause of death	
	colon c	ancer				10	Yes 2□ No	3 Probe	ably 4 19 Unknow	
Completed by	. 1 . 1 . 0.1					24e Wes	s en autopsy	24b. Wer	e eutopsy findings	
lete	Atrial tib	nlation				perf	ormed?	com	e eutopsy findings leble prior to pletion of cause	
E								of de	eeth?	
						10	Yes 2 DNo	10	Yes 2□ No	
(C)	25. Wes cese referred to medical examiner?	lospital:		10	26. Plece of Deeth					
10	1 Yes 2 No	1 □ Inpatient 2	☐ ER/Outpetier	IT 3LI DOA	ther: 4 D Mursing Hon					
		28e. Dete of Injury (Month, Dey Year)	28b. Time o Injury	Wo		8d. Describe	orlbe how injury occurred			
ioi	1 Maturel 5 ☐ Pending				Yes 2□No	of the other	(0)			
ication	2 ☐ Accident investigation	00. 51 461 4	28e. Plece of fnjury - At home, farm, street, fectory, office bullding, etc. (Specify)				28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)			
ertification		28e. Plece of fnjury - At building, etc. (Spe-	cify)	eet, rectory, office		City or To	WII, Siele/			
Certification	2 Accident 3 Sulcide 4 Homicide investigation 6 Could not be determined									
Certification	2 Accident 3 Sulcide 4 Homicide  29e. Certifier (Check only) 2 Medical Examin	sician: To the best of my kiner: On the basis of exemi	nowledge, deeth	occurred et the t	ime, dete end plece, e	and due to the	ceuse(s) end m	nenner es ste	ted.	
fedical Certification	2 Accident 3 Sulcide 4 Homicide  29e. Certifier (Check only one)  Check only one)		nowledge, deeth	n occurred et the t vestigetion, in my	ime, dete end plece, e opinion, deeth occurre	and due to the	ceuse(s) end m	, end due lo t	he ceuse(s)	
fedical Certification	2 Accident 3 Sulcide 4 Homicide  29e. Certifier (Check only) 2 Medical Examin	sician: To the best of my kiner: On the basis of exemi	nowledge, deeth	n occurred et the t vestigetion, in my	ime, dete end plece, e	and due to the	ceuse(s) end m	, end due lo t	he ceuse(s)	
fedical Certification	2 Accident 3 Sulcide 4 Homicide  29e. Certifier (Check only one)  Check only one)	sician: To the best of my kiner: On the basis of exemi	nowledge, deeth	n occurred et the t vestigetion, in my	ime, dete end plece, e opinion, deeth occurre	and due to the	ceuse(s) end m	, end due lo t	he ceuse(s)	

800 CD YAN

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.-3. Time of Deeth 2. Data of Deeth 1. Decedent's Nama (First, Middle, Last) Month GRAIL, JR. **Physician** 09:05 JOSEPH WILLIAM APRIL 98 29 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Fecility Nama (If not institution, giva street and number) Examiner CENTER HARBOR HOSPITAL BALTIMORE If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1₩ 2□ F Months Deys 70 216-24-1266 April 8 1928 Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. n/a Baltimore 1 XYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 21230 1611 Harden Court Funeral 14. Race - Amarican Indian, Bieck, White, etc. 12. Was Decedant Evar In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 19 Yes 2 No Korea If Yes, Give Yeer or Detes: 1 Navar Married 2 Married 1 Yes 2 No Specify: white þ 3 Widowed 4X Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Coilege (1-4or 5+) Elementery/Secondary (0-12) Stroh Brewery Co. Forklift Operator 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) William J. Grail, Myrtle M. Norton 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Steta, Zip Coda) 19a. Informent's Neme/Reletionship (Type, Print) 1611 Harden Court Baltimore, Md. 21230 MyrtleKaracauskas Mother 20b. Place of Disposition (Name of cemetery, crematory or other place) Holy Cross Cemetery 20a. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stata Donation Cher (Specify) May 2 1998 Brooklyn Park, Md. 22. Name and Address of Fecility McCully-Polyniak Funeral Home 130 E. Fort Ave. Baltimore, Md. Pert1. Enter the diseasa, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each limit. Approximete intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) PULHONARY HOUR Physician/Medical Examiner HEPATIC ENCEPHALOPATHY Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieled events resulting in deeth) Lest Due to (or es e consequence of) ORONARY ARTERY DISEASE YENRS DIABETES NELLITUS 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause givan in Pert I. 1 Yes 2 No 3 Probably 4 Unknown HYDERTENSION þ 24b. Wera autopsy findings evalleble prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed t Yes 21 No 2010 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) To Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ☐ ER/Outpetient 3 ☐ DOA 1 Inpatient 28b. Time of Injury 27. Manner of Deeth 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 5 Pending investigation 1 Maturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide

Division of Vital Records, P.O. Box 68760, certificata has b lirector, page 2 s Hospital or Attanding Physician: this funeral Affer after deatl Director: filled in by 24 hours To the Hosp within 24 ho To the Fune completely fi

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haeith and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Exercitor trust be notified at engage.

**Physician** 

/Medical

**Examiner** 

Baltimore, Maryland 21215-0020

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29a. Certifier 2 Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29b. Signature end title of on RESIDENT PHYSICIAN SHARIF CHOWDHURY)

05 1998

29c. Licansa number A-12441614 29d. Data signed (Month, Day, Year) April, 29,

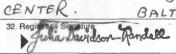
30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print) HOSATAL

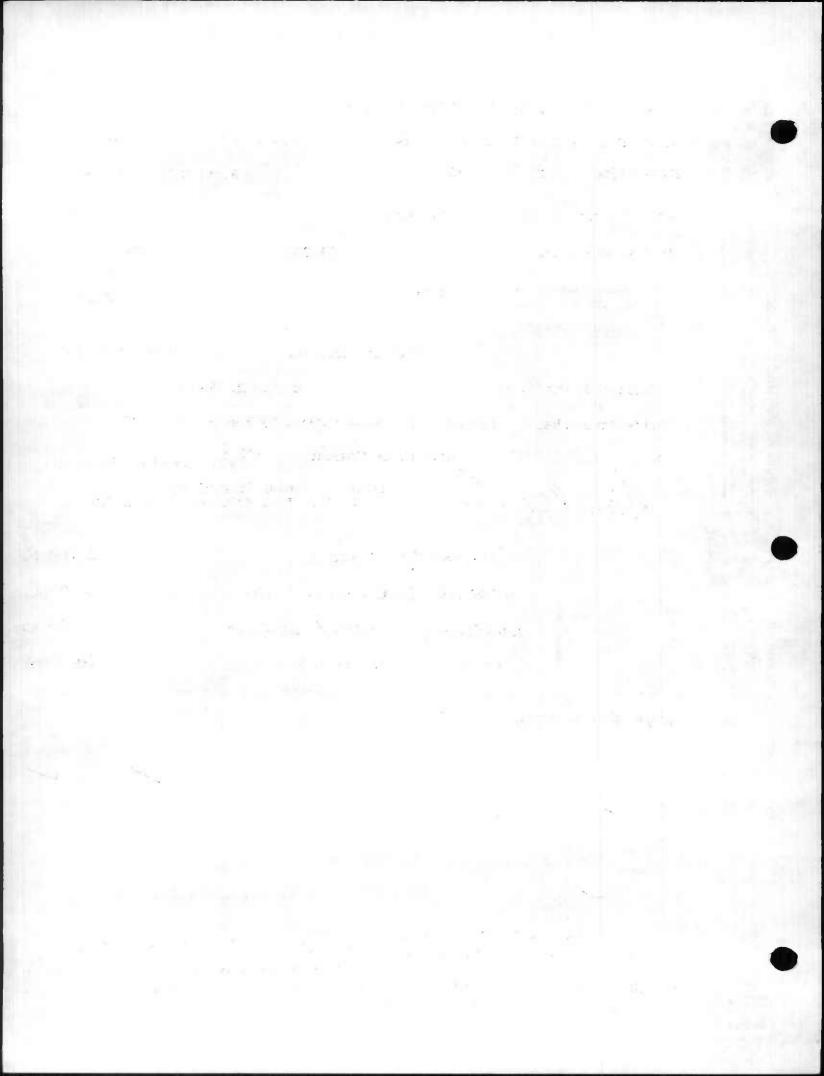
31. Dete filed (Month, Day, Year)

3001 S. HANOVER STREET. BALTINORE, MD

Registrar

edical





# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yee **Physician** Richard Grason IV 1998 MAY 1 4:11 PM /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (tf not institution, give street end number) 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dev. Year) 6. Sex **Funeral** Months 1⊠M 2□F Deys Hours Min Yrs. 1914 Maryland July 6 Director 214-01-4237 Usual Residence of Decedent 10c. City, Town or Location 10a. Stete 10b. County 10d, Inside City Limits 1 ☐ Yes 2 No Director MD. Baltimore Timonium Jame: Grason Richaro 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? d other than "natural", or flams 23s or event, the Medical Examiner must be r 400 Rockfleet Rd. 21093 IISA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: g 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working tife. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Eiementery/Secondary (0-12) College (1-4or 5+) Hyglene. Utilities Inspector County Government marked other 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) and Mental Muriel Powers Grason C. Gus 19b. Mailing Address (Street end Number or Rurat Route Number, City or Town, Stete, Zlp Code) 19a. Informent's Name/Reletionship (Type, Print) . Hem 27 is Timonium, MD. 21093 400 Rockfleet Rd. Mrs. Edythe Grason/Wife 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 Burlei 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 5-5-98 Timonium, MD. Dulaney Valley Cemetery 22. Name and Address of Fecility
Ruck Towson Funeral Home, Inc. 21. Signature of Funeral Service Licensee. 1050 York Rd. Towson, MD. 21204 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** (Cardiogenic Shock) ASCUD Immediate Ceuse (Finei disease or condition resulting in death) /Medical Examiner (and ine (myocardent) Infanction Physician/Medical Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): s the bunart Division of Vital Records, P.O. Box 68760, Due to (or es e consequenca of) Pert if. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Enephdopothy by 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en autopsy Completed peed s certificata has t 1 ☐ Yes 2 ☐ No 1 Yes 2 No or Attending Physicien: director, 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 ☐ Yes 2 ☐ No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA This 28e. Dete of Injury (Month, Dey Year) funeral 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: After 1 Neturel 5 Pending within 24 hours after death.

To the Funeral Director: After completely filled in by the fur 1 Yes 2 No investigation 2 Accident 6 Couid not be determined 3 ☐ Suicide Location (Street end Number or Rurat Route Number, City or Town, Stete) 28e. Placa of injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide 29e. Certifier 🕊 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as steted. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signeture end title-pf certifier 29c. License number in 0 uarnier. 10 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) N-charles 57 609 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State green Davidson Bordalle Registrar MAY 0 5 1998

statistics of the state of the

AND THE PARTY OF THE PARTY OF THE PARTY.

806

So with a marketing of Stanish Lance of the A

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Darry Month **Physician** Hay wood May /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore Baltimore cterans Administration Melecel If Under 1 Year tf Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, 5-26-4 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stete or Foreign Country) **Funeral** 1 M 2 F Deys 219-38-9762 Director Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "naturel", or Items 23s or 28s-f show other treumetic event, the Modical Examiner must be notified at 1 ✓ Yes 2 No NIA Director MD BALTIMORE 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code STREET USA 21213 E. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Wes Decedent of Hispentc Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Status permit. Peges 1 and 2 should be filed within 72 hours effer. Depertment of Heelih and Mentel Hygiene. Important: If Nem 27 Is marked other than "naturel", or free eny injury or other treumetic avens 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: BLACK 1 Yes 20 No þ 3 ☑ Widowed 4 ☐ Divorced If Yes, Give Year or Dates: Completed 16e. Decedent's Usuet Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Etementery/Secondery (0-12) College (1-4or 5+) SANITATION 12 TH GRADE NIA ENGINEER 17. Fether's Neme (Filst, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) **YOWEU** GLADYS UTHER 2 HAYWOOD 199. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Nymber or Rural Route Number, City or Town, State, Zip Code) BALTO JOHNSON DAUGHER MD UZERNE 20b. Place of Disposition (Name of cemetery, crematory ox other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Buriel 2 □ Cremetion 3 □ Removal from State 6-98 OWINGS MILLS, MO 4 ☐ Donetion 5 ☐ Other (Specify) TOREST JARRISON 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility VAUGHN C. GREENE FUNERAL SERVICE 5151 BALTO. NATL' PIKE, BALTO. MD. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate tntervel Between Onset end Deeth **Physician** /Medical tmmediete Cause (Finet disease or condition resulting in death) Jepsis Examiner Physician/Medical Examiner Renal sicin and buriel-transit Sequentietly tist conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Liver tayo Box 68760 physi Due to (or es e consequenca of): Division of Vital Records, P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings aveitable prior to completion of cause of deeth? 24a. Wes en eutopsy peed hes 1 Yes 1 ☐ Yes 2 P No 2 No certificate or Attending Physician: director. Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA Medical Certification: To this After this 27. Menner of Deeth 28d. Describe how injury occurred 28h. Time of 28c. Injury et Work? 1 Naturet 5 Pending 24 hours efter deeth. 1 ☐ Yes 2 ☐ No Investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide the Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner as steted. yletely 2 Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one) within 2 29b. Signature and title of ceptifier 29d. Date signed (Month, Day, Yeer)

P11753

Greene St. Baltimore MD

21201

State Registrar 30. Neme end address of person who completed cause of death (ttem 23a) (Type, Print)

MO

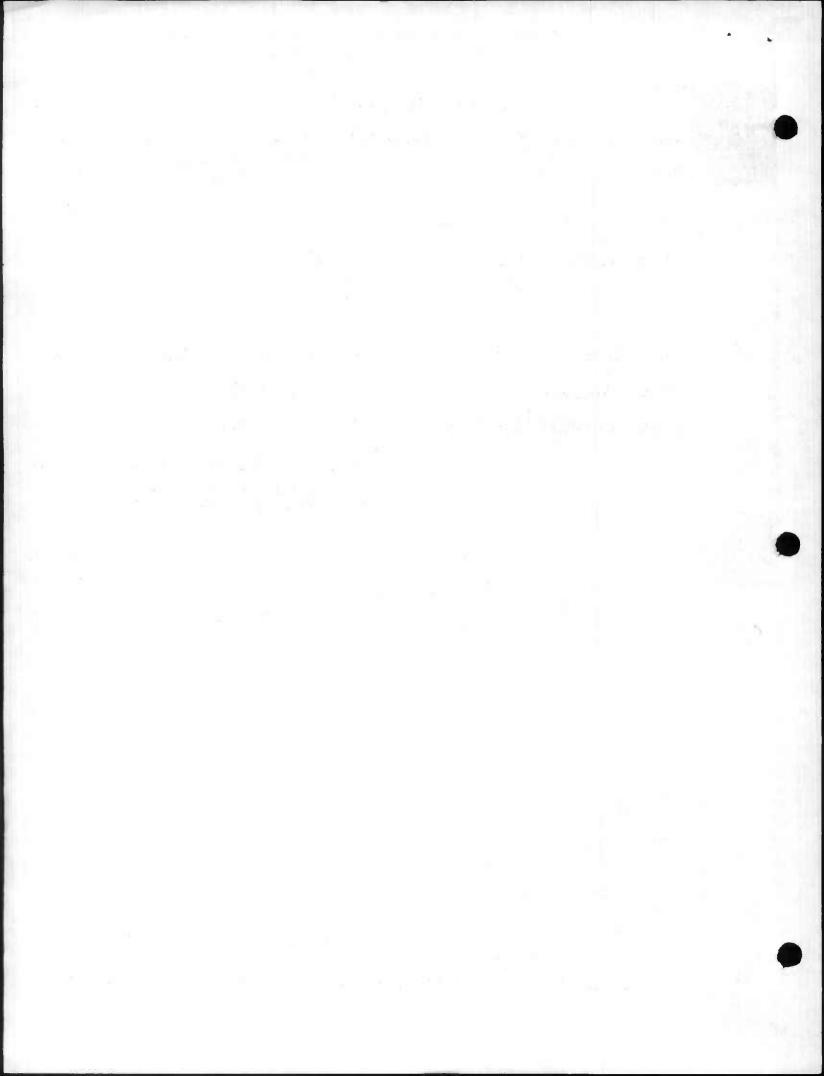
10 North

32. Register's Signal is Sundan - Handall

E. Goodnoon

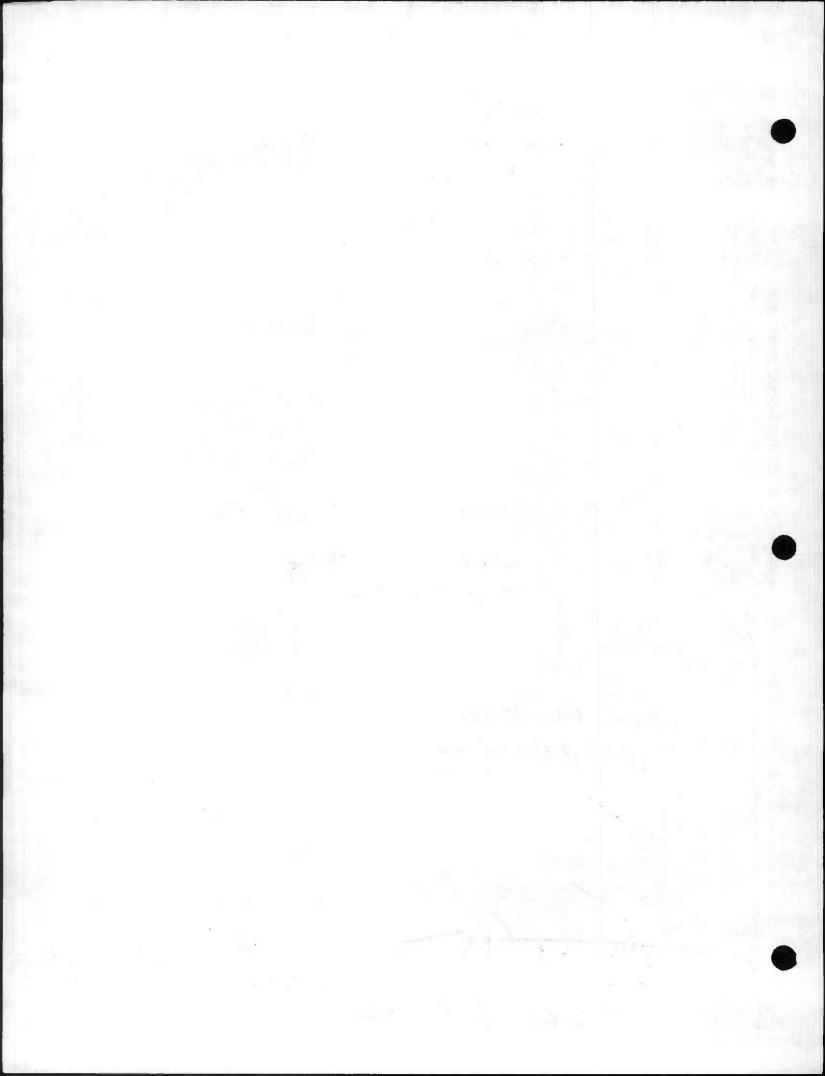
05 1998

0



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 38 138 19

	State of Maryland / L	Certificate of Death	Reg. No.	10003
Physician	1. Decedant's Name (First, Middle, Last)	Hamm		3. Time of Death
/Medical Examiner	4a Facility Nama (If not institution, give street and number)	4b. City, Town, or Lo	I WAS	998 (0:33 A.H.
Examiner	2901 Windson Avenue	Battimo	re NA	
Funeral Director	5. Social Security Number 6. Sex 1 M 20 F 7. Aga (In yrs. last bir	Yrs. If Under 1 Year If Under 24 Hrs. Months Days Hours Min.	8. Date of Birth (Month, Day, Year) //- 7-/947	9. Birthplaca (Stata or Foreign Country)  Md
anyland ahow	Usual Residence of Decedent  10a. State 10b. County 10c. City, Tow	n or Location		10d. Inside City Limits
with the Maryland a or 28a-f ahow the northed at	Md NA Ba	1timore		1 Yes 2 No
offer death with the Mar writernes 23a or 28a-f all driver must be notified Funeral Director	10e. Street and Number	10f. Zip Code	10g. Citizan of Wh	nat Country?
death w	11. Marital Status 12. Was Decedant Evar in U.S.	13 Was Decedent of Hispanic Orlgin? (So	ecify Yes or No-	- American Indian,
020 urs ours by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give / Year or Datas:	Was Decedent of Hispanic Origin? (Sp If Yas, specify Cuban, Maxican, Puerto     □ Yes 2 No Specify:	Rican, atc.) Black, Specify:	White, etc. Black
72 hours ratural; sires E.	15. Decedent's Education (Specify only highast grada completed)	Decedent's Usual Occupation (Give kind of work done during most of work	ing 16b. Kind of Bus	
d 21215-00 filed within 72 ho Hygiene. wher than "naturant, the Medical and, the Medical ecompleted	Elementary/Secondary (0-12) College (1-4or 5+)	life. DO NOT use retired)	Adminis	Security
and 2 The filed intal Hygic of other event, in the Co	17. Father's Name (First, Middle, Last)	18. Mother's Name	(First, Middle, Maiden Sumame	
Maryland 2 d 2 should be filed th and Mental Hyg 7 is marked other traumatic evant, TO Be C.	Ernest O. Hamm	Pecola	Watson	
2 2 2 2 E	19a. Informant's Name/Relationship (Type, Print)	Mailing Address (Street and Number or Run	el Route Number, City or Town, S	Mate, Zip Code)
	gemele	f Disposition (Name of ry, grematory or other place)	Date 20c. Location - C	City or Town, State
0 0 = 5	1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Memoral Park	7-98 Kanela	Ustown, red
Baltimore, permit. Pages 1 at Department of Nea Important: If Nem 3 any Injury or other once.	21. Signatura of Funeral Sarvice Licensee	22 Name and Address of Facility	+	21215
W 40548	Mlady Warren	4300 L	valash gre	nue Balto, med
n interes	23a. Part1. Enter the disease or complications that ceused the death. Do shock, or heart failure. List only one cause on each line.	not enter tha mode of dying, such as cardiac	or respiratory arrest,	Approximate Interval Batween Onset and Death
Physician /Medical	Immediate Cause (Final disease or condition	and the		
Examiner	resulting in death)  a. Due to (or as a	consequence of):		
), uted heard hearsit Examiner	o. Hyperten	5122		
Exar	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events  Due to (or as a condition of the condition of	consequence of):		
68760 ficate by physics the burners the burners	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a constitution of the constitution of th	consequence of):		
m to to				
IS, P.O. I as that the designed by the signed by the signed by the signed by the signed by Physical by Physical Island I and I and I are the signed in the s	Part II. Other aignificant conditions contributing to death but not resulting in	n the underlying cause givan in Part I.		ribute to the cause of death? 3 ☐ Probably 4 ☐ Unknown
S, F as that gned be det	hyperlipidemia			
of Vital Records, Physician: The law requires the certificate has been signed in director, page 2 should be consisted by	husperlipidemia		24a. Was an autopsy parlormed?	24b. Were autopsy findings available prior to completion of causa
Rec e law has b	01			of death?
Vital Recom	25. Was cese referred to medical	26 Place of Door	1 Yes 2 No	1 ☐ Yes 2 ☐ No
of Vita Physician: this certific and director,	examiner?  1  Yes 2  Hospital: 1 Inpatient 2 ER/Ou	Othor	h (Check only one) ome 5 Residence 8 □Other	(Specify)
E & \$1 0		Time of 28c. Injury at njury Work?	28d. Describe how Injury occurre	d
Division or Attending after death. Director: After d in by the fune ertification	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	M 1 Yes 2 No	28f. Location (Street and Numbe	r or Rural Route Number
Div A atter Directif din by	4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide	irm, street, factory, office	City or Town, State)	or rigidir route realition,
Division c To the Hospital or Attending P within 24 hours after dath completely filled in by the funers Medical Certification:	29a. Certifier    Check only	e, death occurred at the time, date and place,	and due to the cause(s) and man	ner as stated.
the Hi thin 24 of the Fi	one) and marmar stated.			
5 V V V	29b. Signature/fund title of certifier	29c. License number	Data signed	(Month, Day, Year)
21	30. Name and address of parson who opmpleted ceuse of death (Item 23a)	(Type Print)	Lust 1	7 1110
7	Wanda I. Simmons Clemmons:	1/m2 00 .da	Drive Sute	+ Baltme
State	31. Date filed (Month, Day, Year)  32. Heg the Signature	~ Randell		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 3. Tima of Death 2. Data of Death Month **Physician** EL, ZA beth Hundley 4b/City, Town, or Location of Death 26 /Medical 4a Facility Nama (If not institution, giva straat and number) 4c. County of Death Examiner HOSPITAL BALTIMORE N/A SECOUR If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth 9. Birthplaca (Stata (Month, Day, Year))
AUGUST 31,1922 MARYLAND 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Days Hours 1□M 2 F Yrs. 75 220-01-3241 Usuel Residence of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits N☐ Yes 2☐ No Directo MARYLAND BALTIMORE 10f. Zip Coda 10g. Citizan of What Country? 10e. Street and Number 507 ALLENDALE STREET 21229 USA Funeral 12. Was Dacedant Evar in U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1 Yas 2 No Specify: AFRO. AMERICAN Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) Elementery/Secondary (0-12) Coilega (1-4or 5+) CLERK SOCIAL SECURITY 18. Mothar's Nama (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middla, Last) SLATER WILSON NELLIE SAMPSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Code) COLUMBUS HUNDLEY HUSBAND 507 ALLENDALE STREET, BALTIMORE, MARYLAND 21229 20b. Place of Disposition (Nema of camatary, crametory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burlal 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) GARRISON FOREST CEMETERY 5/1/98 OWINGS MILL, MARYLAND 21. Signatura of Funaral Sarvice Licensea
LLOYD M. ESTEP ESTEP BROTHERS FUNERAL HOME, P.A. Part 1. Enter that disease, or compilications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or rearriging. List only one cause or each line.

1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217

Approximate the mode of dying, such as cerdiac or respiratory errest, indianyal Barting and Barting Approximate Interval Batween Onsat and Death Immadiata Causa (Final disaasa or condition rasulting in death) INFARCTION Physician/Medical Examiner YPERTERSION Sequantially list conditions, if any, laading to immadiata ceuse. Enter Underlying Ceuse (Diseasa or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown NEUMORIA þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy Completed complation of causa of death? 20 No 1 Yas 2 No 25. Was cesa ratarrad to medicel axaminar?

1 Yas 2 No Be 26. Placa of Death (Chack only ona) To Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 MInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Memhar of Death 28d. Dascriba how injury occurred 28a. Dete of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? Certification: 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accident 6 Could not be determined 3 ☐ Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At home, ferm, street, factory, office building, atc. (Specify) 4 Homicida

Examiner Division of Vital Records, P.O. Box 68760. The law requires that the death certificate or Attending Physician:

**Funeral** 

Director

r 28a-f ahow

the Marylend

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or flems 23s or 2) any injury or other treumatic event, the Meyter I permit and any ender.

**Physician** /Medical

certificate has tirector, page 2 s

this funeral

ofter death. Director: Al

To the Hosp within 24 hor To the Fune completely fi

Hospital

the Funeral Director filled in by the

Registrar

29a. Cartifian

(Check only one)

29b. Signature and tilla of certifiar MI 29c. Licansa number

1 Certifying Phyelclan: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

29d. Data signad (Month, Day, Year)

TIMORE STREET BOLFIMORE MARYLAND

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) VICTOR

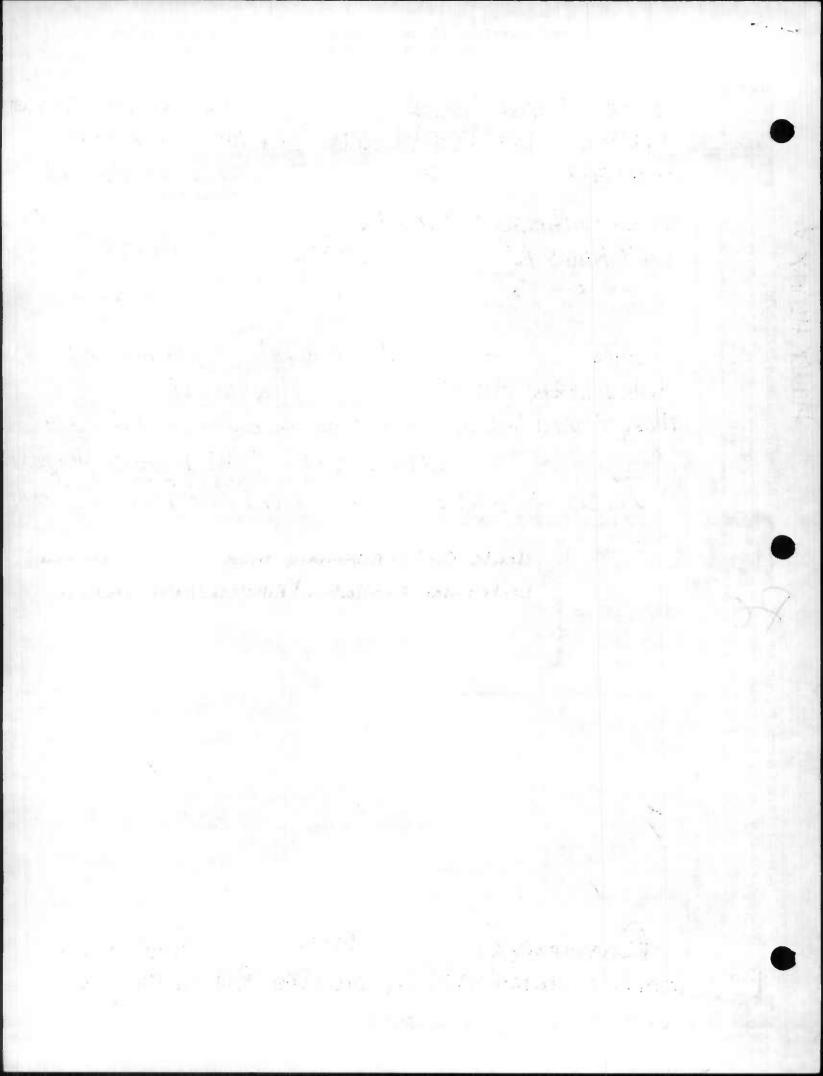
2000 WEST BAL

32. Ragistrar's Signatura ra Baydon-Rans

31. Data filed (Month, Day, Yaar)

MAY 05 1998

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Deeth **Physician** :43 am /Medical Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner lest birthday) 6. Sex U 5. Social Security Number 9. Birthplace (State or Foreign Country) **Funeral** Days Hours 1 M 2 F 213-12-4432 Usual Residence of Decedent 16 Director 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maeyland Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. ed other than "natural", or iten event, the Medical Examiner 1 Never Married 20 Married 1□ Yes 2X No Specify: White Specify: PV 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent'a Uaual Occupation
(Give kind of work done during most of working life. DQ NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 5 YRS 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) Be 1 and 2 should be Montal merked 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code)
9209 HIVLS Rd. BALHMORL, Ma 218 19a. Informant'a Name/Relationahip (Type, Print) Health Item 27 Baltimore, 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Date 20c. Location - City or Town, Stete Pages ъ 1 ⊠Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility 21. Signature of Funerel Service Licenses 8800 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel Cardio-Pulmonary disease or condition resulting in deeth) arrest Examiner Physician/Medical Examiner Ventricular Fibrillation Pulseless Electrical Activity Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68769 Due to (or es e consequence of): USB signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy tindings available prior to Completed 24a. Was en eutopsy performed? completion of cause of deeth? s certificata has b director, page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: director, Be 25. Wes case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA Certification: To 1 Inpatient After this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Natural 5 Pending s after de. 1 Tyes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 124 hours after to Funeral Direct platety filled in b 4 Homicide ò Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated. edical To the Hosp within 24 ho To the Fune completely f 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) 29b. Signefure and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D34585 death (Item 23a) (Type, Print) Name and address of person who completed cause of Baltimore Md. 31. Dete tiled (Month, Day, Year) 32. Registrar's Signature Registrar 05 1998



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1 Decedent's Name (First Middle Last) 2. Dete of Deeth Month Largrave 4b. City, Town, or Location of Deeth 4e Fscility Neme (If not institution, give street and number) 4c. County of Death ORREST HIMORE (0 If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) 8. Date of Birth Birthplece (State or Foreign Country). 1 M 2 F Min Months Devs Hours Yrs Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Maeyland 10e. Street and Number 10f Zin Code 10g. Citizen of Whet Country? 46 BRP 212 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 11. Merital Status 1 Never Merried 2 Merried 1 Yes 2 No Specify: White Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) unknown MENOWN 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 746 - ORPOS 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility 21 Signature of Enneral Service Licensee VCURS FUNCEON Cha sel Hartord 8800 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Fine) disease or condition resulting in deeth) Due to (ogas e consequence of) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the cause of death? 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24a. Wes an eutopsy performed? 1 Yes 2 No 1 Yes 2 No 25. Wes cese referred to medicel examiner? 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA 1 Inpatient 28d. Describe how injury occurred 28b. Time of

Examiner Division of Vital Records, P.O. Box 6876 ile ile 8 897 6 96 3 bengs pe det peen page 2 cortificate has director. ä funeral Affect Attending after death Director:

8

124 her Funeral P Hospital

Wilhin 2 To the F

**Physician** 

/Medical

**Examiner** 

Director

Funeral

py

Completed

Be

Examiner

Physician/Medical

by

Completed

Be

10

Certification:

Medical

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Mapical Examinet must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itan any Injury or other traument.

**Physician** /Medical

Baltimore, Maryland 21215-0020

the Maryland

death

27. Menner of Deeth 1 Neturel 5 Pending

2 Accident

29e. Certifier

6 Could not be determined 3 Suicide 4 Homicide

investigetion

28a. Dete of Injury (Month, Dey Year)

Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 □ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the ceuse(s) end menner stated. (Check only one)

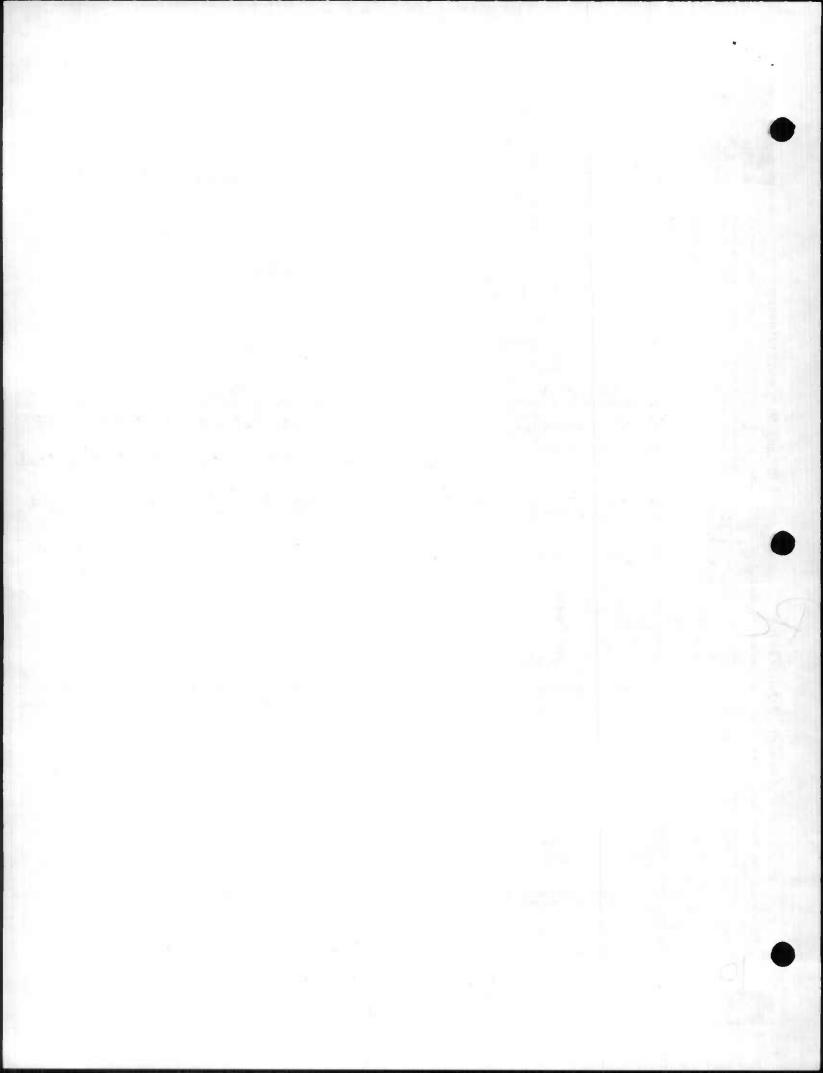
29b. Signature end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

2 Moor 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day, Year) 05 1998



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** George L. Hartlove, Sr. APRIL 1028 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give straet end number) **Examiner** SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Undar 1 Yeer | if Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) 1⊠M 2□ F Months Days Hours Min 220-24-5239 Yrs. Mary land 67 Feb. 22, 1931 **Director** Usual Residence of Decedent 7 with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "natural", or items 23s or 28a-f sho other traumatic avent, the Madical Examinar must be notified at F5 Maryland Tyaskin 1 ☐ Yes 2♥ No wicomico Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 22461 Capitola Road 21865 U.S.A. Funeral death 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status 1 ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Naver Married 2 ☑ Married Specify: White 1 ☐ Yes 2 ☒ No Specify: p 3 Widowed 4 Divorced "natural" Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within 72 h and Mental Hygiene. Etementary/Secondary (0-12) College (1-4or 5+) N/A Truck Driver A & P 18. Mother's Neme (First, Middle, Melden Sumeme) 17. Fathar's Name (First, Middla, Last) John Hartlove Nannabell Hartlove P 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) permit. Pages 1 end 2 st Department of Health and Important: If Item 27 is n Wife Catherine E. Hartlove 22461 Capitola Road Tyaskin, Maryland 21865 20b. Place of Disposition (Neme of cemetary, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition 1⊠ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 0 Glen Haven Mem. Park April 30,1998 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Other (Specify) any injury 21. Signature of Funeral Service License 22. Nama and Address of Facility McCully-Polyniak Funeral Home 3204 Mountain Road Pasadena, Maryland 21122 Part1. Enter the diseasa, or combications that ceusad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one should be such as cardiac or respiratory arrest, Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Physician/Medical Examiner Sequentiatly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest P.O. Box 68760. USB 85 23b. Did tobacco use contribute to the cause of death? Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. ģ 2 24b. Were eutopsy findings available prior to Completed 24e. Was an autopsy performed? completion of ceusa of death? page 2 s Sec 1 Yes 2 No 1 Yes 2 No 25. Wes case referred to medicel examiner? 26. Piace of Death (Check only one) 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA To funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? Certification: After 5 Pending Investigation or Attending 1 ☐ Yes 2 ☐ No death. 2 Accident ofter death Director: 6 Could not be Location (Street end Number or Rural Routa Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 2 4 Homicide within 24 hours 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edica completely

Registrar

(Check only

29b. Signature and title of certifier

William Ro

31. Date filed (Month, Dey, Year) MAY 05 1998

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

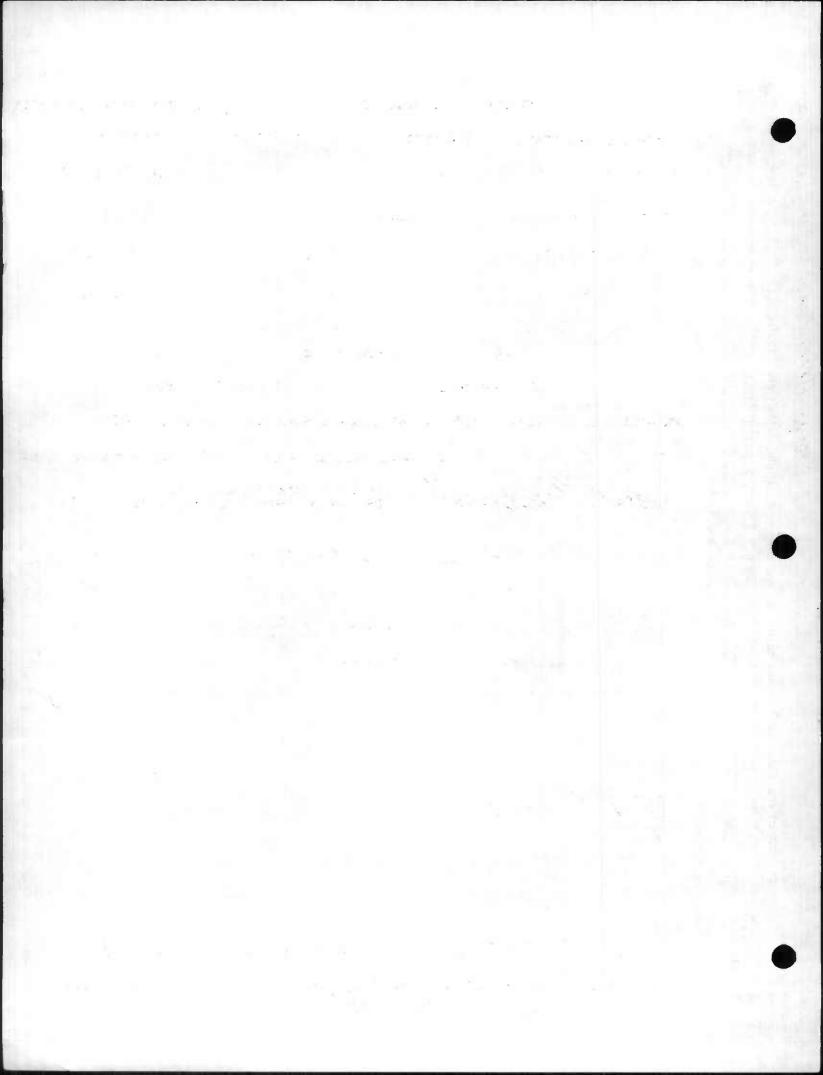
Health ins 1104 way wa Daydon 32. Regis

2 Medical Exeminer: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Dev. Year)

5alisbury



State of Maryland / Department of Health and Mental Hygiene

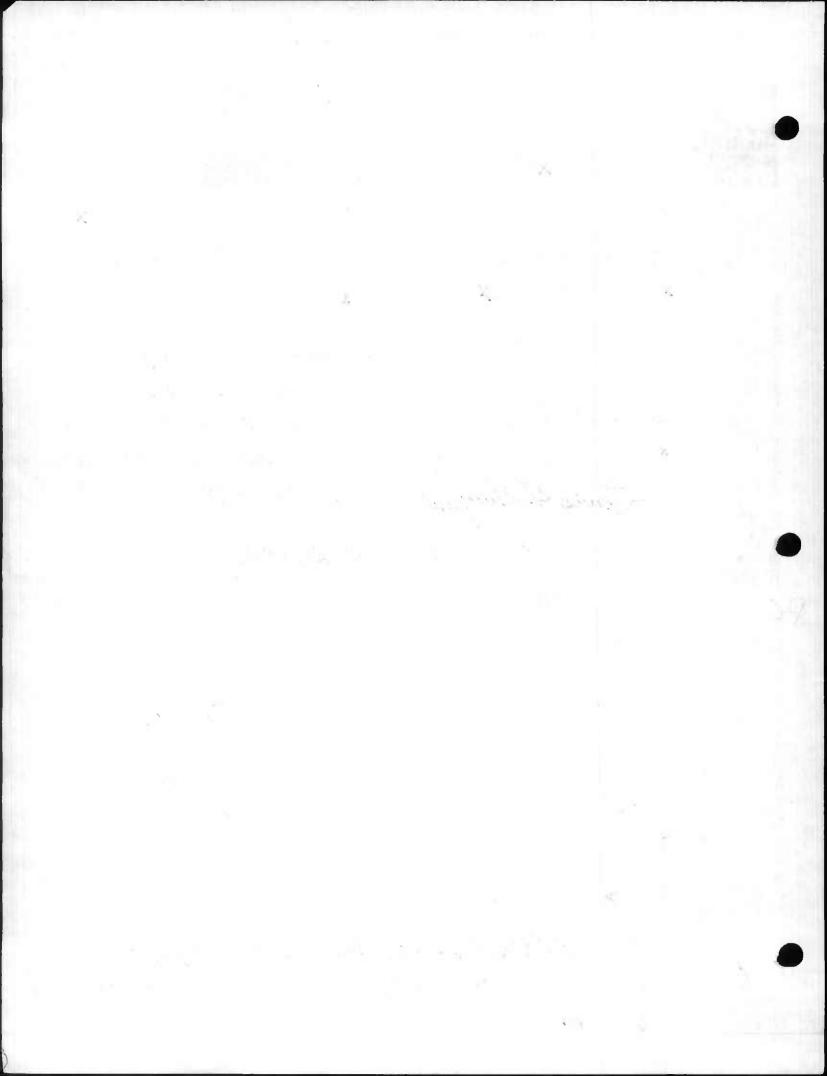
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima ot Death **Physician** Month APRIL 30,1998 ROBERT WILLIAM 5:45 A.M HARRIS /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3604 W. LEXINGTON STREET BALTIMORE If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1**M**M 2□ F Days Hours Yrs. 88 6955 Director 247 APR.1,1951 South Carolina Usuai Rasidence ot Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Hastilt and Mental Hygiane. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-1 show any Injury or other traumatic event, the Medical Examine crass to nother traumatic event, the Medical Examine crass to nother traumatic event, the Medical Examine crass to not a new Injury or other traumatic event, the Medical Examine crass to not a new Injury or other traumatic event, the Medical Examine crass to a new Injury or other traumatic event, the Medical Examine crass to a new Injury or other traumatic event, the Medical Examine Crass to a new Injury or other traumatic event, the Medical Examine Crass to a new Injury or other traumatic event, the Medical Examine Crass to a new Injury or other traumatic events. 10d. Inside City Limits 1 Yas 2 No Director MD. N/A BALTIMORE 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 3604 W. LEXINGTON STREET 21229 U.S.OF A. Funeral Was Dacedent Evar In U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 No If Yas, Give Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 Specify: BLACK ð 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12TH INTERIOR DECORATOR HOME IMPROVEMENTS 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) ROBERT COLLINS DELORES WASHINGTON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) SANTOSHA HARRIS (DAUGHTER) 3604 W. LEXINGTON ST. BALTO., MD. 21229 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 5/6/98 4 ☐ Donation 5 ☐ Othar (Specify) NEW CATHEDRAL CEM. BALTIMORE, MARYLAND TEMIS GWYNN22 Nama and Addrass of Facility
LEWIS T. GWYNN FUNERAL HOME 21. Signatura of Funger Servica Licanses 21215-6393 4517 PARK HEIGHTS AVE. BALTO., MD. Part1. Enter Ta disaasa, or complications that cause the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each to be complications. 23a. Part1. Entar Approximata Intarval Batwean Onsat and Daath **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated evants rasulting In daath) Last Dua to (or as a consequence ot): physician s the burial Physician/Medical Dua to (or as a consequance of): 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 10 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed peeu cartificata 1 Yas 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartifice 25. Was casa rafarred to madical Be 26. Placa of Death (Check only ona) 1 Yas 2 No Othar: 4□ Nursing Homa 5 Rasidanca 6 □ Othar (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funaral 27. Mannar of Death 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? 28a. Data of Injury (Month, Day Yaar) 5 Panding invastigation 1 Naturai 1 🗌 Yas 2 🗆 No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, tarm, straat, factory, offica building, atc. (Spacify) 2 4 Homicida 24 hours edicai 29a. Cartifian Sertifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. To the Hosp within 24 hor To the Fune complately fi 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signatura and titia of cartifian 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 30. Nama and addrass of person who complated causa of ath (Itam 23a) (Type, Print) south Greeno St, Baltond 31. Data filad (Month, Day, Year)

State Registrar

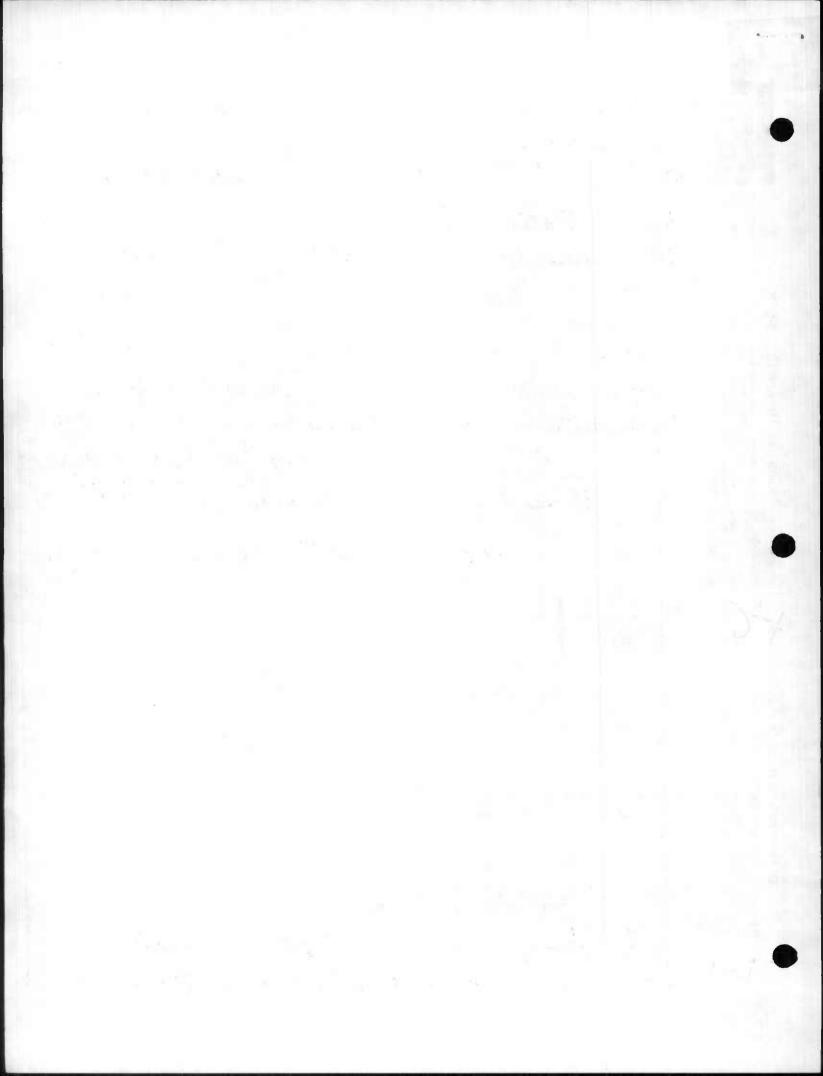
AY 0.5 THE

Audia Davidson Randall

Division of Vital Records, P.O.



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Deeth 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) **Physician** 10:00 pm oseph May /Medical 4b. City, Town, or Location of Deeth 4a Fecility Neme (If not institution, give street and number) County of Deeth Examiner 10 8. Dete of Birth Month, Dey 5. Sociel Security Number 6 Sex 7. Age (In vrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** Months Deys Hours Min 1 M 2 □ F -18-7733 Yrs. Pennsylvania Director Usuet Residence of Decedent Peges 1 and 2 should be filed within 72 hours after death with the Maryland net of Health and Mental Hygiene. In: If Item 27 is marked other than "naturel", or items 23s or 28s-f show mix If Item 27 is marked other than "naturel", or items 23s or 28s-f show mix or other traumatic event, has healtest Exercited must be notified as 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Directo 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 2123 Funeral 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Was Decedent Ever In U.S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Yeer or Detes: 14. Rece - American Indian. 11. Meritat Stetus Bleck, White, etc. 1 Never Married 2 Married Baltlmore, Maryland 21215-0020 1 Yes 2 No Specify: While Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) merican IdYRS 18 Mother's Name (First Middle Maiden 17. Fether's Name (First, Middle, Last) Be 2 Duel 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town 19a. Informant's Neme/Reletionship (Type, Print) 00 WHE 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete permit. Peges Department of Important: If It any injury or o 1 Buriet 2 Cremation 3 Removel from Stete 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funerel Service Licenses 22 Name and Address of Fecility 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, buch as cerdiec or respiratory entershock, or heart failure. List only one cause on each tine. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final lai disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Physician/Medical Examiner Sequentially list conditions, if eny, teeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 687 Due to (or es e consequence of): The law requires that the death certificate signed by the e Pert ff. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 □ Unknown à 24b. Were sutopsy findings aveilebte prior to completion of cause of death? 24a. Wes en eutopsy should should Completed After this certificate has funeral director, page 2 2 No 1 Yes 1 Yes 2 No or Attending Physician: 25. Wes cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2X No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No death. Investigation 2 Accident ofter deatl 6 Could not be determined 3 Sulcide Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide filled in I Hospital hours 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) and menner steted. 29e. Certifier Medical To the Hosp within 24 ho To the Fune completely fi 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cert License number eth (Item 23e) (Type, Print) 30. Na dress of parson who coegistrer's Signature 31. Dete filed (Month, Dey, Year) State in Davidson 05 1998 Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 3107 Month **Physician** illiAN MA /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Medicu Baltimore If Under 24 Hrs. 8, Detection 5. Sociel Security Number If Under 1 Yeer 6. Sex Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** 1 ■ M 2 D Deys Hours 316-66-7449 Usuel Residence of Decedent Yrs. Director Marylana permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Menyland Department of Heelth and Mentel Hyglene. Important: if Item 27 is marked other than "netural", or items 23a or 28a-4 show any Injury or other traumetic event, the Medical Examinar mass he may re-10e. State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 No 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 120 2 4860 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Deles: Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Reca - American Indian, Bieck, White, etc. 11. Meritel Stetus 1 □ Never Merried 2 □ Merried Specify: Black 1□ Yes 2 No Baltimore, Maryland 21215-0020 Specify: þ 3 NWidowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) young young mma19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Holbrook Maureen 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Doodlawn Cemetery 22. Name and Address of Facility 21. Signeture of Funerei Survice Licensee 38 N. Gilmor St Pert1. Enter the disease, or complications that caused to shock, or heart feilure. List only one cause on each line ons that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, Approximete Intervei Between Onset end Death Physician EXPS /Medical Immediete Cause (Finel disease or condition resulting in deeth) Examiner Examiner the burial-transit The law requires that the deeth certificate be executed Sequenticily list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Is certificate has been signed by the ettending physiciar and director, page 2 should be detached for use as the burial-tran Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? 1 Yes 2000 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 1 ☑ res 2 ☐ No Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funerel 27. Menner of Deeth 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: After 5 Pending Investigation 1 ☑Naturel 1 Yes 2 🗆 No 2 Accident completely tilled in by the 6 Could not be 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ HomicIde 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical

29c. License number

29d. Dete signed (Month, Day, Year)

State Registrar 29b. Signeture and title of certifier

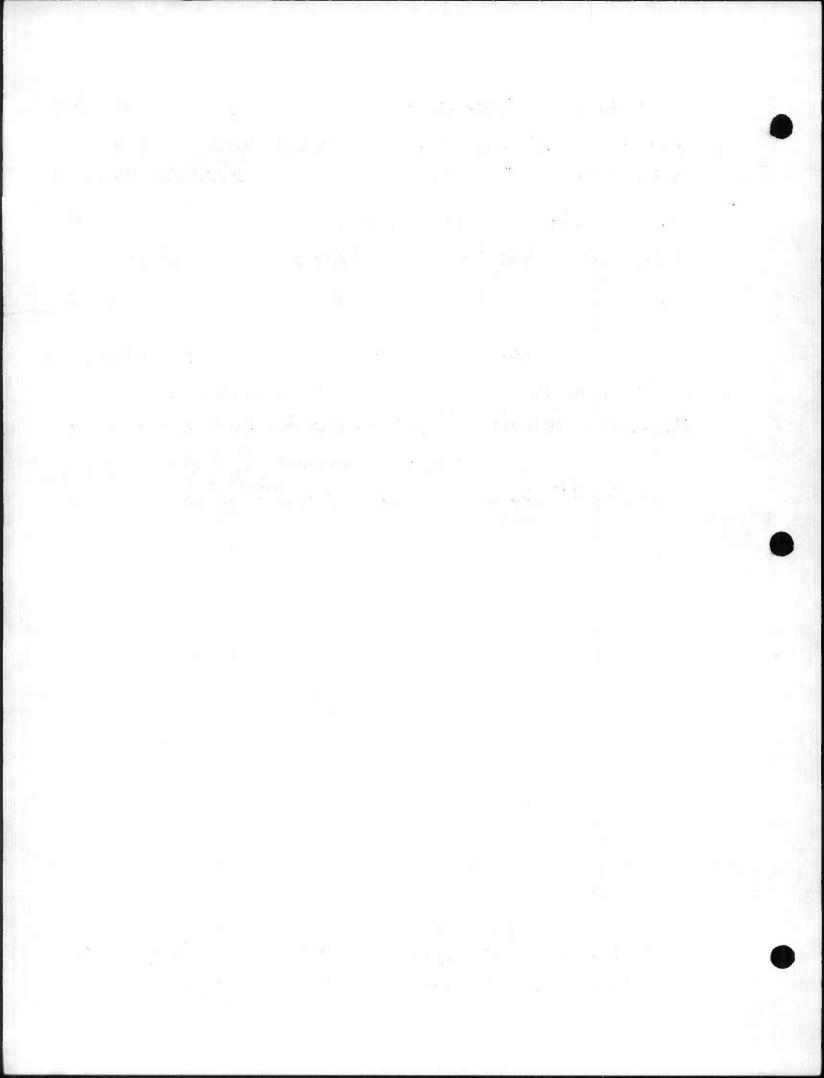
SREGORIO

31. Dete filed (Month, Dey, Year) MAY 0 5 1998

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

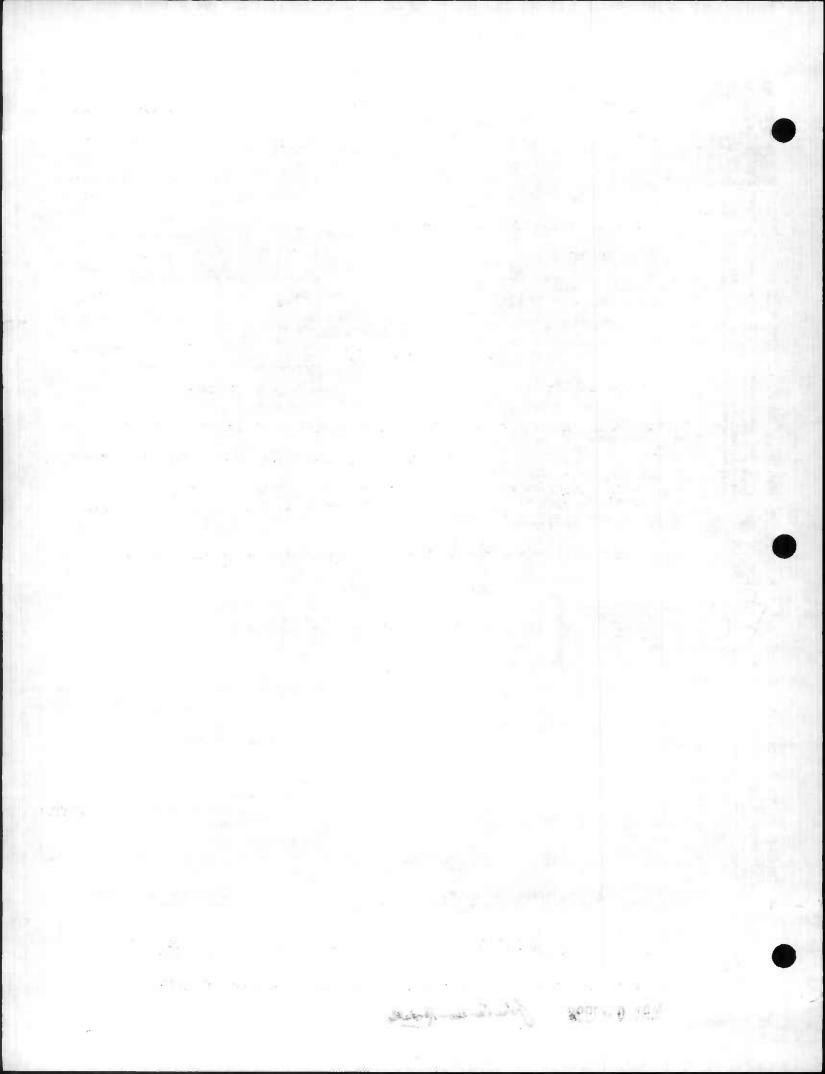
32. Regis

ARTORI



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Nan	na (First, Midd	dia, Last)		100					2. Date	of Death		Year	3. Time of Dec
cian dical	н	MARGARET KEYS							S		May	ın	Day 1, 199		8:00 a.
ner	Ab City Town								b. City, Town, or		Death				
	в	Stella	Maris	Hos	pice					Timoniu	m		Balti	more	County
l r	2	Social Security I	657	6. Sax	M 200 F	. Aga (In yrs.	last birthday) Yrs.	if Unda Months	Days	if Under 24 Hrs Hours Min	8. Date	of Birth th, Day,	Year)	9. Birthe Cour Mary	place (State or Fo
	Usuat Residence of Decedent  10a. State 10b. County 10c. City, Town or Location												1	10d. insida City L	
ctor	N	Maryland		more	County		imonium								1 🗆 Yas 2
<b>Funeral Director</b>	10	be. Street and Nu 57 Oak		ad				10f. Zij	p Code	1093		10	g. Citizen of V US.		ntry?
	11	I. Marital Status		1	2. Was Deced	ant Evar in L	J,S. 13. V	Vas Dece		ispanic Origin? (i n, Mexican, Pue	Specify Yes	or No-	14. Rac	e - Americ	can Indian,
ģ		1 ☐ Nevar Man			Armed Ford 1 Tes 2 If Yes, Give Yaar or Dat	X No				Specify:	to Hican, a	IC.)	Specify	ck, White, White	
-		(Soe	15. Decede	nt's Educ	ation		16a. Deced	ient's Usu	ual Occup	ation	orkina	1	6b. Kind of Bu	usiness/In	dustry
Completed	-	Elementary/Sec		-	College (1-4	for 5+)				during most of wo		C	annina	C	
		. Father's Name	/Cinch   Middle	( ant)	2 yrs	;	Secr	etar	У	18. Mother's Na	ma /First		anning		Dany
0		Lawren			11									10)	
0		9a. Informant's N					19b. Mallin	ng Addres	s (Street	Mary A		-		State, Zic	o Code)
						(D D									
	20	a. Method of Dis	position	DOLLI	e, Esq.	20b.	Placa of Disposemetery, cren	sition (Ne	me of	ore St, E	1gnth	FIT	Balto Oc. Location -	City or To	own, Stata
		1 X Burial 2 4 ☐ Donation	☐ Cramation	3 □R	amoval from St	ata	Comercially, Cron	notory or	Oliver Prac	n. Grdns					aryland
	2				е						27 17.			4119 1.11	aryrana
		21. Signature of Funeral Service Licensee  22. Nama and Address of Facility  Mitchell-Wiedefeld Home, Inc.  6500 York Road, Baltimore, Maryland  23a. Part1. Enter tha disease, or complications that caused the death, shock, or heart failure. List only one cause on each line.  22. Nama and Address of Facility  Mitchell-Wiedefeld Home, Inc.  6500 York Road, Baltimore, Maryland  21212  Approximate Interval Between Onset and Death  Onset and Death													
	1	Manuel	1	37/4	worn		Mi	tcne	TT-M	TCGCTCTC	1 HOHE	, 111	IC.		
	In	Mart  3a. Part 1. Entar shock, or her  mmediate Cause isease or conditionsulting in death)	(Final	Laws or complication to only on		letas	tatic	er the mod	Cork de of dyin	Road , Bag, such as cardie	altimo	re.	Maryla Naryla	1	1.2.1.2 Approximate Interval Betwee Onset and Dea
Ilcal Examiner	In di re	nmediate Cause isease or condition to condition and the soulting in death) equentially list cany, leading to in ause. Enter Undeuse (Disease or all initiated event	(Final on on on on on on on on on on on on on	Laws or complicationly on a	~	Due to (i)  Due to (i)  Due to (i)	th. Do not ente	COMper the mon	Cork de of dyin  (Cor ): Ses	Road , Bag, such as cardie	altimo	re.	Maryla st,	1	1 21 2 Approximate Interval Betwee Onset and Dea
edical	Si if ce Ci th re	nmediate Cause isease or condition sulting in death) equentially list contains any, leading to in ause. Enter Und	(Final on on on on on on on on on on on on on	Laws or complication only on a	~	Due to (i)  Due to (i)  Due to (i)	th. Do not enter tatic or as a conseq  vue to or as a conseq  Lai	COMper the mon	Cork de of dyin  (Cor ): Ses	Road, Bag, such as cardia	altimo	re.	Maryla st,	1	1 21 2 Approximate Interval Betwee Onset and Dea
POICE	Si if ce Ci th	nmediate Cause isease or condition to condition and the soulting in death) equentially list cany, leading to in ause. Enter Undeuse (Disease or all initiated event	(Final on onditions, mediate erlying I hijury s Last	a b. c. d.	hi Li	Due to (c	th. Do not enter tatic or as a conseq  Tai or as a consequence tai	con uenca of) uenca of) uenca of)	Cork de of dyin  Cor : Ses	Road, Bag, such as cardie	altime correspin	Dre, ettory afree	Maryla nknou	· nc	1 21 2 Approximate Interval Betwee Onset and Dea
POICE	Si if ce Ci th	nmediate Cause isease or condition of conditions and the soulting in death) equentially list or any, leading to in ause. Enter Undeuse (Disease on at initiated event soulting in death)	(Final on onditions, mediate erlying I hijury s Last	a b. c. d.	hi Li	Due to (c	th. Do not enter tatic or as a conseq  Tai or as a consequence tai	con uenca of) uenca of) uenca of)	Cork de of dyin  Cor : Ses	Road, Bag, such as cardie	altime correspin	DEE, attory afree	Maryla nknou	m.	
edical	Si if ce Ci th	nmediate Cause isease or condition of conditions and the soulting in death) equentially list or any, leading to in ause. Enter Undeuse (Disease on at initiated event soulting in death)	(Final on onditions, mediate erlying I hijury s Last	a b. c. d.	hi Li	Due to (c	th. Do not enter tatic or as a conseq  Tai or as a consequence tai	con uenca of) uenca of) uenca of)	Cork de of dyin  Cor : Ses	Road, Bag, such as cardie	altimor cor respir	on Did total	Maryla  None  Maryla  None  Maryla	onribute to	o the cause of d
edicai	Si if ce Ci th	nmediate Cause isease or condition of conditions and the soulting in death) equentially list or any, leading to in ause. Enter Undeuse (Disease on at initiated event soulting in death)	(Final on onditions, mediate erlying I hijury s Last	a b. c. d.	hi Li	Due to (c	th. Do not enter tatic or as a conseq  Tai or as a consequence tai	con uenca of) uenca of) uenca of)	Cork de of dyin  Cor : Ses	Road, Bag, such as cardie	altimor cor respir	b. Did tot	Maryla  None  Deccouse coo  B 2 No	otribute to 3 Pro	o the cause of d
be completed by Physician/Medical	Indicate Solid Control of the record of the	nmediate Cause isease or condition of conditions and the soulting in death) equentially list or any, leading to in ause. Enter Undeuse (Disease on at initiated event soulting in death)	(Final on onditions, mmediate erlying rinjury s Last	a b. c. d. d. d. d. d. al	Le tributing to dea	Due to (c	th. Do not enter tatic or as a conseq  Tai or as a consequence tai	con uenca of) uenca of) uenca of)	Cork de of dyin	Road, Bag, such as cardie	altimor cor respir	b. Did tot	Maryla  None  Bacco use codes 2 No  Rautopsy ned?	otribute to 3 Pro	o the cause of displaying the cause of displaying the cause of cau
To be completed by Physician/Medical	Indices Si if can Control of the re	equentially list or any, leading to in use. Enter Undeuse (Disease ventions) art It. Other significant It. Oth	(Final on onditions, mmediate ertying rinjury s Last	a b. c. d. d. d. d. d. al	Le Le Le Le Le Le Le Le Le Le Le Le Le L	Due to (c)  Due to (c)  Due to (c)  The but not reserved actions 2 E	th. Do not enter tatic or as a conseq  Lai or as a conseq  Lai or as a consequity sulting in the ur	conjuence of):  uence of):  uence of):  uence of):	Cork de of dyin  Cor  Cor  Cor  Cor  Cor  Cor  Cor  Co	Road, Bag, such as cardia	23  24  24  Correspin	b. Did total  Wes an perform  The Year only one Resider	Maryla  None  Dacco use codes  2□ No  n autopsy  ned?  s 2☑ No  none 6 ☑ Oth	ontribute to 3 Pro	o the cause of displaying the cause of displaying the cause of cau
to be completed by Physician/Medical	Indices Si if can Control of the re	equentially list control and the control and t	onditions, mmediate erlying s Last  ficant conditions  rred to medical No th 5 Pendi invest	al Heing tigation	Le Le Le Le Le Le Le Le Le Le Le Le Le L	Due to (c)  Due to (c)  Due to (c)  The but not reserved actions 2 E	th. Do not enter tatic or as a conseq  Lai or as a conseq  Lai or as a consequing the consequing	conjuence of):  uence of):  uence of):  uence of):	Cork de of dyin  (a) : : : : : : : : : : : : : : : : : : :	Road, Bag, such as cardia	23 24 Home 5[ 28d. De	Dre and total an	Maryla  Notati  Deccouse codes  2□ No  autopsy	ontribute to 3 Pro of 1 (Special red	o the cause of displaying the cause of displaying the cause of displaying the cause of displaying the cause of displaying the cause of displaying the cause of th
To Be Completed by Physician/Medical	Indices Si if can Control of the re	nmediate Cause isease or conditions and interest is sease or conditions are considered in the control of the co	(Final on onditions, mediate erlying rinjury s Last	al Heing tigation	ospitel: 1 In In 28a. Dete of (Month.)	Due to (continuous partient 2 Injury Pay Year)	th. Do not enter tactic or as a consequence or	COLUMN CO	Cork de of dyin	Road, Bag, such as cardia	23 24 24 28f. Loc	Dre and total an	Maryla  None  Bacco use coo  Bacco u	ontribute to 3 Pro of 1 (Special red	o the cause of dibably 4 N Unifere autopsy findivallable prior to ompletion of caus death?
To Be Completed by Physician/Medical	Indices Si if can Control of the re	equentially list or any, leading to in use. Enter Underse (Disease or condition of the cond	(Final on onditions, mediate erlying rinjury s Last	ions conting tigation of not be mined	ospitel: 1 In In 28a. Dete of (Month.)	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Thirty Dey Year)  If Injury - At h, etc. (Spacions of my knots is of examination	th. Do not enter that cor as a consequence or	convence of):  uence of):  uence of):  uence of):  M  M  occurred	Cork de of dyin	Road, Bag, such as cardia	23 24 24 28f. Loc	b. Did total 1 Yes only one Resider scribe how	Maryla st,  Noncouse couse couse couse 2 No  nautopsy ned?  s 2 No  nautopsy ned?  s 2 No  nautopsy ned?  s 2 No  nautopsy ned?  s 2 No  nautopsy ned?	ontribute to 3 Pro 24b. Way co of 1 I	o the cause of dibebly 4 © University Univer
edical Certification: To Be Completed by Physician/Medical	In did re	equentially list content and the content and t	conditions, mediate erlying thirty start to medical thirty start to medical thirty start to medical thirty start thirty st	al Holing ligation of not be mined ling Physis Examin	ospitel: 1 In In In In In In In In In In In In In	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Thirty Dey Year)  If Injury - At h, etc. (Spacions of my knots is of examination	th. Do not enter that cor as a consequence or	converted to the section of the sect	Cork de of dyin	Road, Bag, such as cardial properties of December:  26. Place of December: 4 Nursing yet k? Yes 2 No	23 24 24 28f. Loc	b. Did tot  1 Yes  ation (Str.  or Town,  to the ce time, da	Maryla st,  Noncouse couse couse couse 2 No  nautopsy ned?  s 2 No  nautopsy ned?  s 2 No  nautopsy ned?  s 2 No  nautopsy ned?  s 2 No  nautopsy ned?	ontribute to 3 Pro  24b. Way and Confer (Special red)  and one of Run and due to the said of the said	o the cause of displaying the
edical Certification: To be completed by Physician/Medical	In did re	equentially list commendate Cause isease or conditions and the soulting in death)  equentially list commendates. (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case of the	conditions, mediate erlying thirty start to medical thirty start to medical thirty start to medical thirty start thirty st	al Holing ligation of not be mined ling Physis Examin	ospitel: 1 In In In In In In In In In In In In In	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Thirty Dey Year)  If Injury - At h, etc. (Spacions of my knots of examinals of examinals of examinals of examinals of examinals of examinals of examinals.	th. Do not enter that cor as a consequence or	converted to the section of the sect	Cork de of dyin  (a)  (c)  (c)  (c)  (c)  (c)  (d)  (d)  (d	Road, Bag, such as cardial properties of December 26. Place of Dec	23 24 24 28f. Loc	b. Did tot  1 Yes  ation (Str.  or Town,  to the ce time, da	Maryla st,  None  bacco use con  se 2 No  n autopsy  ned?  s 2 No  none 6 Noth  w Injury occur  reet and Numb  reet and Numb  use(s) end me  ate end place,	ontribute to 3 Pro  24b. Way and Confer (Special red)  and one of Run and due to the said of the said	o the cause of displaying the
cal	In did re	equentially list commendate Cause isease or conditions and the soulting in death)  equentially list commendates. (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case (Disease on the case of the	onditions, mediate erlying Injury Inj	al Holing tigation of not be mined ing Physis Examin	ospitel: 1 In In In In In In In In In In In In In	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Injury Dey Year)  If Injury - At h ,, etc. (Spacion of examinator stated.	th. Do not enter the Do not enter the Do not enter the Do not enter or as a consequence or as a consequence the Do not enter	uenca of)  uenca of)  uenca of)  uenca of)  M  eet, factor  occurred restligation	Cork de of dyin  (a)  (c)  (c)  (c)  (c)  (c)  (d)  (d)  (d	Road, Bag, such as cardial properties of December:  26. Place of December: 4 Nursing yet k? Yes 2 No	23 24 24 28f. Loc	b. Did tot  1 Yes  ation (Str.  or Town,  to the ce time, da	Maryla st,  None  bacco use con  se 2 No  n autopsy  ned?  s 2 No  none 6 Noth  w Injury occur  reet and Numb  reet and Numb  use(s) end me  ate end place,	ontribute to 3 Pro  24b. Way and Confer (Special red)  and one of Run and due to the said of the said	o the cause of displaying the



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Date of Death Dey **Physician** 2:00 A.M. Charles James Knickman 4b. City, Town, or Location of Deeth 1998 /Medical 4a Facility Name (If not institution, give street end number) 4c. County of Deeth Examiner ANNE ARUNDEL CO. SEVERNA PARK GENESIS ELDERCARE SEVERNA PARK if Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Socief Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys Hours 10 M 2□ F Yrs. Director 165-12-9650 Dec. 5, 1919 Pennsylvania Usuel Residence of Deceden the Marylend 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f ahow r than "naturel", or items 23s or 28s-f show the Medical Examinar must be notified at Anne Arundel 1 ☐ Yes 2¶ No Linthicum Director Md. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 406 Darlene Avenue U.S.A. 14. Race - American Indian, Bleck, White, etc. 21090 Funeral permit. Pages 1 and 2 should be filed within 72 hours after deeth Department of Heelth and Mental Hyglene. Important: if flear 27 is marked other than "natureti", or fleme 23 any fullury or other traumatic event, the Medice Examine many injury or other traumatic event, the Medice Examine many 12. Was Decedent Ever in U,S.
Armed Forces?

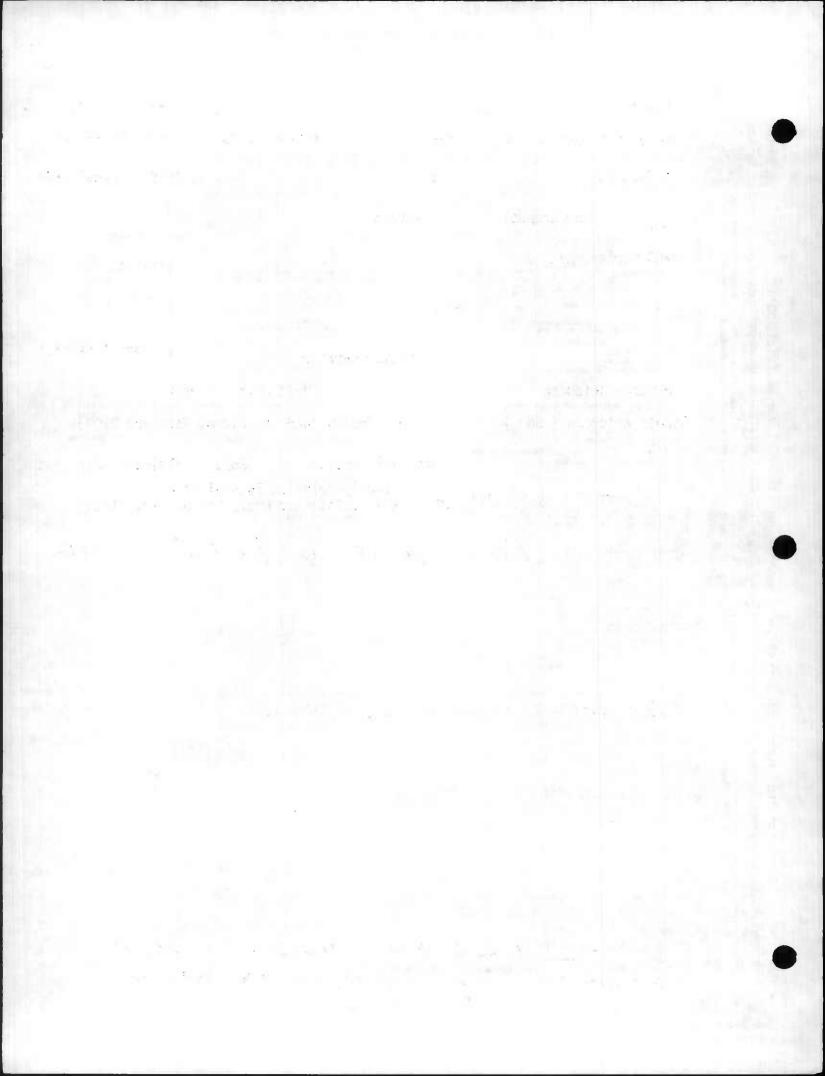
1 M Yes 2 □ No
If Yes, Give
Year or Dates: WWII Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White by 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working iite. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elemantary/Secondery (0-12) College (1-4or 5+) U.S Postal Service 12th 0 Letter Carrier 18. Mothar's Nama (First, Middle, Meiden Surneme) 17. Fether's Name (First, Middle, Last) Howard Knickman Bridgette Curran 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Dennis Knickman (Son) 6002 Medora Road Linthicum, Maryland 21090 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removet from State 4 ☐ Donetion 5 ☐ Other (Specify) Cedar Hill Cemetery 5/5/98 | Baltimore, Maryland 22. Name and Address of Fecility 21. Signetura of Funerel Servica Licansee any in McCully-Polyniak Funeral Home 237 E. Patapsco Ave., Balto., Md. 21225

23a. Part1. Enfer the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

An analysis of the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

An analysis of the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset end Death Physician eveloperaler Leaden /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of) The lew requires that the death certificate be exp Records, P.O. Box 68760 Due to (or es a conseguence of): Pert IL Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? detached signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown mularcular procesa à 24b. Were eutopsy findings aveilebla prior to completion of cause of death? should 24e. Wes en eutopsy Completed certificate has b 1 Yes 2 No 1 Yes 2 No Physician: director 25. Wes case referred to medical exeminer? 26. Ptece of Deeth (Check only ona) Be Hospital: Other: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpefient 3 ☐ DOA this After this funeral 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred 27. Menger of Deeth 28b. Time of Certification: 1 Neturel 2 Accident or Attending 5 Pending 1 ☐ Yes 2 ☐ No death. Invastigation Director: A in 24 hou.
The Funeral Direction of the 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, farm, streef, factory, offica building, etc. (Specify) Location (Streat end Number or Rural Route Number, City or Town, Stata) 4 Homicide Hospital 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred et the time, date and piece, and due to the causa(s) end manner stated. edical 29a. Cartifier (Check only one) Within 2.
To the F 29c. License number 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier Citymeeny Attending Doctar D21684 1011 30. Name end eddress of person who completed cause of death (Item 23a) (Typa, Print)

C-V-CYRIAL-MD \$109 RITCHIR WY, PASAORNA, MD 21122 C-V-CYRIAL-MD 32. Register System Randell 31. Dete filed (Month, Day, Year) MAY 05 1998 Registrar



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death April 29, 1998 7:15 P.M. Loretta J. Knapp 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Death Baltimore 1307 Church Street 8. Date of Birth (Month, Day, Year) NOV. 28, 1 If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthdey) 1 M 2 K) F Months Deys Hours Min Yrs. 1924 Maryland 73 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No N/A Baltimore 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 21226 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No It Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 ☐ Yes 2 No Specify: White

5. Social Security Number **Funeral** Director 213-28-6109 Usuai Residenca of Decedent with the Maryland 10a. Stete Itam 27 is marked other than "natural", or Itams 23s or 28s-f show other traumetic event, the Madical Examiner must be nothed at Md. Director 10e. Street end Number 1307 Church Street death Funeral 11. Marital Status pernit. Pages 1 and 2 should be filed within 72 hours after or Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iter 1 Never Married 2 Married altimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b, Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 7th Homemaker 0 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Lest) Emma Mae Undutch Walter Lee Jordan, Sr. 10 19a. Interment's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Rudolph Knapp( Husband ) 1307 Church Street Balto., Md. 21226 20b. Piaca of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) any Injury or conce. 5/2/98 Baltimore, Maryland Cedar Hill Cemetery 21. Signature of Funeral Servica Licensee McCully-Polyniak Funeral Home 237 E. Patapsco Ave., Balto.

23a. Part1. Enter the disease, or complications that caus of the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heer tellure. List only one ceuse on each line. 237 E. Patapsco Ave., Balto., Md. 21225 **Physician** /Medical Immediate Ceuse (Fine) disease or condition resulting in death) Examiner Nodes and Zung Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical physical the Due to (or es e consequenca of): as

950 ed by the a signed by t peen has certificate

by

Completed

Be

0

Certification:

Medical

29a. Certifier

(Check only one)

**Physician** 

/Medical

Examiner

or Attending Physician: funeral director, After this death. after death Hospital within 24 hours a

> State Registrar

23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? 1□ Yes 2 No 1 Yes 2 No 25. Was case reterred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28d. Describe how Injury occurred 27. Manner of Death 28e. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? Naturai 5 Pending 1 Yes investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifie

29c. License number

29d. Date signed (Month, Day, Year)

Home

Approximate Intervei Between Onset and Deeth

who completed cause of deeth (Item 23a) (Type, Print)

De 31. Date tiled (Month, Dey, Year)

05 1998 YAM

the

0

and the light of the

State of Maryland / Department of Health and Mental Hygiene 9 8

					Ce	rtificate	e of L	Jeath		F	Reg. No.			
	Physician /Medical	Decedent's Neme (First, Middle MARCIA	LEVY					2. Dete of Dee	28 1	398	3. Time of Deeth 05:09pm			
	Examiner	4e Fecility Neme (If not Institution THE JOHNS HOPKI					b. City, Tow SALTIM	ORE						
	Funeral Director	5. Social Security Number 220–42–9152	6. Sex 1 ☐ M 2 【X F	7. Age (In yrs. la 53	A last birthday) Yrs.  If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min.					8. Dete of Birt (Month, Per SEPT	olece (Stete or Foreign ARY LAND			
	Maryland a-f show thed at	Usual Residence of Decedent  10a. Stete 10b. County  MARYLAND	BALTIMORE	10c. City,	Town or L	ocation BALTI	MORI	Ξ				1	10d. Inside City Limits	
	h with the Mar 3a or 28a-f e	10e. Street and Number 1805 SNOW MEADO	W LANE, A	APT. 301	. 301 10f. Zip Code 10g. Citizen of V						Whet Cour SA			
5-0020	72 hours effer deeth with the Maryland natural', or items 23s or 28s-f show deal and the frust be notified at steel by Funeral Director	11. Merifel Stetus  1 Never Married 2 Marr 3 Widowed 4 Divorced	Armed Fo	No No	or In U.S. 13. Was Decedent of Hispenic Origin? (Sp. If Yes, specify Cuben, Mexican, Puerto					cify Yes or No- Ricen, etc.)	14. Reci Bled Specify	k, White,		
21215-0	within ene.	15. Deceden (Specify only highe Elementary/Secondary (0-12)	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+)  4				l Occupi k done d e retired	ation during most ()	of workin	ng	16b. Kind of Bu			
	e marked other and Mental Hygie e marked other aumatic event, ITO Be Cc	17. Fether's Neme (First, Middle,			I	JUAN CI.	ILJI.	18. Mother	r's Neme	(First, Middle,	Malden Sumem		IKL	
Maryland	id be fill he ental H ked out ic ever	LOUIS		TUCKE	ZR.		1		FAYE	ē		STES	SCFT	
2	should and Men and Men arke umarke	19a, Informent's Name/Relations	thin (Type Print)	10014		ing Address	(Street	end Numbe			er, City or Town,			
M		MRS. FAYE TUC		IER)		SLAD					LTO., MI		21208	
Baltimore,	of Hei	20a. Method of Disposition 1 Buriel 2 Cremetion	3 ☐Removel from	Stete 20b. Ple	ce of Disp metery, cre	osition (Nem emetory or o	ne of			Dete	20c. Location -	City or To	own, State	
‡		4 Donetion 5 Other (S	1	BI	ETH TI		1 4 1 1 -	E WA		30/98	BALTIN	10RE,	MD	
Ba	pemit. Peg Department Important: I any Injury o phes.	21. Signeture of Funerel Service	LL HU	mis	to.		EVI	ISON 8	BRC	DS., IN	C. IKESVILI	CE. N	1D 21208	
	Physician /Medical	23a. Pert1. Enter the disease, or shock, or heert failure. List	complications that conly one cause on a	caused the deeth.	Do not en	iter the mod	e of dyln	g, such es (	cardiac o	r respiretory er	rest,		Approximete Interval Between Onset end Death	
	Examiner	disease or condition resulting in deeth)	Θ	Due to (of	es e conse	equence of):	4						30 MINUTES	
-	n end in-transit Examiner	BOWEL OBSPRUETON											2 08/5	
	ate by executed hysiolan end the burist-transit dical Examin	Sequentially list conditions, if any leading to immediate												
68760,		Ceuse (Diseese or injury	o. AL	のイプロ	BI	FER	101	AL		SYMA	55		12 DA-15	
87	physics the street	thet initiated events resulting in deeth) Lest		Due to (or	es e conse	quence of):								
XO	ding ise e		a Ao,	ro:	TCIA	c 0	9 CC	LUS	INF	0150	456-	i	1 YGAR	
, P.O. B	The law requires that the death sete has been signed by the atterpage 2 should be detached for Completed by Physicial	Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.  HYPENTENSION' DIABC F65								23b. Did tobacco use contribute to the cause of death				
of Vital Records,	law requires as been sig 2 should b	BIPOLAN	DISOK	DEL							24e. Wes en eutopsy performed? 24b. Were auto eveileble p completion of deeth?			
æ	ysician: The law is certificete has director, page 2 fo Be Comp									130	Yes 2□No	1	☐ Yes 20 No	
ita	certificate rector, pag	25. Wes case referred to medica	l					26. Place	of Deeth	(Check only o	one)			
>	Physician: rthis certific real director, r: To Be (	exeminer?	Hospital:	lapatient 2 ☐ E	R/Outpetie	ent 3 DC	A Oth	er: 4 🗆 Nu	rsing Hor	me 5 Resid	dence 8 Oth	er (Speci	(ty)	
		27. Menner of Deeth  1 Naturel 5 Pendir 2 Accident Investi	28e. Dete (Mon		28b. Time of Injury Work?  M 1 Yes 2 No									
Division	tal or Attending P rs after death. al Director: After t led in by the funers Certification:	3 Suicide 6 Could 4 Homlcide determ	sined 206, Place	of Injury - At hor ing, etc. (Specify)	ne, farm, s	treef, fectory	, office		2	28f. Location (: City or Tox	Street end Numb vn, Stete)	per or Run	rel Route Number,	
	To the Hospital or Attending Physwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of Medical Certification: To Medical Certification: To	29a. Certifier Certifylr (Check only one)	ng Physician: To the Examiner: On the b end man	best of my know asis of examinetioner stated.	ledge, dee on end/or li	th occurred nvestigation,	et the tin	ne, dete end pinion, deet	d plece, a	and due to the ed et the time,	ceuse(s) end ma date end piece,	end due t	stated. to the cause(s)	
	ro the vithin rough	29b. Signeture end fitte of certifie	1	11	1	290	. Licens	e number			29d. Date signe	d (Month,	Dey, Year)	
	2	Atte	1 No	ll	17.2	1.	0	45	43	3	AMIC	2	9.1998	
_	1)	30. Name and eddress of person	who completed cause			Print)  Non	TH	wor	,Fe/-	5771667	+ BAL	-Mms	m 2/28)	
		31 Date filed /Month Day Man-	90.0	Section Clares	10740									

DHMH 16 Rev 6/95

Registrar

MAY 0 5 1998

A Line with a series of the

TO There are do

nd: 10e Pe	er FH Film G759 5-5-98		viaryianu	•	ificate of		Mental Hygi	g. No.	8 1	3821	
Physician /Medical Examiner	Decedent's Neme (First, Middle,     BENJAMIN     Facility Neme (If not Institution,		er)		LASHINK	ER 4b. City, Town, or I	2. Date of Deeth Month APRIL Location of Deeth	Dey	Year 1998 of Deeth	3. Time of Death 9:35 am	
	6948 BROOKMILL  5. Sociel Security Number					BALTIM If Under 24 Hrs.			ALTIMO		
Funeral Director	212-27-9611	1 M 2 □ F	79	Yrs.	Months Days	Hours Min.	8. Dete of Birth (Month, Dey, MAR . 1	70ar) 5, 191	9 RUS	ce (Stete or Foreign y) SSIA	
yland	Usuel Residence of Decedent  10a. State 10b. County	Town or Loca	ation				100	d. Inside City Limits			
deam with the maryland ms 23s or 28s-f show reast be notified at	MARYLAND BALT	IMORE		BAI	TIMORE  10f. Zip Code		110	o. Citizen of V	What Countr	1 Yes 2 No	
23e or 28e-f show ust be notified at	10e. Street end Number Brookmill 6948 MILBROOK	MILL RD.,	APT. 1-	-D		215		g. Okizen or v	mat oount	,	
or items	11. Marital Status  1 Never Merried 2 Merried  1 Never Merried 2 Merried  1 Yes, G  1 Veg or or		No		as Decedent of H Yes, specify Cubs □ Yes 2 🛣 No	lispenic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Ricen, etc.)		a - America k, White, et		
nt, the Medical Ex-	15. Decedent's (Specify only highest Elementery/Secondery (0-12)	grade completed)	ducetion ade completed)  College (1-4or 5+)  PHOTO			ation during most of wor d)	king	16b. Kind of Business/Industry			
S &	17. Fether's Neme (First, Middle, L.	·					ne (First, Middle, M	laiden Sumem		PHI	
traumatic	19a. Informent's Name/Relationshi	p (Type, Print)		19b. Meiling			ral Route Number,	-	Stete, Zip C		
other trac	YEVGENYA LASHII	NKER (WIFE			BROOKMI tion (Name of	LL RD.,	APT. 1-D	BALTO Oc. Location -			
6	1 Donetion 5 Other (Spe		ete cen	netery, creme	etory or other pled E HEBREW			EISTER			
any injury once.	21. Signification of Funeral Service Livensee 22. Name end Address of Fecility SOL LEVINSON & BROS., INC.										
physical end the physical end the physical end the physical end the physical end to th		e. Non 1-	Due to (or e	es e conseque	ence of):					6 months	
use as	resulting in deeth) Lest	d	Due to (or as a consequence of):								
detac	Pert II. Other significant condition	s contributing to deat	h but not result	ing In the und	ledying cause giv	ren in Pert I.		Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown			
2 should	24e. Wes an eutopsy performed? 24b. Were									re eutopsy findings ilable prior to upletion of cause eath?	
director, page						OC Disease A De	1 ☐ Ye		10	Yes 2□ No	
eral director, pag	exeminer?	Hospitel: 1 Inp		R/Outpetient	3□ DOA Oth		5 Aesidenca 6 Other (Specify) Describe how injury occurred				
completely filled in by the funeral Medical Certification: 1	1 Neturel 5 Pending 2 Accident investiga 3 Suicide 6 Could no 4 Homicide determin	ot be 28e. Piece of		Injury ne, ferm, stree	M 1 ☐ Yes 2 ☐ No  set, fectory, office 28f. Local			cation (Street and Number or Rural Route Number, by or Town, Stete)			
completely filled in by the funeral di	29e. Certifier Certifying (Check only one)	Physician: To the be xaminer: On the bask end menner	s of examinetio	edge, deeth o n end/or inve	occurred et the tir estigetion, in my o	me, date end plece	, end due to the ce irred et the time, de	use(s) end me ete end place,	enner es ste end due to	eted. the ceuse(s)	
compl	29b. Signature and title of certifier	· Luis	lua	mo	29c. Licens		29	29d. Date signed (Month, Dey, Year) 4   30   89			
D	Neil S. Fried	no completed cause of	0 010	Cour	rint) Rd.	Sdr. 306	Baltin	note, M	0 2	1208	
State Registrar	31. Dete filed (Month, Day, Year)		istrer's Signetu	ne Mare	80					-	

A share when the

800 6 0

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2, **Physician** Louise M. Lilley 1998 May 7:20 PM /Medical 4b. City, Town, or Location of Death 4e Facility Neme (If not Institution, give street and number) 4c. County of Death Examiner Genesis Hamilton, 6040 Harford Road Baltimore N/A 8. Date of Birth (Month, Dey, Year) Feb. 15,1906 6. Sex If Under 1 Year Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** 1□M 2X F Months Deys Hours 217-16-6927 92 Yrs. Washington, DC Director Usual Residence of Decedent with the Merylend 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits in than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at MD N/A Baltimore 1X Yes 2 □ No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 3204 Rueckert Avenue 21214 United States death Funeral 12. Wes Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 11. Meritei Stetus pemit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or iten any injury or other traumatic event, the Madical Examinations. 1 ☐ Never Merried 2 ☐ Merried Specify: White 1 ☐ Yes 2 No Specify: Maryland 21215-0020 þ 3 XWidowed 4 □ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Supervisor 10 Marketing Research Co. 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) Charles T. Murphy Margaret Hamilton Murphy 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Florence Harbold/Niece 616 E. 31st. Street, Baltimore, MD 21218 altimore, 20b. Plece of Disposition (Name of cemetery, cremetery or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removel from Stete Green Mount Crematory 5-4-98 Baltimore, MD 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Fecility CAFA - Stephen D. Lohrmann, P.A. 8717 Green Pastures Drive, Baltimore, MD 21286 Lotur 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical 3 YEARS **Examiner** Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Physician/Medical Due to (or es e consequence of): the 98 use signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, À 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed page 2 hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate director, 25. Wes cese referred to medicel exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Dete of Injury (Month, Dey Year) funeral 27. Mennes of Deeth 28c. Injury et Work? 28d. Deecribe how injury occurred 28b. Time of or Attending Neturel 5 Pending after deeth. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 ☐ HomicIde 24 hours a Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29e. Certifier edical completely 2 Madical Exeminar: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one) To the I within 2 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture and title of certifier DILGA Stupe of deeth (Item 23e) (Type, Print) 30. Nema and eddress of person who co

100 N BROADWAY BALTIMORE MD 21231

Registrar **DHMH 16 Rev 6/95** 

State

VERGARA

05 1998

31. Date filed (Month, Day, Yeer)

- SOARES

32. Registrer's Signeture

Asha Davidson

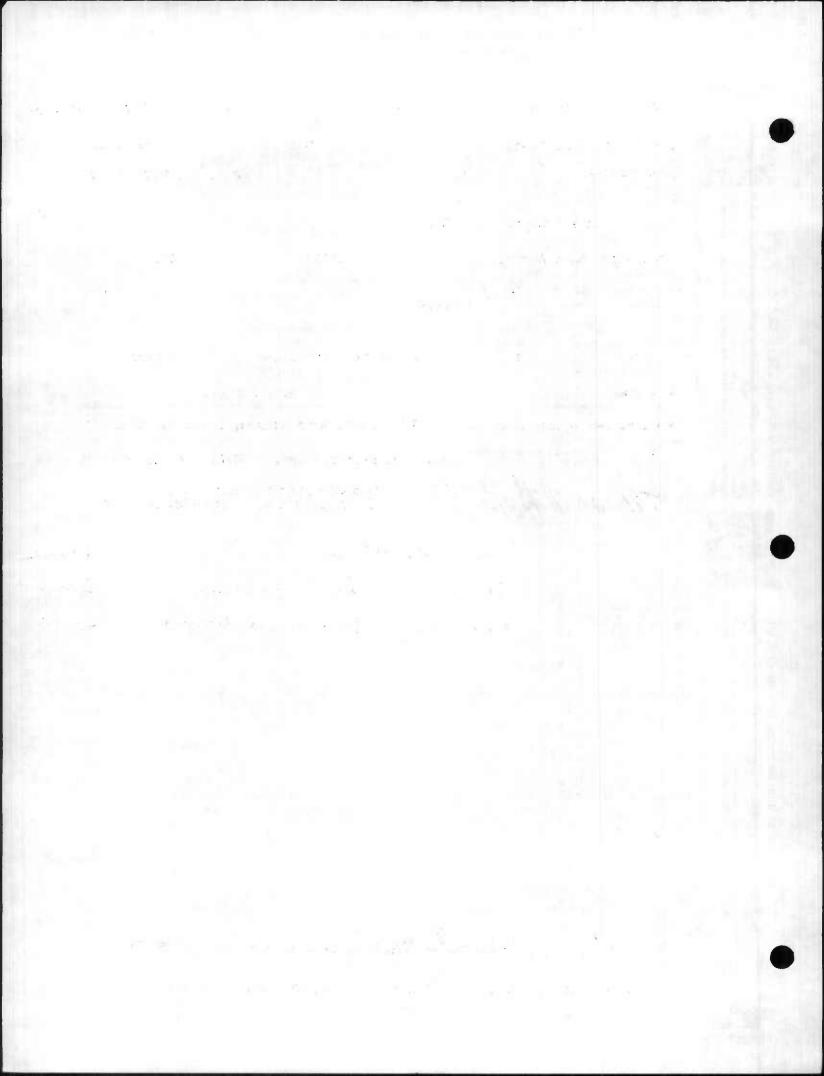
P. 21-4 12 American Miles and the second of the seco Lament House

				State	or maryi	and / L	epar Cert	ificate	of I	Death	Mental Hyg	leg. No.	3	3823	
	Physic	an	Decedant's Nama (First, Mid								2. Dafa of Dea Month	Day	Year	3. Tima of Death	
ı	/Medi		Sylvia Le								April	28, 199	98	11:31 A.M.	
	Examir	ner	4a. Facility Nama (ff not institut	Allie Property and a second		0			4		Location of Death	4c. County			
L			Mariner Healt								Montg	_	J		
	Funeral Director		5. Social Sacurity Number 192–16–9467 6. Sax 1□ M 2XXF 7. Aga (In yrs. last 93						Days	Hours Min.		Year)	Russ	placa (Stata or Foreign ntry) 1.a	
	and		Usual Rasidance of Decedant 10a. Stata 10b. Coun	ly	10c.	City, Town	or Loca	ntion					1	Od. Inside City Limits	
	Menyl	ō	Maryland Monts	gomery		lver								XYas 2 No	
	r 28a	rec	10e. Streef and Number					10f. Zlp C	oda		1	10g. Citizan of What Country?			
	h with	aiD	14514 Homecrest	Road, Ap	t. LL-	.9		20	906			U. S	s. A.		
020	permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Meryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show say folury or other traumatic event, the Medical Examiner must be notified at ance.	by Funeral Director	11. Marital Status 1 □ Navar Married 2 ☒ Ma 3 □ Widowed 4 □ Divorce	Armed F	No Sive	n U,S.	lf Y	as Decedan ∕as, specify □ Yas 🏖	Cuba	ispanic Origin? (S n, Maxican, Puar Specify:	Specify Yas or No- to Rican, atc.)	Bla	ce - Americ ck, Whita, Whita		
Maryland 21215-0020	within 72 ho one. than "natur ne Medical	Completed	(Spacify only high Elemantery/Secondary (0-12)	ant's Education ast grada complated Collega	(1-4or 5+)	16a.	(Giva kii iifa. DC		dona d retired	ation furing most of wo	rking	16b. Kind of B		dustry	
92	Hygie ther ther		8th Grade 17. Fathar'a Nama (First, Middle	a, Last)			Sear	mstre	SS	18. Mother's Ne	me (First, Middla,	Garme			
lan	ld be ental ked o	To Be			nsky					Bertha					
ary	shou man	-	19e. Informant's Name/Relation	nship (Type, Print)		19b.	Meiling	Addrass (S	Street	and Number or R	ural Routa Numbe	r, City or Town,	Stata, Zij	Code)	
	and 2 alth a		Evelyn Friedma	an Daughte	er	160	)4 C:	restl:	ine	Road, S	Silver Sp	ring, N	Maryl	and 20904	
Baltimore,	Pages 1 nent of He ant: if item ury or oth		20a. Mathod of Disposition 1 □ Rurial 2 □ Cramation 4 □ Donation 5 □ Other		Stata		ce of Disposition (Nama of natary, crematory or other place) 4/30/1998  120c. Location - City or Town, Stata 20c. Springfield, Pa.								
Balt	permit. Departr Importa any inje		21. Signature of Funarai Sarvice	Licensaa Ota	ttem	ues	22. I	Nama and / EIN H	Addres EBR	s of Facility EW MEMOR	RIAL FUNE	RAL HON	Æ, I		
	Physician		23a. Part1. Enter fha diseasa, shock, or haart failura. Li	or complications that st only one cause on	caused fha aach iina.	nth. Do n							JION,	Approximata Interval Batween Onset and Death	
	/Medical		fmmediata Causa (Final disaasa or condition		A12	heime	er's	Deme	nti	a			į	Years	
	Examiner		rasulting in death)	o (or as a c				<u> </u>							
	D #	iner													
50,	be eracuted sicial and buriel kansit	dical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		o (or as e c	onsequa	ance of):								
Box 68760,	phys the	0	that initiated avants rasulting in death) Lasf	o (or as a c	onseque	enca of):									
ă	d for	iclai	Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contributing for										atribute t	o the cause of death?	
P.0	ires that the death cer signed by the attendin d be detached for use	/ Physician/M	The second significant containing continuiting to death but not resulting in the underlying cat							en in Part f. 23b. Did tobacco use contribute to the cause of 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ I					
Records, P.O.	s been 2 shoul	Completed by									24a. Was a perfor	n autopsy med?	av	ara autopsy findings ailable prior fo implefion of causa daath?	
<u> </u>	는 물물	Con									1 □ Y	as 2 No	1[	☐ Yas 2☐ No	
Z E	ystclan: The s certificate director, pag	Be	25. Wes casa rafarred to medic axaminar?						Lou		ath (Check only or	ne)			
0	5 00	To	1 Yas ACNo			ER/Out		3□ DOA	Oth	4 KN Nursing I	foma 5 □ Rasida			5)	
Division of Vital	al or Attending F s after death. I Director: After id in by the funer	Certification:	27. Mannar of Deeth    Natural   5   Pand     2   Accident   Invas     3   Suicide   6   Could	tigation	nth, Day Year	28b. T	ima of ijury	M 28c	. Injun Worl	yet ⟨? Yas 2 □ No		cribe how injury occurred			
DIX	tal or Attenders as after deat el Director: ied in by the	Certifi	4 Homicide datar	t homa, far	m, stree	t, factory, o	ffice			on (Street and Number or Rural Routa Number, r Town, Stata)					
	To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After th completely filled in by the funeral	edicai	29a. Cartifier 1 Certify (Check only one) 2 Medica	ing Physician: To th i Examiner: On tha i and ma	a best of my basis of axam nnar stated.	knowladga, Ination and	daath o	stigation, In	tha tim	a, data and piace pinion, death occu	a, and dua to the curred at the time, d	ausa(s) and ma lete and plece,	annar as a end dua t	teted. o tha cause(s)	
	To To To To To To To To To To To To To T	Σ	29b. Signatura and fitta of cartif	er - She	yel.	5			icense	number 144		9d. Data signe			
	5		30. Nama and addrass of parso Martin C.		os of death (				Av	enue, K	ensingtor	n, Mary	land	20895	
	Sta Registr		31. Data filed (Month, Day, Yea MAY 05		Ma Day	gnature (d/o/)	fande	02							

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Neme (First Middle, Last) 2. Dete of Deeth **Physician** Marvin Gordon Lee 1 1998 4:50 pm May /Medical 4e Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1245 Queen Anne Avenue Odenton

If Under 24 Hrs. Anne Arundel 6. Sex 12 M 2 ☐ F If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 5. Social Security Number 8. Dete of Birth (Month, Day, Year) **Funeral** Months Deys Hours Min Yrs. 544-03-4268 Director 88 Feb. 13,1910 Oragon Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Frammer was be notified at 1 Yes 2 No Director MD Anne Arundel Odenton 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with permit. Pagas 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiena. Important: If item 27 is marked other than "naturel", or itema 23a part injury or other traumatic event, the Moores Experience and page. 1245 Oueen Anne Avenue USA 21113 Funeral 12. Wes Decedent Ever in U,S. Amed Forces? 160 Yes 2 □ No If Yes, Give Yeer or Detes:1936-66 Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: White à 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Sergeant First Class US Army 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Ira Lee Alma Haugenson 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Anne M. Lee - Daughter 1245 Queen Anne Avenue, Odenton, MD 21113 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriel 2 Cremetion 3 Removel from State Arlington National Cem. 05/08 Arlington, VA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica License 22. Name end Address of Fecility Hardesty Funeral Home, P.A. Part1. Enler the disease, of complications that causes shock, or heart feilure. List only one ceuse on ea 12 Ridgely Ave. Annapolis, MD edeeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Interval Between Onset end Deeth **Physician** Septicemia Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical 1 meer Examiner Physician/Medical Examiner physician and the bunal-transit The law requires that the death certificate becaused Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) 5 Division of Vital Records. P.O. Box 68760. ch usa signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 10 3 Probably 4 Unknown g 24b. Were autopsy findings aveileble prior to completion of cause of deeth? been si Completed 24a. Was en autopsy performed? cartificata has t director, page 2 s 1□ Yes 2□No 1 Tyes 2 No or Attending Physicien: director. 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 AesIdenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funaral 28a. Dete of Injury (Month, Dey Year) 27. Manger of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Aftar 1 Neturel 5 Pending daath. 1 Yes 2 No Investigetion ector: / 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in 24 hour.
• Funeral Dir.
• filled in by 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29a. Certifier edical To the Hosp within 24 hor To the Fune complately fi 2 Medical Examinar: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture epit IIII of cartifier 98 5 D 22028 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Paul F. Rhoads, M.D., 1667 Crofton Center, Crofton, MD 21114 132 Register's Signettra 31. Dete filed (Month, Day, Year) State MAY 0 5 1998 Registrar



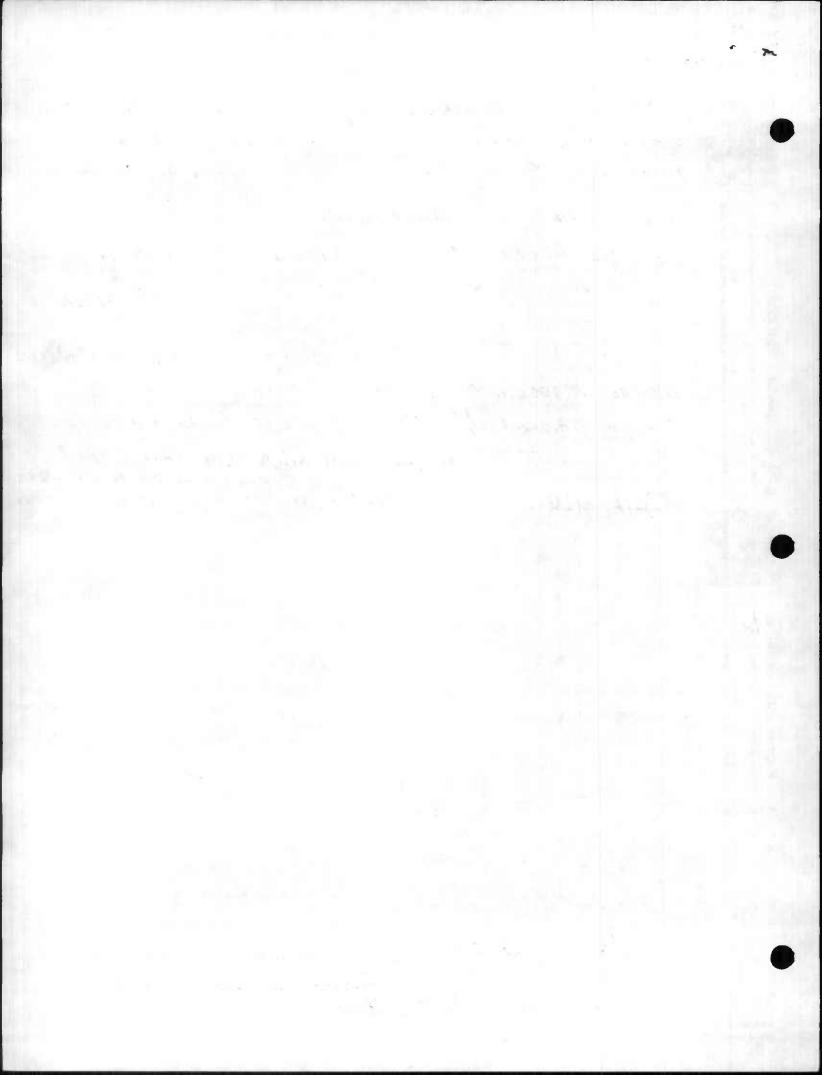
111 Penn Street, Baltimore, Maryland 21201

State Registrar Chute,

05 1998

32. Registrar

whe Davidson



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month milburn 1050PM -ucinda 24 April 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Battimo "Inder 24 Hrs. Johns HODKINS 9889 57942 1 M 2 F Days Hours Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits A Ν. 302/E. 1 Yes 2 No 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 1400 madison 21205 U.S.A 12. Was Dacadent Ever in U,S. Armed Forces? 1 ☐ Yas 2,0 No if Yes, Give Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Block 3 Widowed 4 ☐ Divorcad 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) CHEF COOK 15. Decedent's Education ify only highest grede completed) 16b. Kind of Business/Industry St Frances Elamantary/Secondary (0-12) College (1-4or 5+) 8 17. Father's Name (First, Middla, Last). 18. Mother's Name (First, Middle, Meiden Surneme) 15 on a nancio LUCINAR 19a. Informant's Name/Relationship (Type, Print) MARV CARR 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 716 W. IRNVRICEST BOLTO MJ 2/21 LANVAL C 20c. Location - City or Town, State Ballo - M. 20b. Place of Disposition (Nema of cemetery, crematory or other place) 20a. Method of Disposition Burial 2 ☐ Cremation 3 ☐ Removal from Stata BallIMORE 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensee Locks 23a. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, ck, or heart fallure. List only one ceuse on each line. Interval Between Immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disaase or Injury that Initiated evants resulting in death) Last Due to (or as a consequence of): 23b. Did tobacco usa contribute to the cause of death? e ulcers, hypertension, anemia, 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed?

**Physician** /Medical Examiner

The lew requires that the death certificate be executed

certificate

this

To the Heal within 24 h

P.O. Box 68760.

Records,

of Vital nd ng Physician:

permit. Page Department of Important: if any injury or once.

**Physician** 

/Medical

**Examiner** 

Director

Pages 1 and 2 should be filed within 72 hours efter death with the Manylan neat of Health and Mental Hydjone. In this filem 21 a rested other than "netural", or fiems 23a or 28a-f show try or other traumetic event, the Massell Environment or noticed and the statement of the file of the statement of the file of the statement of the file of the statement of the file of the statement of the file of the statement of the file of the statement of the

Baltimore, Maryland 21215-0020

Completed by Funeral Director

Be

the burial-transit Physician/Medical Be Completed Certification: To

Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.

dementia, malnutrition

1 Tes 1 □ Yes 2 □ No

25. Was case raferrad to medical 1 Yes 2 No

1 Impatient 2 ER/Outpatient 3 DOA 28b. Tima of

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 28d. Describe how injury occurred

27. Manner of Death 1 Matural
2 Accident 3 Suicide

4 Homicida

5 Panding investigation 6 Could not be 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a. Certifier

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29b. Signature and title of pertifi

31. Data filed (Month, Dey, Year)

29c. License number

29d. Data signad (Month, Day, Year)

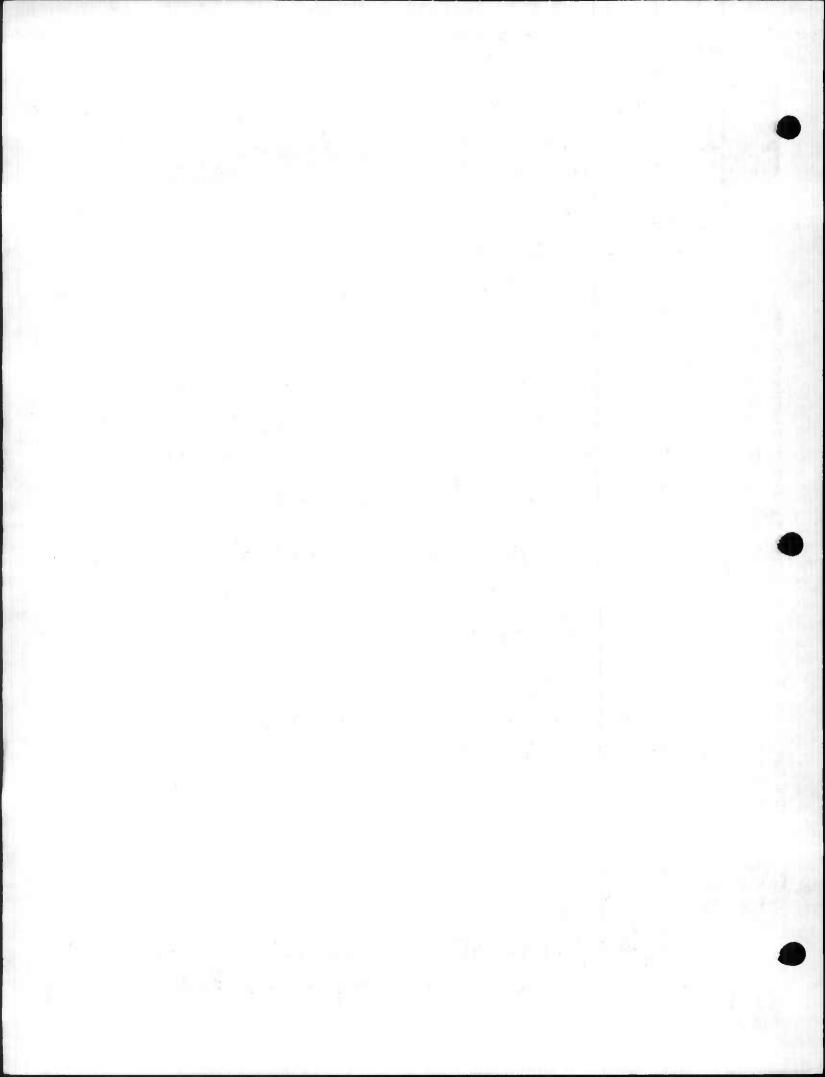
John + Loome;

05 1998

Bayview Girde

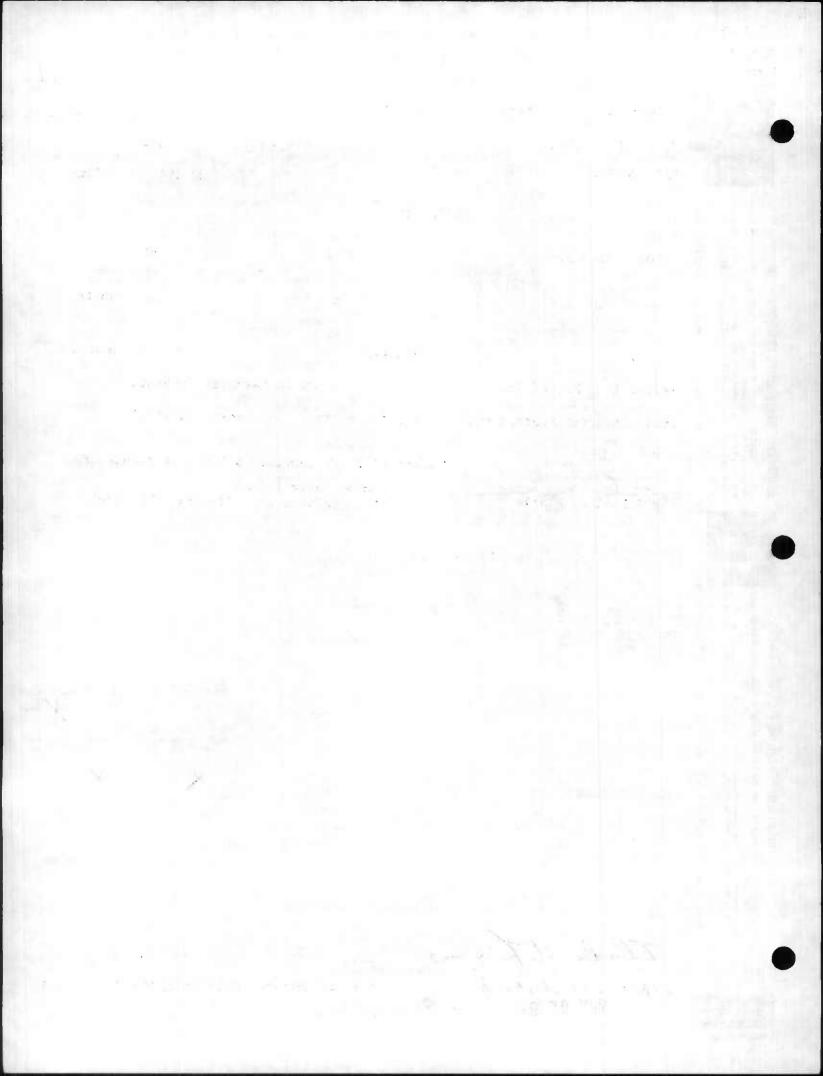
State Registrar

Medical



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

tems:					f Per ME	Film	G759	Certifica	ate of	Death	-	0.0 1. 15	Reg. No.	0	3021
sician ledical aminer		Rober		TI	nomas		Мос	ore		4b. City, Tov		2. Date of De Month  MAY pation of Dea	Day 03, 19	Year 98 of Death	3. Time of Death  10:32A.M.
eral	5. S	ocial Security t 19-52 <b>-</b> 9	9714	6. Sax	7. Aç	ga (In yrs 49	. last birtho	Month	der 1 Year as Days	BALT If Under 2 Hours	Min.	8. Data of Bi (Month, D	n/a		nce (State or Foreign y) and
by Funeral Director	10a	al Residenca o . Stata D	10b. County	'a	- 1	1	ity, Town o			H				100	d. Inside City Limits  ¥□ Yes 2□ No
Directo	10e.	. Street and Nu				1			Zip Coda	2			10g. Citizan of V		
by Funeral Director	11.1	Maritai Status 1 □ Never Men	ried 2□ Marrie	12	Was Decedent Armed Forces? 1 Yes 2 If Yes, Giva Year or Detas:	?	J,S.	13. Was Dec	cedent of h		in? (Spe , Puerto I	cify Yas or N Rican, etc.)	o- 14. Rad	ce - Americe ck, Whita, et	tc.
Completed by	E	(Special amantary/Second 12	15. Decedent' cify only highest ondary (0-12)	's Educel t grade c	tion om <i>pleted)</i> Collaga (1-4or	5+)	- (C	ecedent's Us Give kind of i Ha. DO NOT	sual Occup work done use ratire	pation duning most d)	of working	ng	16b. Kind of B		
To Be C	17.1		(First, Middle, L Ivan Mod										McCormi		
	19a		lame/Ralationsh argaret		. <i>Print)</i> re/Mothe	er							oer, City or Town MD 2121		Code)
	20a.				noval from State		cemetery,	isposition (A crematory o	r other pla		erv	Data 5/6/98	20c. Location Balti		
	21.	1/2	ael J.	2	2) le		T d c ii	22. Nama Lemn	and Addra	ss of Facility	Hon	ne	ium, MD	21093	3
	disa	nediata Causa aase or condition	(Final	only ona	Alcohol a				ode of dyli	ng, such as	cerdiac o	r respiratory	arrest,	1	Approximata Intarval Batween Onset and Death
Examiner	Sec if ar	nediata Causa	(Final on on on on on on on on on on on on on	a b c d		Due to (	arcoti (or as a con		ication	ng, such as	cerdiac o	r respiratory	arrest,	1	Approximata Intarvai Batween
Examiner	Sec if ar	nediata Causa aase or condition uiting in daath) quentially list or ny, leading to ir se. Enter Und se. Disaasa or linitiated event ulting in death)	(Final on on on on on on on on on on on on on	a b c d		Due to (	arcoti (or as a con or as a con	C Intox nsaquence o nsequence o	icatio	ng, such as o	cerdiac o	23b. Dic	I tobacco use co	entribute to	Approximate intervel Batween Onset and Death Onset and Death the cause of death
by Physician/Medical Examiner	Sec if ar	nediata Causa aase or condition uiting in daath) quentially list or ny, leading to ir se. Enter Und se. Disaasa or linitiated event ulting in death)	(Final on on on on on on on on on on on on on	a b c d	Alcohol a	Due to (	arcoti (or as a con or as a con	C Intox nsaquence o nsequence o	icatio	ng, such as o	cerdiac o	23b. Dic	arrest,	antribute to 13 Probe	Approximate intervel Batween Onset and Death Onset and Death the cause of death
e Completed by Physician/Medical Examiner	Second results and	nediata Causa asse or condition quentially list cony, leading to in see. Enter Und duse (Disassa or initiated event ulting in death)	(Final on on on on on on on on on on on on on	a b c d	Alcohol a	Due to (	arcoti (or as a con or as a con	C Intox nsaquence o nsequence o	icatio	on	cerdiac o	23b. Dic	I tobacco use collyea 2 No	ontribute to 3 Probe	Approximate interval Batween Onset and Death Onset and Death ably 4 Unknown autopsy findings liable prior to piletion of cause
To Be Completed by Physician/Medical Examiner	Secrification of the secretary secre	nediata Causa aase or condition quentially list come, leading to in see. Enter United the Community of the C	onditions, mediate erlying r injury is Last	b c d Hos	Alcohol a  butting to death butting to d	Due to (  Due to	or as a cor or as a cor or as a cor or as a cor sulting in the	c Intox nsaquence of nsequence of nsequence of nsequence of nsequence of nsequence of	ication ication ication if):  of):  DOA Otto	ven In Part i.	of Death	23b. Dic 1 = 24e. Wa peri	I tobacco use collyea 2 No	24b. War avair confidence (Specify)	Approximate interval Batween Onset and Death Onset and Death the cause of death ably 4 [] Unknow relable prior to appletion of cause eath?
Certification: To Be Completed by Physician/Medical Examiner	Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secre	was case referencement.  Was case referencement.  II. Other algorithment.  Was case referencement.  Was case referencement.	onditions, mmediate lerlying r injury is Last ifficant condition the service of t	b c d ha contril	Alcohol a  puting to death b  puting to death b  application in the count of the co	Due to (  Due to	arcoti or as a cor or as a cor or as a cor sulting In the 28b. Tim Fourity 10:25:	c Intox nsaquence of nsequence	ication ication ication ication if):  bi):  g cause given DOA Only 28c. Injuny tory, office	26. Placa her: 4□ Nu rk? I Yes 2 ☑ I	of Death	23b. Dic 1 24e. Wa per 24e. Wa per 26d. Describe Unknown 28f. Location City or To	I tobacco use colly a 2 No s an autopsy ormed?  Yas 2 No ona) idence 6 Ott how injury occur (Street and Num. Stata) lair Rd.	24b. War avairation of did 1 Miner (Specify) ber or Rural	Approximate interval Batween Onset and Death Onset and Death Onset and Death ably 4 Dunknow re autopsy findings liable prior to piletion of cause eath?  Yas 2 No  SCENE  Route Number,
edical Certification: To Be Completed by Physician/Medical Examiner	Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secretarian Secre	was case referenced and the second se	onditions, mediate erryling r injury is: Last  rred to medical No th 5 Pending investig 6 Could n detarmi	b c d na contril  Hose genetion for beined	Alcohol a  puting to death b  puting to death b  abouting to death b	Due to (  Due to	ercoti or as a cor or as a cor or as a cor sulting in the 28b. Tim Found 10:25 nome, farm y Vacan owladge, c	c Intox nsaquence of nsequence of nsequence of the underlying atient 3 ne of ury A M n, streat, fact t build death occurre or investigation	DOA Other long and at the tillion, In my o	yen in Part i.  26. Placa her: 4□ Nu ry at rk? Yes 2 ☑ i	of Death rsing Hor	23b. Dic 1 24e. Wa peri 24e. Wa peri 24e. Wa peri 24e. Wa peri 24e. Wa 24e. Wa 25e. Control 26e. Control 26	I tobacco use colly yea 2 No No No No No No No No No No No No No	24b. War avair avair of did	Approximate interval Batween Onset and Death  the cause of death abity 4 Dunknow relable prior to appletion of cause eath?  Yas 2 No  SCENE  Route Number,
Certification: To Be Completed by Physician/Medical	Sectification Cauthories Part 25.	was case referencement?  II. Other aigni  II. Yes 2  Manner of Deal  I Natural  A Scident  I Natural  A Cident  I Natural  A Cident  I Natural  I Cortifier  (Check only one)	onditions, mediate erryling r injury is: Last  rred to medical No th 5 Pending investig 6 Could n detarmi	b c d na contril  Hose genetion for beined	Alcohol a  puting to death b  puting to death b  application of injuiction of injuiction, ele  application of injuiction of injuiction, ele  application of injuiction o	Due to (  Due to	ercoti or as a cor or as a cor or as a cor sulting in the 28b. Tim Found 10:25 nome, farm y Vacan owladge, c	c Intox nsaquence of nsequence of nsequence of the underlying atient 3 ne of ury A M n, streat, fact t build death occurre or investigation	ication ication ication if):  of):  of):  g cause given  DOA Other 28c. Injunction tory, office ling ed at the time on, In my control 29c. Licans	yen in Part i.  26. Placa her: 4□ Nu ry at rk? Yes 2 ☑ i	of Death rsing Hor	23b. Dic 1 24e. Wa peri 24e. Wa peri 24e. Wa peri 24e. Wa peri 24e. Wa 24e. Wa 25e. Control 26e. Control 26	I tobacco use co I Yea 2 No s an autopsy ormed?  (as 2 No ona) idence 6 Ott how injury occur (Street and Num. iwn, Stata) lair Rd. a causa(s) and m	24b. War avair composition of dispersion of	Approximate interval Batween Onset and Death  the cause of death abity 4 Dunknow relable prior to appletion of cause eath?  Yas 2 No  SCENE  Route Number,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Data of Death 3. Tima of Death 1. Decedent's Neme (First. Middle, Last) 5.27AM **Physician** /Medical 4b. City, Town, or Location of Daath 4c. County of Death 4a Facility Nama (If not institution, giva straat and number) Examiner Harbor N/A 8. Data of Birth (Month, Day, Yaar) Birthplace (Stata or Foraign Country)
 MD 7. Aga (In yrs. last birthday) If Undar 1 ial Security Number 6 Sax **Funeral** Days 1 M 2 D F Months Hours Min 215-24-6501 Yrs. 8-22-1925 Director Usual Rasidanca of Decedant with the Maryland 10c. City, Town or Location 10a, Stata 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Madical Example main be not listed MD N/A BALTIMORE Yas 2□No Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 507 SEAGULL AVE. 21225 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; or Items 23. any Injury or other traumatic event, the digit Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian. 11. Marital Status Black, Whita, atc. 1 □ Navar Marriad 2 □ Married 1 ☐ Yas 2 ☐ No Specify: Specify: AFR. AMERICAN g 3 X Widowed 4 ☐ Divorced Completed 15. Decadant's Education (Specify only highast grada complated) 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) 12 DIETARY COORDINATOR HARBOR HOSPITAL 18. Mothar's Nema (First, Middla, Maidan Sumama) 17. Fathar's Nama (First, Middle, Last) HOWARD A. JACKSON HATTIE JACKSON 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informent's Name/Ralationship (Type, Print) 423 SWALE AVE. BALTIMORE MD 21225 PAULETTE MINTZ (DAUGHTER) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 Burial 2 Cramation 3 Ramoval from State
4 Donation 5 Other (Specify) CEDAR HILL CEMETERY MAY 4,1998 BROOKLYN MD WALKER 22 Name and Address of Facility FUNERAL HOME P.A. 21 Signature of Funeral Sarvice Licensee ENGENE any ir 1300 EUTAW PLACE BALTIMORE MD 21217 Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Daath **Physician** Immediata Causa (Final disaese or condition rasulting in daath) /Medical Examiner Physician/Medical Examiner Sequentially list conditions, if any, laeding to immediata cause. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Box 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Division of Vital Records, P.O. 2 1 Yes No 3 Probably 4 Unknown g 24b. Wara autopsy findings availabla prior to complation of causa of daath? 24a. Was an autopsy performed? Completed SW. **page 2** certificate has The 2 No 1 ☐ Yas 2 No Physician: 25. Was case raferred to medical axaminar? Be 26. Plece of Death (Check only ona) axaminar: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) To 2 ROUtpatient 3 DOA 1 Inpatient the state of 28a. Data of Injury (Month, Day Year) funeral 27. Mannar of Death 28d. Describe how Injury occurred 28b. Tima of 28c. Injury et Work? Certification: Attor 5 Panding investigation Attending 1 ☐ Yas 2 ☐ No after death Director: 2 Accidant 6 Could not be datarmined Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours a To the Funeral D 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian edical (Check only one) 29d. Data signad (Month, Day, Yaar) 29b. Signatura and titla of certifiar 29c. Licansa numbe 8 of death (Item 23a) (Type, Print) 30. Name and address of person who

200

State Registrar ra

MAY 0 5 1998

32 Registrer's Signature

a Davidson

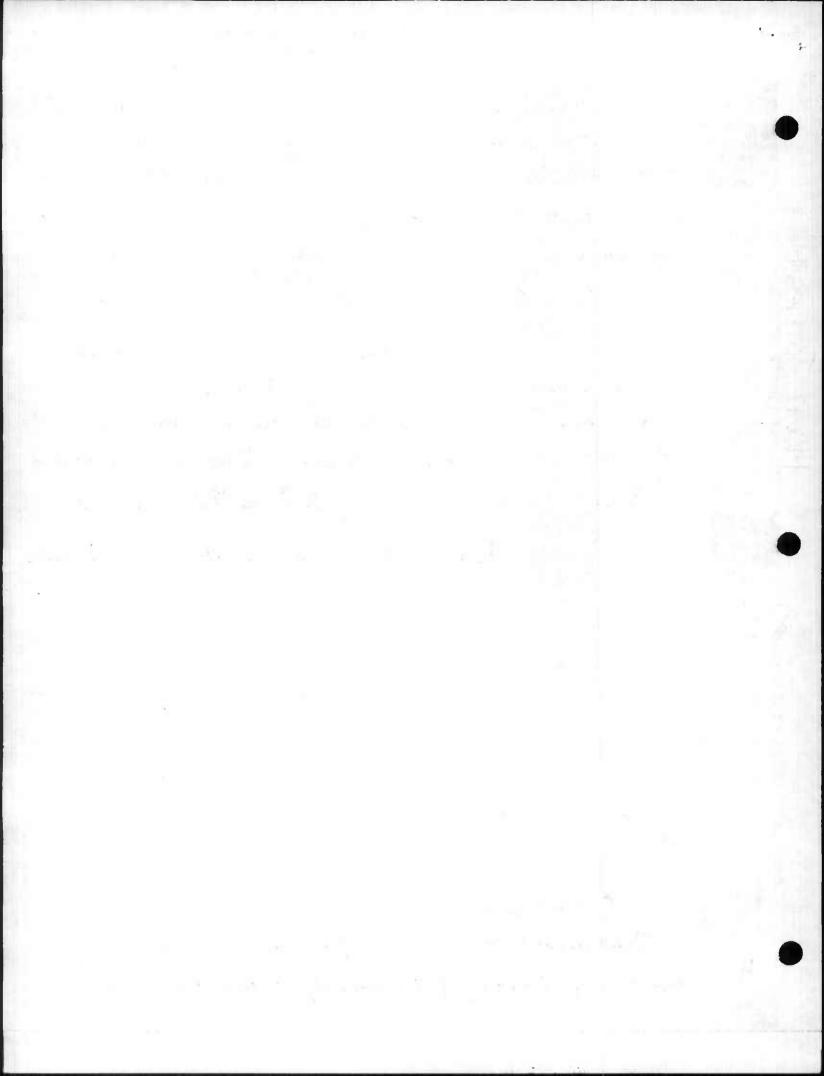
31. Deta filed (Month, Day, Year)

BOD BA

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		. Decedent's Neme (First, Middle, La	2041		00,	rtificate of	Deatti		Reg. No.	1 6	
Physician /Medical Examiner	-	1	loore Jr.	er)			4b. City, Town, or	2. Dete of De Month MAY Location of Deeth	Dey 1 1 9	Yeer 998 of Death	3. Time of Dea 2:45 A
Funeral Director	1	223 20 0573		Age (In yrs. las		if Under 1 Year Months Deys		8. Dete of Bin (Month, De	th	9. Birthplac Country	ce (State or For
the notified at Director	1	Jouel Residence of Decedent  Oe. Stete 10b. County  Maryland Carrol	\	10c. City,		cation hester				10d	I. inside City Lin
or thems 23s or 28s-f show miner must be notified at 7 Funeral Director	1	0e. Street end Number  3800 FANS RJ.  1. Marital Status	12 Was Decade	at Ever in II S	12.3	10f. Zip Code	21102	positi Ves ex No		Whet Country USA e - American	
5 5		1  Navar Married 2 Married 3  Widowed 4 Divorced	12. Wes Deceda Armed Force 1 Yes 2 If Yas, Give Year or Date	□No		f Yas, specify Cut	Hispanlc Origin? (Spen, Mexican, Puart	o Ricen, etc.)	Specify	k, White, etc	c.
we than 'natural', it, the Medical Exa Completed by		15. Decedent's E (Specify only highast gra Elementery/Secondery (0-12)	ducation ade completed) College (1-4d	or 5+)	16e. Deced (Give life. L	dent's Usuel Occu kind of work done DO NOT use retire	petion during most of wor ed)	rking	16b. Kind of Bu	nstruc	
of Mental Hygi marked other matic event, I		7. Fether's Nama (First, Middle, Last James H. Mo	ore Sr.					Mr Ke	nnedy		
単独を		9a. Informent's Neme/Reletionship ( Helen Moore  0e. Method of Disposition	Type, Print)		3800	FA\\S\\\S\\\\S\\\\S\\\\S\\\\S\\\\S\\\\S		nches ler		21102	
Department of Health Important: If Item 27 any Injury or other to 9059.	2	1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of Superior Service Lices)	(y)	te Popl	ar Gri	natory or other place over Cemel Name end Addr.	ess of Facility	4 1998	COCKEYS	ville,	Marylar
nysician Medical Kaminer	and of	23e. Pert1. Enter the diseese, or com shock, or heert feilura. List only mmediete Ceusa (Finel diseese or condition asulting in deeth)			N	er the mode of dy	325 York	or respiretory e	rrest,	A	pproximeta intervel Between onset end Deet
n and tal-transit Examiner		_	b								
as the but	ti	Sequentially list conditions, any, leading to immediate ause. Enter Underlying Cause (Diseese or injury net initiated events esulting in deeth) Last	c	Due to (or e							
as the but	P	GequentIally list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury het initiated events esulting in deeth) Last		Due to (or as	s a conseq	uence of):	ven in Pert I.	23b. Did	lobacco use cor Yes 2) 🗹 No		
is been signed by the attending physical 2 should be detached for use as the burn pleted by Physician/Medical	P	esulting in deeth) Last		Due to (or as	s a conseq	uence of):	ven in Pert I.	1 🗆 24a. Wes		3 Probel	bly 4 Unk
entificate has been signed by the attending physicial octor, page 2 should be detached for use as the but Be Completed by Physician/Medical	Ctt tr	esulting in deeth) Last	contributing to death	Due to (or as	s a conseq	uence of): nderlying causa gi	26. Piece of Dec	1 🗆 24a. Wes	en eutopsy rmed?	24b. Were availe comp of de	bly 4 Unk
this certificate has been signed by the attending physicial director, page 2 should be detached for use as the but: To Be Completed by Physician/Medical	P.	5. Wes case referred to medical exeminer?  1	Hospitel: 1 Inpa	Due to (or as but not resulting them.	s a conseq	uence of):  Inderlying causa gi	26. Piece of Dec her: 4⊡ Nursing H	24a. Wes perfo	en eutopsy rmed?	24b. Were availe composed to the composed to t	by 4 Unk e autopsy findir eble prior to oletion of cause eth?
this certificate has been signed by the attending physicial director, page 2 should be detached for use as the but: To Be Completed by Physician/Medical	2: 2:	ert II. Other significant conditions of the cond	Hospitel: 1 Inpa  28a. Dete of In (Month, In 28e. Piece of building,	Due to (or as a but not resulting the property of the property	ng in the ur  VOutpatlen bb. Time of Injury	uence of):  Inderlying causa given to a second control of the seco	26. Piece of Dec her: 4 □ Nursing H ry at rk? Yes 2 □ No	24a. Wes perfo	Yes 2 No en eutopsy rmed?  Yes 2 No one) dence 6 □Othe how injury occurr  Street and Numb vn, State)	24b. Were availe composed of de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	bly 4 Unk e autopsy findin bble prior to oletion of cause eth? Yes 2 No
this certificate has been signed by the attending physicial director, page 2 should be detached for use as the but: To Be Completed by Physician/Medical	2: 2:	ert II. Other significant conditions of the cond	Hospitel: 1 Minps 28a. Dete of ir (Month, I	Due to (or as a but not resulting the property of the property	of the unit of the	uence of):  Inderlying causa given to 3 DOA of the set of the time to the set of the time the stigation, in my set of the time the stigation, in my set of the time time to the set of the time time time to the set of the	26. Piece of Decher: 4□ Nursing H ry at rk? I Yes 2□ No me, dete end plece	24a. Wes performent of the Check only of the Check only of the Self-Basic 28d. Describe In City or Town, and due to the	en eutopsymed?  Yes 2 No  One)  dence 6 Other  how injury occurr  Street and Numb  wn, State)  ceuse(s) end me  date end piece, e	24b. Were availe composed to the composed to t	bily 4 Unki
his certificate has been signed by the attending physical director, page 2 should be detached for use as the but To Be Completed by Physician/Medical	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	ert II. Other significant conditions of the cond	Hospitel: 1 Inpa 28a. Dete of Info. 28e. Piece of building, yaldan: To the besis and menner	Due to (or as a but not resulting a but not re	NOutpatien The of Injury The form, stratege, deeth	uence of):  Inderlying causa given to a cocurred et the tive restigation, in my causa given to a cocurred et the tive tigation, in my causa given to a cocurred et the tive tigation.	26. Piece of Decher: 4□ Nursing H ry at rk? I Yes 2□ No me, dete end plece	24a. Wes performent of the (Check only of the Check only only only only only only only only	en eutopsymmed?  Yes 2 No one)  dence 6 Other how injury occurr  Street and Numb ceuse(s) end me date end piece, 6 29d. Date signed	24b. Were availated on the composition of de the composition of the co	bily 4 Unk  a autopsy findin able prior to oletion of cause eth?  Yes 2 No  Route Number, ed. he ceuse(s)

DHMH 16 Ray 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) Month MAY GOLDSMITH MICHEL LOUISA 1998 5:55A 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Name (If not institution, give street end number) Homewood Nursing Center Baltimore 5. Social Security Number If Under 1 Year | If Under 24 Hrs. Birthpiece (State or Foreign Country) 7. Age (In yrs. last birthday) 1 M 2 X Months Devs Hours Yrs. 219-18-1737 JANUARY\_7, 1924 Maryland Usuel Residence of Decedent 10d. Inside City Limits 10a State 10b. County 10c. City. Town or Location XX Yes 2□No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 327 Homeland Southway 21212 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 20 No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 X No Specify: White 3 Widowed 4 N Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Supervisor American Red Cross 18. Mother's Name (First, Middle, Maiden Surneme) 17. Fether's Neme (First, Middle, Last) Robert Henry Goldsmith Agnes Kemp 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Kim Goldsmith McCain Niece 2001 Blue Mont Road Monkton Md 21111 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Locetion - City or Town, State 1 Burial XX Cremetion 3 Remove from State Greenmount Cemetery 5/5/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Fignature of Funeral Service-Licens 22. Name and Address of Fecility Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 and or complications that caused the deeth. Do not enter the mode of dyling, such as cerdiec or respiretory errest, and only one cause on each line. 23a. Part1. Enter the distant Approximete Interval Between Onset and Death · CONGESTIVE HEAPT FAILURE Immediete Ceuse (Final disease or condition resulting in death) POSCLEROTIC HEART DISEASE Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as e consequence of): 23b. Did tobacco-use contributa to the causa of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Ves 2□ No 3 Probably 4 Unknown MENTA-MILD 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24a. Wes en autopsy 2 PINO 1 □ Yes 2 □ No 1 T Yes 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 | Inpatient 2 | ER/Outpetient 3 | DOA 28e. Dete of injury (Month, Dev Year) 28c. Injury at Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending 1 Tes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Examiner Division of Vital Records, P.O. Box 68760 Physician/Medical Completed

Physician

/Medical

Examiner

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

**Funeral** 

Director

the Marylend

permit. Pages 1 and 2 should be filed within 72 hours after death with the Department of Health and Mental Hygiena.
Important: If item 27 is marked other than "naturel; or items 23a or 2 and highery or other treumetic event, the Medical Examiner must be no page.

Baltimore, Maryland 21215-0020

s certificate has b Aftar this funarai • Funeral Director: After details.

Be

Certification: To

edicai

4 Homicide

(Check only one)

29e. Certifier

or Attending Physicien:

within 24 hor To the Fune completely fi

State Registrar

29c. License number

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.

2 Madical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date and plece, and dua to the ceuse(s)

29d. Date signed (Month, Dey, Year)

23e) (Type, Print) 30. Neme end eddress of person who co

TIMORE, NO 21212 6800 YORKPD

31. Dete filed (Month, Dey, Year) MAY 0 5 1998

#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 1 3 8 3 1

				Ce	ertificat	e of	Death			Reg. No.	0 1	0001
	1. Decedent's Name (First, Middle	e, Last)							2. Data of De Month		Yeer	3. Tima of Death
hysician	Manfred	Maye	r						May	Dey 3	1998	9:30 PM
/Medical Examiner	4a Fecility Name (If not institution						4b. City, Tov	vn, or Lo	ocation of Deal		unty of Death	7.30 11
- Adminici	Multi-Medical	Center					Towso	n		Ra1	timore	
	5. Social Security Number	6. Sex	7. Age (In yrs	. last birthday	) If Unda		If Under 2		8. Data of Bi		T	
neral ector	072-10-9352 Usual Residence of Decedent	1 <b>X</b> M 2□ F	89		Months	Days	Hours	Min.	8. Data of Bi (Month, Di December	ay, Year) 1 31 190	8 Gern	place (State or Foreign htry) Iany
**	10e. State 10b. County		10c. C	ity, Town or L	ocation						1	Od. Inside City Limits
by Funeral Director	Maryland N/A		Bal	ltimore								1 X Yas 2 □ No
al Dire	10e. Street and Number 6225 York Road	Apt. 31	1		10f. Zip	212					of Whet Could	
by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	ied Armed F	2 No	U,S. 13.	Was Dece If Yas, spe			in? (Sp , Puerto	ecify Yas or N Ricen, etc.)		Rece - Americ Black, White, ecify:	
Completed	15. Deceden (Specify only higher	t's Educetion		(Giv.	edent's Usu a kind of wo	ork done	during most	of work	ing	16b. Kind	of Business/In	dustry
npl	Elementary/Secondary (0-12)	T	(1-4or 5+)		DO NOT u	se retire	nd)					
Co	12			Waite	er						aurant	
To Be	17. Father's Name (First, Middla, Alfred	Mayer					18. Mother		e (First, Middle	a, Maiden Sur	mame)	
-	19a. Informant'e Name/Relations			19b. Mei	lina Addres:	s (Stree	-		a/ Route Numb	per. City or To	wn. State. Zit	Code)
	Jack Jordan/Ste						le Trai		Merrit			
	20a. Method of Disposition	p son	20b.	Piace of Disp	osition (Na	me of			Date		ion - City or To	
	1 Burial 2 X Cremation 4 Donetion 5 Other (S		Stete	cemetery, cre	amatory or o	other pla		5	5/5/98	Balt	imore,	Maryland
	21. Signature of Funeral Service	Licensee			22. Name ar	nd Addr	ess of Facility	1	Home,			
	Silver 1.	dine			6500	Yor	k Road	Ba	altimor	e, Mar	yland	21212
100	23a. Part1. Entar the disease, or shock, or heert feilure. List	complications that only one cause on	ceused the dea	ath. Do not er	nter the mod	de of dy	ng, such as o	cerdiac (	or respiratory	arrest,		Approximate Interval Between
				~		,						Onset end Death
	Immediate Cause (Finel disaase or condition			Do	hun	ra t	NON					DAYS
	resulting in death)	a	Due to	(or as a conse	equence of)	:	10.0					-
Cammer				D	1.0	CC	N					Mositic
	Sequentially list conditions.	Ь	Due to (	or as a conse	equence of):							10.0107
	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that instead expenses.										1	
	that minaten exemp	C	Dua to (	or as a conse	guance of):				·		-	
medical	resulting in death) Last	d.			.,.							
l'Alain	Part II. Other significant condition	one contributing to a	teath but not re	suiting In the	undarlyino (	CALISA O	ven in Pert I		23h Did	tohecco uei	contribute t	o the cause of death
Physician/										Yes 2K		bably 4 Unknow
by P	Subdura	1 hemats	na (tes	not p	ust)					750	., 0,,10	
Completed	Subdura Partal	reparect	ny (re	mot p	wit)				24a. War perf	s an autopsy ormed?	ev cc	are autopsy findings reliable prior to impletion of cause
E			/	ě.						V Now		deeth?
									10	Yes 2,080	10 11	☐ Yes
Be	25. Was cese referred to medica examiner?					0		of Deet	h (Check only	one)		
T0	1 Yes 2 No			ER/Outpatie		UA			me 5 Res			fy)
ation:	27. Menner of Death  1 Natural 5 Pendir 2 Accident Investi		of Injury oth, Day Year)	28b. Time Injury	M N	28c. Inju Wo 1 [	nyet ork? ]Yes 2∐N		28d. Describe	now injury o	ccurred	
Certification:	3 Suicide 6 Could 4 Homicide determ	inad 200. Plac	e of Injury - At I ling, etc. (Spec	nome, farm, s	treet, factor	y, office				(Street and Nown, State)	lumber or Run	al Route Number,
edical Co	(Check only 2 Medical	g Physicien: To the Examiner: On that	pasis of axamin									
Med	29b. Signature and the formula	and mar	nner stated.		20	c Licen	se number			29d Data e	igned (Month,	Day Year)
		/				17:	118			May 4	, 1998	
	30. Neme and address of person	was completed cmi	se of deeth (ite	m 23e) (Type	, Print)	-11						
	Paul Schwartz,	M.D. 40	00 01d	Court	Road	Su	ite 20.	3 E	Baltimo	re, MD	2120	8
State	31. Date filed (Month, Day, Year)	71	Registrar's Sign									
gistrar	MAY 0 5 199	8 94	pe cheviste	or Adopte	R							

AND A SECOND OF THE SECOND SEC

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9

ı	0	0	0	0
1	3	0	3	/

					Ce	runcal	le or	Death			Reg. No.			32
1. Deced	lent's Name (First, Midd	de, Last)	)						2	Date of De	eth Day	Year	3. Tim	e of Death
	NAHID MARE	FAT									30, 19		8:	45 AM
4a Facili	ty Neme (If not institution	on, give :	street and num	ber)				4b. City, Tow			- 1	nty of Dear		
Madi	anal Tarabia		05 11-	7.41				Potho	ada		Mont			
5. Social	onal Instit	6. Se	VI Hea	7. Age (In yrs	s. last birthday)		r 1 Year		4 Hrs. 8	Date of Bir (Month, Da	th Years	9. Bir	thplace (Ste	te or Foreign
407-	51-5746	1	M 200 F	47	Yrs.	Months	Days	Hours			8, 195		ountry)	
	esidence of Decedent											V)A, A, S		
10a. Slei	le 10b. County	У		10c. C	City, Town or Lo	ocation								e City Limits
KY 10e. Stre	Fayet	tte	Co	L	exingto	n							149	res 2□No
10e. Stre	et and Number						p Code				10g. Citizen o	of What Co	ountry?	
636	Cromwell Di	riva				40	503				Iran			
	al Status		12. Was Deced		U,S. 13.	Was Dece	deni of h	lispanic Orig	n? (Speci	fy Yes or No	- 14. F		erican Indiai	l.
101	Never Married 2 Mai	rried	Armed For	2 K No				an, Mexican,	Puerto Hii	can, etc.)		Bleck, Whi	te, etc.	
3 🗆 1	Widowed 4 ☐ Divorce	d	If Yes, Give Year or Da	tes:		1 LI Yes	2 LJN0	Specify:			Spe	<sub>cify:</sub> White	9	
	15. Deceder	nt's Edu	cation		16a. Dece	dant's Usu	al Occup	pation			16b. Kind of			
Elema	(Specify only higher			405.51	(Give	DO NOT	ork done use retire	during most	of working					
Elema	ntary/Secondary (0-12)		Collega (1-	40r 5+)	Owne	er/Op	orat	or			Sporti	na Go	node s	tore
17. Feth	er's Name (First, Middle	, Last)	4		Owne	er / Op	erat	18. Mother	's Name (	First, Middla	, Maidan Sum	neme)	JOUS_L	LOIL
Dane	Manafat							Mohr	anai	z Khas	ho			
	Marefat	shin (Tu	ma Print)		19h Malli	ing Addres	s /Stree				er, City or Tov	wn Stata	Zin Code)	
											The same		_,,	
Moha	mmad Khali	pour		20h	Place of Disp	romw	ell ma of	Dr., I	exin	gton,	KY 405	03	Town Stat	A
						motorior	athar ala	1						
	Burial 2 Cremation	3 □ R	Removal from S	late	cematery, cra	metory or	other pie	Ce)	i.					
10		Specify)			cematery, cra legrass M	lemoria 2. Name a	al Gar	rdens ess of Facility	Mur	phy Fa	Jessam ills Ch	urch	Funer	al Hom
21. Gign 23a. Pa shi	Burial 2 Cremation Donation 5 Other (5 ature of Funeral Service rt1. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition	Specify) a License	lcations that canno cause on ee	Blu lused the dea	cematery, cra legrass M	lemoria 2. Name a LO2 W ter tha mo	al Gar ind Addre Br ide of dyi	rdens ess of Facility oad St ng, such as o	Mur Fardiac or i	phy Fa alls C raspiratory a	Jessam ills Ch	urch	Funer 22046 Approx Interval Onset	al Hon
21. Sign 23a. Pa	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt 1. Enter the disease, o cock, or heart failure. Lis	Specify) a License	lcations that canno cause on ee	Blue Blue Blue Blue Blue Blue Blue Blue	legrass M	emoria 2. Name a 102 W ter tha mo	al Garind Address Bride of dying	rdens ess of Facility oad St ng, such as o	Mur Fardiac or i	phy Fa alls C raspiratory a	Jessam ills Ch	urch	Funer 22046 Approx Interval Onset	mata Between and Death
4 21. Gign 23a. Pa	Burial 2 Cremation Donation 5 Other (5 ature of Funeral Service rt1. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition	Specify) a License	ea locations what can a cause on ea	Blue line.	legrass M	lemoria 2. Name a LO2 W Iter tha mo	al Gannd Address Bride of dying	rdens ess of Facility oad St ng, such as o	Mur , Fardiac or I	phy Fa alls C raspiratory a	Jessam 11s Ch Church,	urch	Funer 22046 Approx Interval Onset 6	mata Between and Death
23a. Pash	Burial 2 Cremation Donation 5 Other (5 ature of Funeral Service rt1. Enter the disease, ock, or heart failure. Lis ate Ceuse (Final or condition y in daath)	Specify) a License	ea locations what can a cause on ea	Blue to Due to	legrass M  2  1.1  AND R  (or es e conse	lemoria 2. Name a LO2 W ter tha mo	al Garand Address Brade of dying RATO	rdens ess of Facility oad St ng, such as o	Mur , Fardiac or I	phy Fa alls C raspiratory a	Jessam 11s Ch Church,	urch	Funer 22046 Approx Interval Onset 6	mata Between and Death
23a. Pa shi	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt1. Enter the disease, o cck, or heart failure. Lis ate Ceuse (Final or condition y in daath)	Specify) a License	lications wat can a cause on ea.  HEP  ALL	Blue to Due to	legrass M  2  11  ath. Do not an  AND R  (or es e conse	LO2 W Lo2 W ter tha mo Lo3 P11 quence of)	al Ga: and Addre Br de of dyi  RAY  1 AL	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C raspiratory a  URE	Jessam 11s Ch Church,	urch	Funer 22046 Approx Interval Onset 6	mata Between and Death
21. Sign 23a. Pa sh  23a. Pa sh  Immedia disease rasulting  Sequential any, le cousa. Cause (that infilt	Burial 2 Cremation Donation 5 Other (5 ature of Funeral Service rt1. Enter the disease, ock, or heart failure. Lis ate Ceuse (Final or condition y in daath)	Specify) a License	lications wat can a cause on ea.  HEP  ALL	Due to	legrass M  2  11  ath. Do not an  AND R  (or es e conse	lemoria 2. Name a LO2 W ter tha mo LES PII quence of) PE M quance of)	al Ga: and Addres  Br de of dyi  RATC  HALL  COMMENTS	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C raspiratory a  URE	Jessam 11s Ch Church,	urch	Funer 22046 Approx Interval Onset 6	mata Between and Death
23a. Pashing Sequential any, leceusa. Cause (that infilt	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt1. Enter the disease, ock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, lading to immediate Entar Understanding Disease or Injury atted events	Specify) B Licensus Or complete only or	lications what can a cause on ee A L L	Due to	legrass M  2  11  AND R  (or es e conse	lemoria 2. Name a LO2 W ter tha mo LES PII quence of) PE M quance of)	al Ga: and Addres  Br de of dyi  RATC  HALL  COMMENTS	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C raspiratory a  URE	Jessam 11s Ch Church,	urch	Funer 22046 Approx Interval Onset 6	mata Between and Death
21. Gign 21. Gign 23a. Pa 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause (that infilt	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt1. Enter the disease, ock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, lading to immediate Entar Understanding Disease or Injury atted events	Specify) B Licensus Or complete only or	lications wat can a cause on ea.  HEP  ALL	Due to	legrass M  2  11  AND R  (or es e conse	lemoria 2. Name a LO2 W ter tha mo LES PII quence of) PE M quance of)	al Ga: and Addres  Br de of dyi  RATC  HALL  COMMENTS	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C raspiratory a  URE	Jessam 11s Ch Church,	urch	Funer 22046 Approx Interval Onset 6	mata Between and Death
23a. Pa shi	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt1. Enter the disease, ock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, lading to immediate Entar Understanding Disease or Injury atted events	Specify) a Licensus por complete only or	loations what can appears on see	Due to Due to Due to Oue	legrass M  2  11  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 102 W ter tha mo  LES PII quence of)  Quence of)  OGE  Quence of)	al Garand Address Brade of dysics RATC  11421  1066	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C respiratory a  URE  VSPLA  MIA	Jessam 11s Ch Church,	VA :	Funer 22046 Approx Interval Onset 6	mata Between and Death  CEKS
21. Sign 21. Sign 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause ( that infliresulting	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, hading to immediate Enter Underlying Disease or Injury ated events g in death) Lest	Specify) a Licensus por complete only or	loations what can appears on see	Due to Due to Due to Oue	legrass M  2  11  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 102 W ter tha mo  LES PII quence of)  Quence of)  OGE  Quence of)	al Garand Address Brade of dysics RATC  11421  1066	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C aspiratory a  URE  USPLA  MIA	Jessam Ills Ch Church, Irrest.	VA :	Funer 22046 Approx Interval Onset 6	mata Between and Death  EEKS  OFFK  ONTH
21. Sign 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause ( that infliresulting	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, hading to immediate Enter Underlying Disease or Injury ated events g in death) Lest	Specify) a Licensus por complete only or	loations what can appears on see	Due to Due to Due to Oue	legrass M  2  11  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 102 W ter tha mo  LES PII quence of)  Quence of)  OGE  Quence of)	al Garand Address Brade of dysics RATC  11421  1066	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C aspiratory a  URE  USPLA  MIA	Jessam alls Ch Church,	contribut	Funer 22046 Approx Interval Onset 6 7 W 10 W	mata Between and Death  CEKS  ONTH  Jee of death  4 Unknow
21. Sign 21. Sign 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause ( that infliresulting	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, hading to immediate Enter Underlying Disease or Injury ated events g in death) Lest	Specify) a Licensus por complete only or	loations what can appears on see	Due to Due to Due to Oue	legrass M  2  11  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 102 W ter tha mo  LES PII quence of)  Quence of)  OGE  Quence of)	al Garand Address Brade of dysics RATC  11421  11421	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C aspiratory a  URE  VSPLA  23b. Did 10	Jessam alls Ch Church,	contribut	Funer 22046 Approx Interval Onset 6 7 W 10 W 10 W 10 W 10 W 10 W 10 W 10 W 10	mata Between and Death  CEKS  JEKS  JONTH  Lee of death  4 Unknow
21. Sign 21. Sign 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause ( that infit resulting	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, hading to immediate Enter Underlying Disease or Injury ated events g in death) Lest	Specify) a Licensus por complete only or	loations what can appears on see	Due to Due to Due to Oue	legrass M  2  11  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 102 W ter tha mo  LES PII quence of)  Quence of)  OGE  Quence of)	al Garand Address Brade of dysics RATC  11421  11421	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C aspiratory a  URE  VSPLA  23b. Did 10	Jessam alls Ch church, urest.  tobacco use Yee 2/N	contribut	Funer 22046 Approx Interval Onset 6 7 W 10 W 13 M 10 W 10 W 10 W 10 W 10 W 10 W 10 W 10 W	mata Between and Death  CEKS  JEKS  JONTH  Lee of death  4 Unknow
21. Sign 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause ( that influresulting	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, hading to immediate Enter Underlying Disease or Injury ated events g in death) Lest	Specify) a Licensus por complete only or	loations what can appears on see	Due to Due to Due to Oue	legrass M  2  11  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 102 W ter tha mo  LES PII quence of)  Quence of)  OGE  Quence of)	al Garand Address Brade of dysics RATC  11421  11421	rdens ess of Facility oad St ng, such as o	Mur, F. And L. TRA	phy Fa alls C aspiratory a  URE  VSPLA  23b. Did 10  24a. Was perfe	Jessam alls Ch Church, Irrest, tobacco use Yee 22N s an autopsy omed?	contribut o 3   F	Funer 22046 Approx Interval Onset 6 7 W 10 W 10 W 10 W 10 W 10 W 10 W 10 W 10	mata Between Ind Death  CEKS  ONTH  Jee of death  4 Unknow  Dosy findings rior to of cause
21. Sign 21. Sign 21. Sign 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause (that initiar resulting	Burial 2 Cremation Donation 5 Other (3) ature of Funeral Service of the first of th	Specify) a Licensia or complisit only or	loations what can appears on see	Due to Due to Due to Oue	legrass M  2  11  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 102 W ter tha mo  LES PII quence of)  Quence of)  OGE  Quence of)	al Garand Address Brade of dysics RATC  11421  11421	rdens ess of Facility oad St ng, such as o	Mur, F. ardiac or i	phy Fa alls C aspiratory a  URE  VSPLA  23b. Did 1 24a. Was perfe	Jessam alls Ch Church, Irrest, tobacco use Yee 22N s an autopsy ormed?	contribut o 3   F	Funer 22046 Approx Interval Onset 6 7 W 10 W 13 M Wara sutto available p completion	mata Between Ind Death  CEKS  ONTH  Jee of death  4 Unknow  Dosy findings rior to of cause
21. Gign 21. Gign 23a. Pa 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause ( that infit resulting	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt. Enter the disease, ock, or heart failure. Lis ate Ceuse (Final or condition or in daath)  tially list conditions, hading to immediate Enter Underlying Disease or Injury ated events or in death) Lest  case referred to medical rther significant conditions.	Specify) a Licensia or compliant only or	cations that can accurate the process of the proces	Blue to OCENC Due to OUE to OCENC Due to OCENC Due to OCENC	legrass M  2  1.1  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a 1.02 W ter tha mo  LES PI I quence of)  Quence of)  Quence of)	al Ga: and Address Br de of dys  RATC  1146  Ceuse gi	rdens ess of Facility oad St ng, such as o ORN #	Mury  Fardiac or in  FAIL  TRAI  TRAI  Of Death (	phy Fa alls C aspiratory a  URE  VSPLA  23b. Did 1 24a. Was perfe	Jessam ills Ch thurch, irrest.  tobacco use Yee 2/N s an autopsy omed? Yes 2/N one)	contribut to 3 F	Funer 22046 Approx Interval Onset 6 7 10 13 N 13 N Wara suto available p completion of death? 1 □ Yes	mata Between and Death  CEKS  ONTH  Use of death?  4 Unknow  osy findings rior to of cause
21. Sign 21. Sign 23a. Pa shi Immedia disease rasulting Sequent if any, le cousa. Cause (ithat infit resulting Part II. O	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt. Enter the disease, ock, or heart failure. Lis ate Ceuse (Final or condition or in daath)  tially list conditions, hading to immediate Enter Underlying Disease or Injury ated events or in death) Lest  case referred to medical there? Yes 2 No	Specify) a Licensia or compliant only or	loations that can a cause on each of the particular of the particu	Blue to Due Due to Due Due Due Due Due Due Due Due Due Due	legrass M  2  1.1  ath. Do not an  AND R  (or es e conse	Semoria 2. Name a LO2 W ter tha mo less Pil quence of) Present of Quence of) Quence of) underlying	al Ga: and Address Br de of dys  RATC  1 ARA  Ceuse gi	rdens ess of Facility oad St ng, such as o ORY # 20 W ven in Pert I.	Mury Fardiac or in  FA) L  TRA  TRA  of Death (  sing Home	phy Fa alls C aspiratory a  URE  VSPLA  A  23b. Did 1  24a. Was perfe	Jessam ills Ch Church, irrest.  tobacco use Yee 2 N s an autopsy omed?  Yes 2 N idence 6 I	contribut to 3 F	Funer 22046 Approx Interval Onset 6 7 10 13 N 13 N Wara suto available p completion of death? 1 □ Yes	mata Between and Death  CEKS  ONTH  Jee of death?  4 Unknow  Dosy findings rior to of cause
21. Sign 21. Sign 23a. Pa shi Immedia disease rasulting Sequent if any, le ceusa. Cause (that infit resulting Part II. O	Burial 2 Cremation Donation 5 Other (3 ature of Funeral Service rt.1. Enter the disease, o cock, or heart failure. Lis ate Ceuse (Final or condition g in daath)  tially list conditions, liading to immediate Enter Underlying Disease of rigury ated events g in death) Lest  ther significant condition there is a condition of the co	Specify)  a Licensus  a Complete only or complete only or	cations what can a lead to the cause on each a. HEP  A 1 L L  CHR  d. CHR  d. CHR  d. CHR  28a. Date of (Month)	Blue to locate t	AND R (or es e conse	Semoria 2. Name a LO2 W ter tha mo  LO2 W quence of)  Quence of)  Quence of)  ACC  Quence of)  M  M	al Ga: and Addre Br de of dyi  RAY  Couse gi	rdens ess of Facility oad St ng, such as o ORY # 20 W ven in Pert I.	Mury  Fardiac or in  FAIL  TRAI  TRAI  of Death (  sing Home)	phy Fa alls C aspiratory a  URE  V\$PLA  23b. Did 10  24a. Was perfect Check only a 5 Resided Describe	Jessam Alls Ch Church, Irrest,  tobacco use Yee 2270 s an autopsy omed?  Yes 2270 how injury oc	contribut  Contribut	Funer 22046 Approx Interval Onset 6 7 10 10 10 10 10 10 10 10 10 10 10 10 10	mata Between Ind Death  CEKS  IONTH  Jee of death?  4 Unknow  Dosy findings rior to of cause  2 No
21. Sign 21. Sign 21. Sign 23a. Pa shi Immedia disease rasulting Sequentif any, le ceusa. Cause (that infit resulting Part II. O	Burial 2	Specify)  a Licensus  a Complete only or complete only or	loations what can a cause on ee A L L C C H P C C H P C C C C C C C C C C C C	Blue to locate t	AND R (or es e conse  IC BU (or as a conse  WYCL (or as a conse  AND R (or as a conse  MYCL (or as a conse  IC BU  Injury  Injury	Jemoria 2. Name a LO2 W ter tha mo let the m	al Ga: and Addre Br de of dyi  RAY  Couse gi	rdens ess of Facility oad St ng, such as o ORY A  ven in Pert I.	Mury  Fardiac or in  FAIL  TRAI  TRAI  of Death (  sing Home)	phy Fa alls C aspiratory a  URE  VSPLA  23b. Did 1 24a. Was perfe  Check only a 5 Resid. Describe	Jessam ills Ch Church, irrest.  tobacco use Yee 2 N s an autopsy omed?  Yes 2 N idence 6 I	contribut  Contribut	Funer 22046 Approx Interval Onset 6 7 10 10 10 10 10 10 10 10 10 10 10 10 10	mata Between Ind Death  CEKS  IONTH  Jee of death?  4 Unknow  Dosy findings rior to of cause  2 No

5

ROBERT CUNNION

29b. Signature and title of certifier

9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892

D 29484

29c. License number

29d. Date signed (Month, Dey, Year)

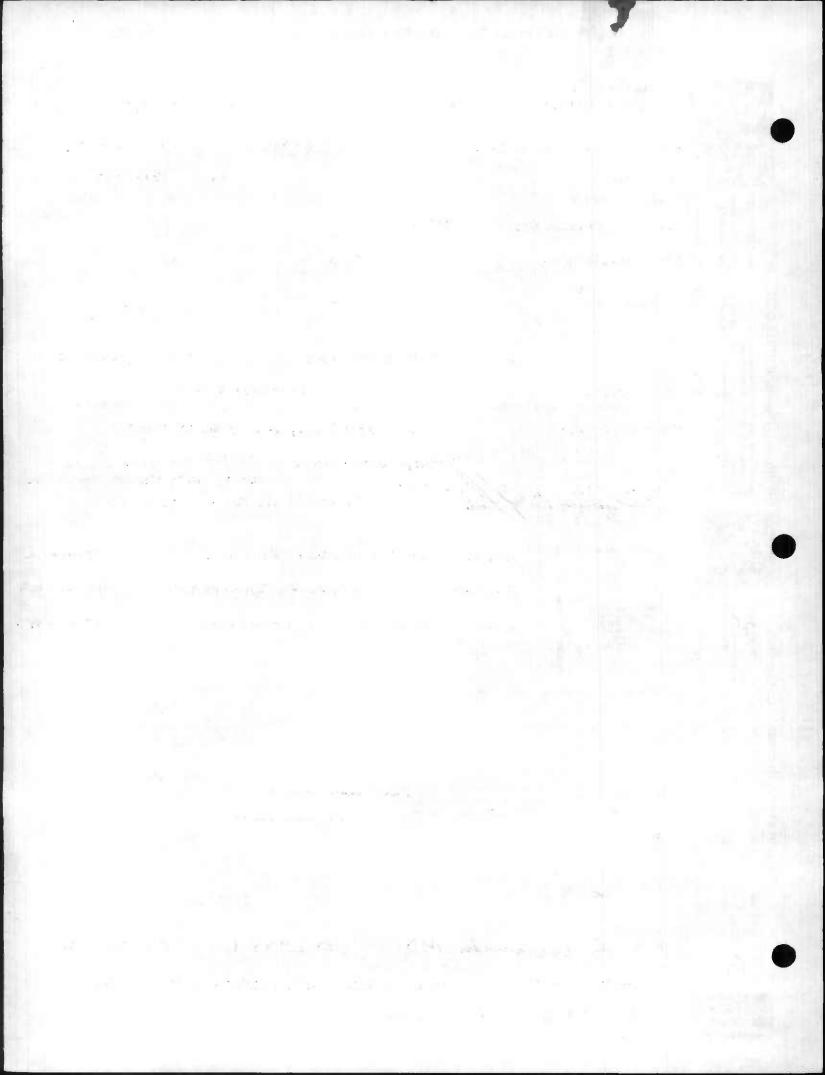
98

State Registrar 31. Date filed (Month, Day, Year) 32. Res

30. Name end eddress of person who completed ceuse of death (Itam 23a) (Type, Print)

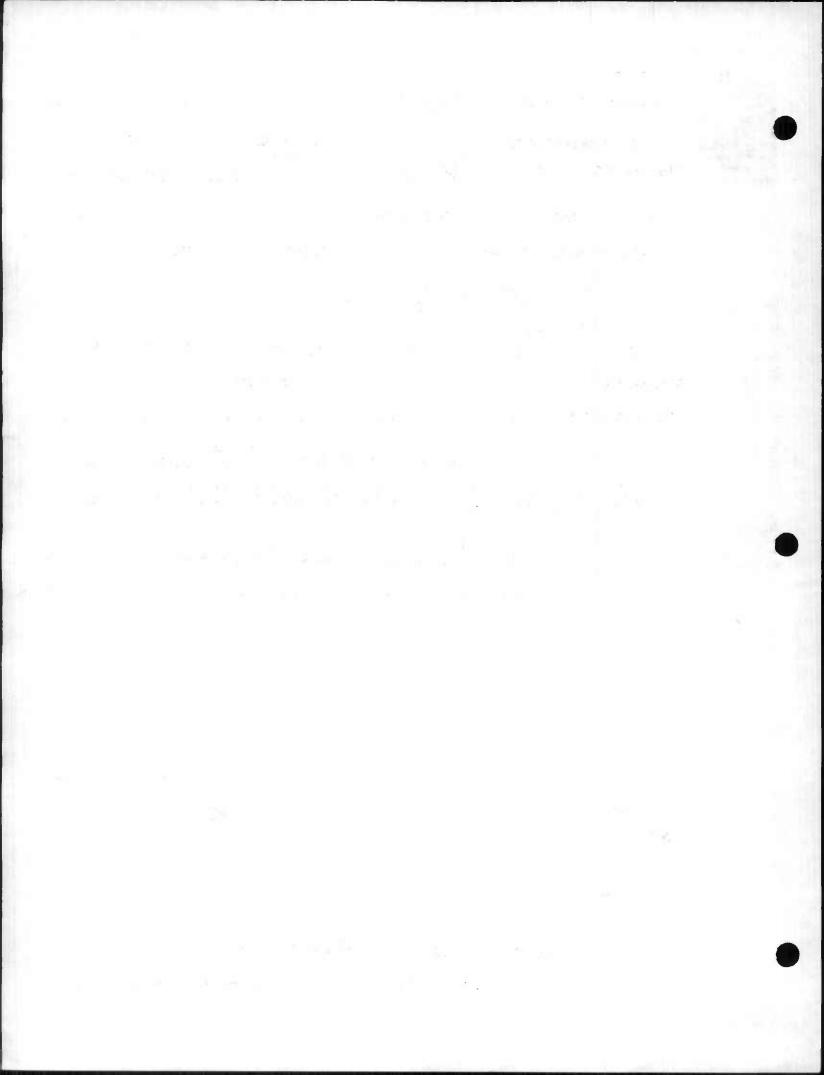
32. Registrar's Signalure

Navidron-Randall



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	Ite	m#2	Ob per FH G7		EW	i Maryiai				Death			Reg. No.	38	138	333
П	Physic		JOSEPI		YERS							AY <sup>nth</sup> 01	1998	Year	3:45	
	/Medi Examir		4e. Facility Neme (I	not institution, giv	re street and nu	m <i>ber)</i>				4b. City, Tow	m, or Locat	ion of Deeth	4c. Cou	nty of Deel	th	
			132 EAS 5. Social Security N	T BARNEY		7. Age (In yrs	last hirths	nui II Un	der 1 Year	BALTIM If Under 24		Date of Rid	h	N/A	halass (Cta	40 on Francisco
L	Funeral Director		216-28-4: Usuel Residence of	380	1 1 M 2 □ F	66 Age (All y/s		Month			Min.	Dete of Bin (Month, Da July	y, Year) 15 193			te or Foreign
	yland		10e. Stete	10b. County			ity, Town o				_					City Limits
	Sa-1 s	Director	Md.	n/a		В	Baltin									′es 2□No
	23a or 2		10e. Street end Nur	ast Barne	ey Stree	et		10f.	Zip Code	21230			USA	ot Whet Co	ountry?	
020	within 72 hours after death with the Maryland ilene. Then "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 Never Merri	ed 2 Merried 4 Divorced	12. Wes Dece Armed For 1 Types If Yes, Giv Yeer or D	2□No 1	948- 950		cedent of pecify Cub	Hispanic Original Hispanic Origin Hispanic Original Hispanic Origina Hispanic Origin	In? (Specify Puerto Ric	y Yes or No an, etc.)	Spe	Bleck, Whit	erican Indien ie, etc. 7hite	
2-0	72 hor	eted	(Snec	15. Decedent's E			16e. De	ecedent's U	suel Occu	petion	of working		16b. Kind of	Business	Andustry	
21215-0020	C * 6	Completed	Elementery/Seco		College (1	1~4or 5+)				during most of do			Chang	ina F	oint	
Maryland 2	be filected that the state of other event,	Be	17. Fether's Neme of Thomas M		)		Ac	alcei	CIIS	18. Mother			Meiden Sum			
aryl	E B E E	70	19e. tntorment's Ne	me/Relationship (		12.	19b. M	lailing Addre	ess (Stree	t and Number	or Rurel R	oute Numbe	er, City or Tox	vn, Stete,	Zip Code)	
-	alth e 27 is		Deborah	T Major	Daug	ghter	30	)3 Wes	st El	eventh	Ave.	Broo	klyn P	ark,	Md. 2	1225
Baltimore,	Pages 1 end nent of Healt nt: If item 2: iry or other			Cremetion 3 [ 5 [] Other (Special		State	cametery,	isposition (f cremetory of fount	or other ple		Ma	y <del>3</del> 2	20c. Location			
Balti	permit. Pages Department of H Important: If ite any Injury or of		21. Signeture of Fu	neral Service Lice	1500	,		22. Name McCul	end Addr	ess of Fecility olynial rt Ave	k Fun	eral	Home		230	
			23a. Pert1. Enter the shock, or hee	ne diseese, or com	plications that cone cause on e	aused the dee	th. Do not								Approxi	nete Between
ox 68760,	auth certificate be executed attending physicial and for use es the burlet and in the certification and interest and in the certification and interest and interest and int	√Medical Examiner	Immediate Cause (disease or condition resulting in death)  Sequentially list conificance. Enter Under Cause (Disease or that initiated events resulting in death) Least 10 to	nditions, mediate rlying njury	e. <u>E</u> N b. <u>Nor</u> c	Due to (	or es e cor ECT or es e cor	sequenca o	of): E of):	ER					ONE	MONTH
Box.	death cert e attending od for use	Physician/M	Pert II. Other signifi	cant conditions of	ontributing to de	eth but not res	sulting in th	e underlvin	a cause di	iven in Pert I.		23b. Did	tobacco uas	contribute	to the cau	ss of death?
S, P.O	that the led by th detache	by Phys						,				1	Yas MN	o 3□P	robably 4	I ☐ Unknown
of Vital Records,	aw requires to been so should	Completed t										24a. Wes perfo	en eutopsy rmed?		Were eutop aveileble pri completion of death?	or to .
E 20	The ate h	Com										1 🗆 '	res 2 No		1 ☐ Yes	No
Vita	Physician: The this certificate ral director, page	Be	25. Wes case referrence exeminer?	/	Hospitel:				Ot	hor:		heck only o				
	S S	7: To	1 ☐ Yes 2 ☐ 27. Manner of Deeth		28e. Dete	of Injury	ER/Outpa 28b. Tim	e of	28c. Inju	4 □ Nurs			dence 6 () now injury oc		ocify)	
ion	Attending of deeth.  actor: After by the fune	atio	1. Neturel 2 Accident	5 Pending Investigetio	n	th, Day Year)	Inju	ry M		ork? ]Yes 2∐Ne	lo					
Division	日本学品	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not b determined	286. PIECE	of Injury - At h ng, etc. (Speci		, street, fect	tory, offica		281.	Location (S City or Tox	Street end Nu vn, Stete)	m <i>ber</i> or R	ural Route N	lum <i>ber</i> ,
	Hospital 24 hours e Funeral Detely filled	edicai	29a. Certifler (Check only	1 Certifying Ph 2 Madical Exar	niner: On the be	esis of examine	owledge, detion end/o	eeth occurrer investigati	ed et the ti	ime, dete end opinion, deeth	pleca, end	due to the	ceuse(s) end dete end plac	menner e	s steted. e to the caus	80(S)
	within 2 To the I	Med	one) 29b. Signature end	title of certifier	end meni	ner steted.		T	29c. Licen	se number			29d. Date sig	ned (Mon	th, Dey, Yea	r)
	F 3 F 8		TH	·	. )	M.T	)		RE	ES - C	DOC		MAU	11	990	
	921		30. Neme end eddre				m 23e) (Ty	pe, Print)				/	11			
	071		DANIE		otm!	AN,	M.T.	)	Jak	+NS	ttepy	(N)	Ho.	SPIT	-AL	
	Sta	_	31. Dete tiled (Mont	n, Dey, rear)	32. R	egistrer's Sign	erure									

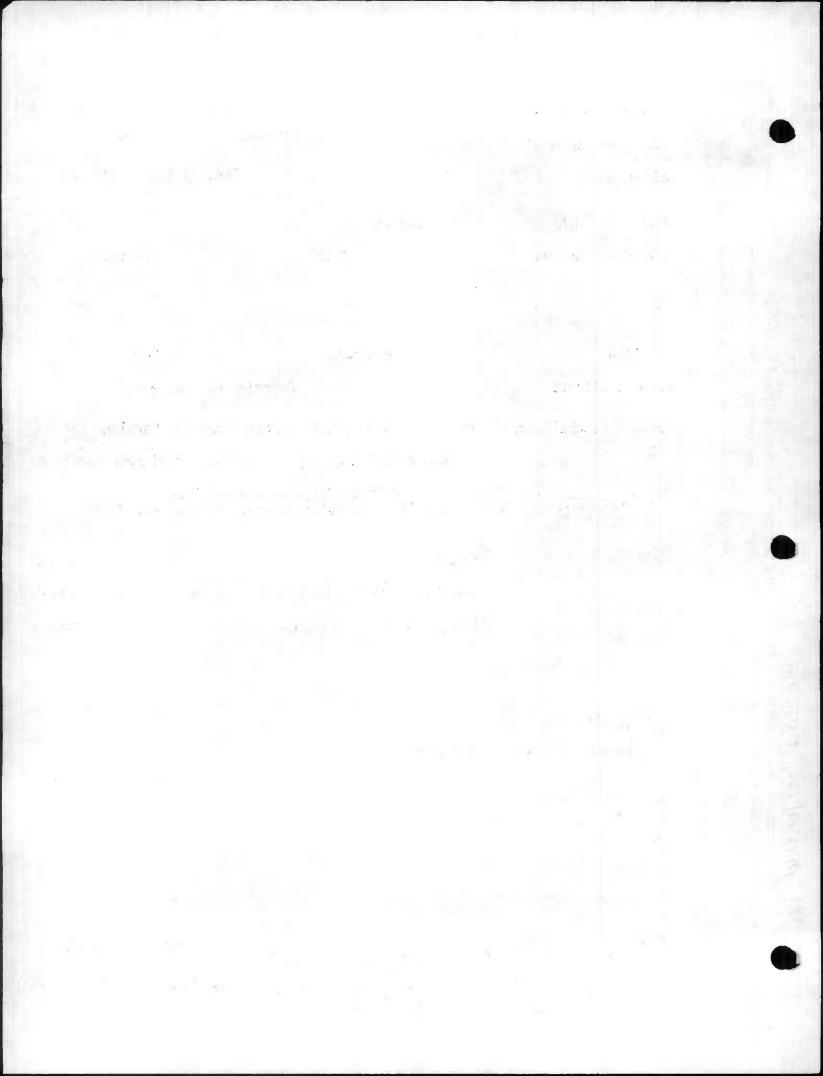


### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 8

1	0	0	0	1
1	3	2-5	14	11
	U	V	V	7

				Certificate	of Death		Reg. No.		
	1. Decedent's Nema (First, M	iddle, Last)		WILLIAM TO		2. Dete of D	Deeth Day	Yeer 3	3. Time of Deeth
Physician /Medical	Eugenia Mit	chell				APR	30	98	IDIZAM
Examiner	4e Facility Neme (If not institt		or)			vn, or Location of Dec	eth 4c. County		
	St. Agnes Ho	spital				timore		N/A	
Funeral	5. Social Security Number	6. Sex 7. A	Age (In yrs. last bir	Months	Year If Under 2 Days Hours	Min. (Month, L	lirth Day, Year)	9. Birthplace Country)	e (Stete or Foreign
Director	220-03-1396		00	Yrs.		Dec.	17,1917	Mary	land
Pu a	Usuel Residence of Deceden  10e. Stete 10b. Cou		10c. City, Town	n or Location				10d.	Inside City Limits
aho									1 X Yes 2 □ No
the Marylar 28s-f show colfred st	Md. N	/A	Ват	timore 10f. Zip C	ode		10g. Citizen of	What Country?	2
th with the Maryle 23a or 28a-f ahor ant be notified at	607 Maude A	VANUA			1225			. : A.	
Ind 21215-0020 be filed within 72 hours efter death with the Maryland tel Hygiene. d other than "natural", or items 23s or 28s-f show event, its Mexical Exercities routined. Be Completed by Funeral Director	11. Maritel Status	12. Wes Deceder	nt Ever in U.S.			nin? (Specify Yes or N		ce - American I	Indien.
ter des	1 □ Never Married 2 □ 1	Armed Forces	<b>\$</b> ?	If Yes, specif	Cuban, Mexican	gin? (Specify Yes or N , Puerto Rican, etc.)	Ble	ck, White, etc.	
Urs eff	3 ₩idowed 4 Divor	If Yes Give		1 ☐ Yes 20	No Specify:		Specil	y: Whi	te
21215-0020 of within 72 hours eff giere. Then "natural", or then "natural", or then "natural", or then "natural", or then "natural", or then "natural".	15. Dece	denf's Education	16e.	Decedant's Usuel	Occupetion		16b. Kind of E	Susiness/Indust	
1 21215-0( led within 72 hou bygiene. Per than "nature in, in modical in, in modical in Completed	(Specify only hi	ghest grade completed) 2) College (1-4o	(5.1)	(Give kind of work lifa. DO NOT use	done during most retired)	of working			
212. d within piene. r than	Elementary/Secondary (0-1	2) College (1-40	1 34)	Homemal	ker		Hom	ne	
Maryland 2 d 2 should be filed th and Mentel Hygie T le marked other treumetic event,	17. Fetner's Neme (First, Mid				18. Mothe	r's Nama (First, Midd	la, Maiden Sumai	ma)	
	John J. Elli	ott			Geo	orgia L.	Carter		
faryla 2 should I and Men is marks sumatic	19e. fnforment's Neme/Raiat	ionship (Type, Print)	19b	. Mailing Address (	Street and Numbe	or or Rural Route Num	ber, City or Town	, State, Zip Co	de)
	Kenneth Mito	hell, Sr. ( So	on )	620 23	31st St	reet Pasad	ena. Mar	vland	21122
altimore, mit. Peges 1 er perfrant of Hear portrant: if New 2 y Injury or other	20e. Mathod of Disposition	on 3 Removel from Stat	20b. Piece of	Disposition (Name ry, crematory or oth	of er plece)	Dete	20c. Location	· City or Town,	Stete
Baltimor permit. Peges Department of the Important: If the any Injury or of once.	4 Donetion 5 Othe		Cedar	Hill Cer	netery	5/4/98	Baltimo	re, Mai	ryland
Balti permit. Departin Imports any Inju	21. Signeture of Funeral Serv	rice Licensee		22. Name end	Address of Fecility	у			
m agesa	1 Contra	- K &-	m	McCully.	-Polynial	k Funeral	Home		
Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,	23a. Part 1. Enter the disees	o, or complications that caus	ed the d th. Do	237 Enot antar the mode	ordying such as	Ave aspraior	to,, Md.	21225	proximata
Physician	snock, or neer fellure.	List only one ceuse on each	i iine.				70		tervel Between nsef end Deeth
/Medical	Immediate Cause (Final disease or condition	5.	001-6						7 1
Examiner	resulting In deeth)	a/	Dua to (or as e	consequance of):					-cay)
je je		<b>^</b> /	MARCHUA	Hount	Farluro				VOAH
and and xaml	Sequentially list conditions,	б.	Due to (or es e	consequence of):	1 rd wet C			1	(em)
O. WAS III	Sequentially list conditions, if eny, leeding to Immediate causa. Entar Undarlying Cause (Disaase or Injury that Initiated avents	C	MANTE 3	Deval	Filure			1	Vents
.O. Box 68760, the death certificate be executed by the attending physician and sched for use as the bundaransit systclan/Medical Examiner	thet initieted avents resulting in daath) Last	6.	Due to (or es e	consequence of):	10011001			1	pean )
25 01 0									
BO) eath ce attend for us		0.							
P.O. BOX that the death cer ed by the attendin deteched for use	Pert II. Other eignificant con	ditione contributing to death	but not resulting Ir	n tha underlying cau	ise given in Pert I.	23b. DI	d tobacco uee co	ontribute to the	e cause of death?
D # 2 # E	Hunoston	170				10	□ Y00 2 No	3 Probab	oly 4 Unknow
S 8 8 6	Hyporten	SIVA						1	
al Records: The lew requires cate has been sign; page 2 should be Completed by	Chronic	Atrial Fi	brillatin				es en eutopsy rformed?	eveile	autopsy findings ble prior fo letion of cause
Recomples by the special mple		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01110[ -(11					of dea	ith?
The The Pege						10	Yes 2 No	1 🗆 Y	es 22 No
Vital Bullians The certificate rector, per	25. Was case raferred to med exeminer?	dical			26. Placa	of Daath (Check only	y ona)		
- X 50	1 ☐ Yes 2 No	Hospital:	ntient 2 ER/Ou	stpatient 3 DOA	Othar: 4 Nu	rsing Home 5 Re	sidence 6 🗆 Ot	her (Specify)	
On O Ming Ph After th funeral	27. Menner of Deeth 1 Selection 5 □ Pe	28e. Data of Ir (Month, I	njury 28b. 1	Time of 28	c. Injury at Work?	28d. Dascrib	e how Injury occu	rred	
Division or Attending effer death. Director: After Jin by the fune ertification	2 Accidant Inv	estigetion		М	1 Yes 2 1	No			
Divisi Division aftern effector: Jin by the	3 Suicide 6 Co 4 Homicida da	uld not be termined 28e. Plece of I building,	Injury - At home, fa etc. (Specify)	rm, street, fectory,	office		(Street and Num Town, State)	ber or Rural R	oute Number,
Division of Divisi									
DIVI To the Hospital or At within 24 hours effer or To the Funeral Direct completely filled in by Medical Certifi	(Check only 2 Med	fying Physician: To the basical Examiner: On the basis							
To the H within 24 To the F complete	one)	end manner	steted.						
To the com	290. Signature end title of cer	tifier (	1	29c.	License number		29d. Dete sign		
	1 pays 1	Doc, hi	V. Pluys	lici	D2520	+4	APR 3	0, 190	18
10	30. Name and addrass of per	son who completed cause of	deeth (Itam 23e)	(Type, Print)			*		
	Benjanin S.	Lee, M.D. St	-Agnes 1	tosp: tal	quo C	aton Ave	Baltimu	ere lu	0 21229
State	31. Dete filed (Manth, Day, Y	9ar) 1000 32. Regul	trans Signature	March 20					



#### Please Type or Print in Biack indelible ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q A

			C	Certifica	ate of	Death		Reg. No.		1835
	1. Decedent's Name (First, Middle, Las	()					2. Dete of Dee	eth	Yeer	3. Time of Death
Physician /Medical	HELEN 1	YF.TZGF	R				April	Boy 1	1998	1002-AM
Examiner	4e Fecility Neme (If not institution, give	street and number)				4b. City, Town, or	Location of Deeth	4c. County	of Death	
	Harbor Hospital	Center				Baltimo	re		N/A	
Funeral Director	5. Sociel Security Number 6. So		rs. last birtho	Month	der 1 Year Is Deys	If Under 24 Hrs Hours Min	(Month, De	y, Yeer) 5, 1935		ce (State or Foreign y) yland
than "naturel", or items 23a or 28a-f show he Maddell Examiner must be notified at empleted by Funeral Director	10e. Stete 10b. County	10c.	City, Town o	or Location					100	d. Inside City Limits
is of	Maryland Anne A	rundol	Baltim	ore						1 ☐ Yes 2 📉 No
or 28a-fs be noutled Director	10e. Street end Number	Lunder	DULULI		Zip Code			10g. Citizen of W	Vhet Countr	y?
Sa o	315 - 15th Avenu	e			2122	25		U.S		
other traumatic event, the Medical Examiner must be notified at  To Be Completed by Funeral Director	11. Meritel Status  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Decadent Ever in Armed Forces? 1 ☐ Yes 2 XNo if Yes, Give Yeer or Detes:	U,S.		cedent of F pecify Cub 2 2 No		Specify Yes or No- to Rican, etc.)	14. Race Blec Specify:	a - American k, White, et	
ted bal	15. Decedent's Ed	ucation	16e. D	ecedent's Us	suel Occup	pation	retina	16b. Kind of Bu	siness/indu	istry
r, the Medical Completed	(Specify only highest green Elementery/Secondary (0-12)	College (1-4or 5+)	- li	fe. DO NOT	use retire	during most of wo d)	nking			
2 0	12th		F	Iomema	ker			Own	HOme	
Be (	17. Father's Neme (First, Middle, Last)						me (First, Middle,		-,	
10	I	eo F. Gast				l l	Margaret	Helen L	acher	
5	19e. Informent's Neme/Reletionship (7	ype, Print)	19b. N	Melling Addre	ss (Street	end Number or A	tural Route Number	er, City or Town,	Stete, Zip C	Code)
7	William J. Metzg			5 - 15			Baltimore	e, Maryl	and 2	1225
any injury or other tr pncs.	20e. Method of Disposition  1  Burlel 2  Cremetion 3  4  Donetion 5  Other (Specify	Hemovel from Stete		isposition (A cremetory o			Dete 5/4/98	20c. Location - Baltim		m, Stete Maryland
sician edical miner	23a Part L Enter the disease, or compensation, or heart failure. List only a limited list condition resulting in deeth)	A >C	CVD		ode of dyin	ng, such es cardia	way Balt	rest,	(	Approximete Intervel Between Onset end Deeth
Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Undertying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	С.		nsequenca o	of):					
/ Physicia	Pert II. Other algnificant conditions co	ntributing to death but not	resulting In th	ne underlying	g cause gi	ven in Pert I.	23b. Did	tobacco use cor	stribute to	the cause of death?
by Phy							10	Yes 2 No	3 ☐ Probe	ably 4 ☐ Unknown
Completed							24e. Wes perfo	en autopsy med?	evei	re eutopsy findings ilable prior to apletion of cause eath?
Comp							10	res 2 No	10	Yes 22 No
Be Com	25. Was case referred to medical exeminer?		/				eth (Check only o	ne)		
5 6	TLI Tes ZLZ NO	Hospital: 1 Inpatient 2	1		DOA		Home 5 Resid			)
Medical Certification:	27. Menner of Deeth  1 Naturel 5 Pending  2 Accident investigation	28e. Dete of Injury (Month, Dey Year	28b. Tin Inju		28c. Inju Wo 1 □	ryat rk? ∣Yes 2 □ No	28d. Describe	now injury occurr	ed	
led in by the funera Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - A building, etc. (Spe	t home, ferm ecify)	n, street, fect	tory, office		28f. Location (: City or To	Street and Numb vn, Stete)	er or Rural	Route Number,
pletaly fill edical		sician: To the best of my iner: On the basis of examend menner stated.								
We We	29b. Signeture end title of certifies			2		se number		29d. Date signed	s (Monthe D	lay, Yoar)
	> of han	) M:	D		D	30137		5	1	18
	30. Name and address of person who	completed cause of deeth (I		rpe, Print)	Ha	mmond.	, La	Bay	timo	e md
State	31. Dete filed (Month, Dey, Year) MAY 0.5	1998 Sun	Davids	on Pane	lett.					21225

 98-2394-510 CHARLES MORIN

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

wall have a defined a fitted at the same	O Date of Dooth	O. Time of I	2
State of Maryland / Department of Health and 23 part I,II,27,28a-f per MEO G-759 Certificate of Death	d Mental Hygiene (	98 1383	6
	d Mantal Ilumiana		

**Physicia** /Medic Examine

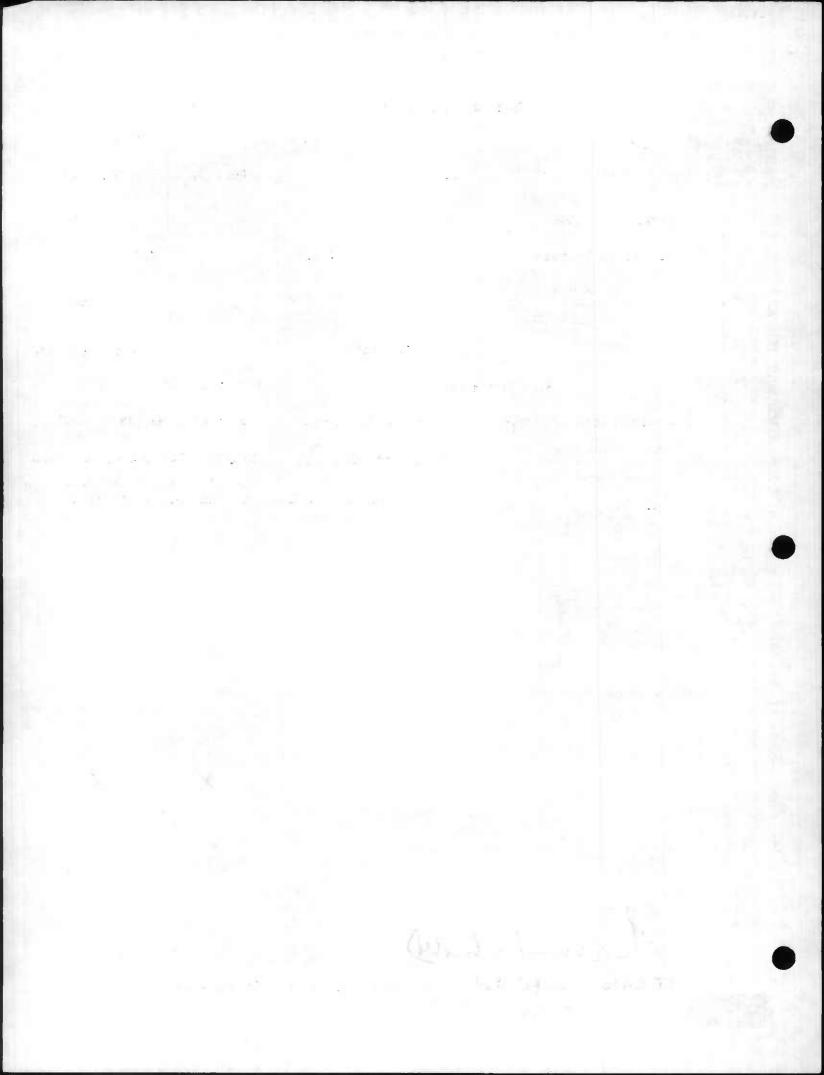
**Funeral** Director

permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show eny injury or other treumatic event, its Medical Evantmer must be inclined an once. Baltimore, Maryland 21215-0020 **Physician** /Medical Examiner Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician: The law requires that the death certificate below To the Funeral Director: After this certificate hes been signed by the attending completely filled in by the funeral director, page 2 should be deteched for use as within 24 hours efter deeth.

To the Funeral Director: After this certificate hes

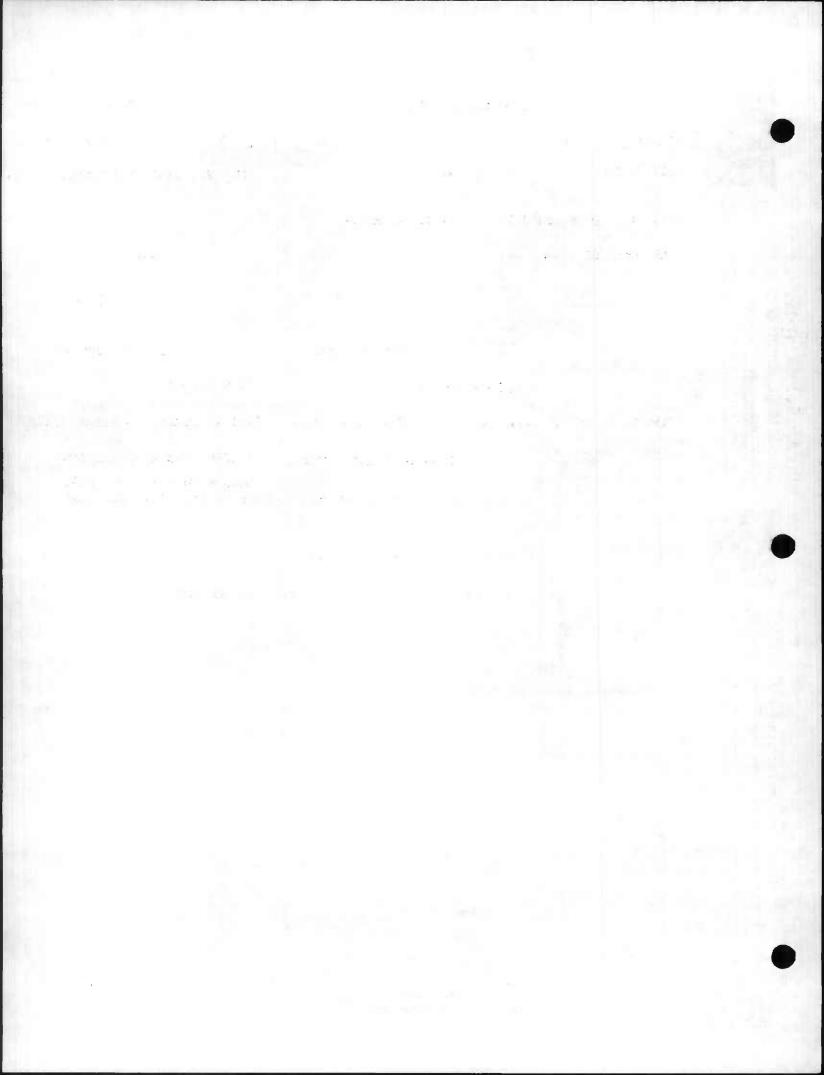
4. December 11: Name	1877 A B B L - B - B - B - B - B - B - B - B -	f coat													
Decedent's Name	(FIFST, MIDDIE	, Last) Char	les	Ray N	Mori	n				2. Dete of D Month APRIL	D	<sub>өу</sub> 1998	Year	3. Time	
4e Facility Neme (If I	not institution,	give street and nu	um <i>ber)</i>					4b. City, To	wn, or L	ocation of Dea			of Deeth		
419 Maude	2070							BALT	rm\pi	r.		]	N/A		
5. Sociel Security Nur		6. Sex	7. Age (Ir	n yrs. lest birt		If Under		If Under	24 Hrs.	8. Date of B (Month, D	irth		9. Birth	place (Stete	or Foreig
231 96 2	856	1 <b>⊠</b> M 2□ F	-	33	Yrs.	Months	Deys	Hours	Min.	Feb. 9				rginia	
Usuel Residence of D	Decedent		-	,,					L	rep.	1 1 .	202	A T	rgriii	
10a. Stete	10b. County		10	c. City, Town	or Loca	ition								10d. fnside (	Ity Limit
Maryland	N/Z	A		Balti	more									1 <b>™</b> Ye	2 N
10e. Street end Numb						10f. Zip	Code				10a C	itizen of	What Cou	intry?	
419 Maud		110				101. 2.10		225			log. o				
10.00	e Aven				40.00				1 1 0 10			U.S		ana tadina	
11. Meritel Stetus		12. Wes Dec Armed F	orces?	rin U,S.	13. We	es, spec	cify Cub	an, Mexical	n, Puerto	ecify Yes or N Rican, etc.)	0-		ck, White,	cen Indien, etc.	
1 Never Married		If Yes, G			10	Yes	2XNo	Specify:				Specif	y: TaT	hito	
3 Widowed 4	☐ Divorced	Year or I	Detes:										VV.	hite	
	15. Decedent' y only highes:	s Education t grade completed,	)	160.	Deceder (Give kir	nt's Usua nd of wo	el Occup ork done	oetion <i>during</i> m <i>o</i> s d)	t of work	ring	16b.	Kind of B	usiness/ir	ndustry	
Elementery/Second		T	(1-4or 5+)					d)				~			0
		2 ye	ears		Carp	ente	er					Con	stru	ction	Co.
17. Fether's Neme (F	First, Middle, L							18. Moth		e (First, Middle					
		Rick Le	e Mor	in					Je	essie L	ee E	Barke	er		
19a, Informent's Nan	me/Reletionsh	lp (Type, Print)		19b.	Melling	Address	(Street	end Numb	er or Rui	el Route Num	ber, City	or Town	, Ste te, Zi	p Code)	
Denise M	Orin	/ wife		41	9 Ma	aude	Ave	enue	I	3altimo	re,	Mary	land	2122	5
20e. Method of Dispo	osition		2	20b. Plece of	Disposit	tion (Nar	ne of			Dete				own, Slele	
1 X Burial 2 □	Cremetion	3 Removel from	State			tory or o				5/2/98	Pa	1+im	ore	Mary:	and
4 Donetion 5				Cedar	-				1	7 2/ 30	Da	ITUIN	iore,	Mary.	.and
21. Signature of Furi	eral Service L	Scenee		0	22.1	Name en	nd Addre	ess of Fecili	ty	Gonce	Fune	eral	Home	P.A.	
Mana	1 - ) N	1 Trans		16:	400	)1 R:	itch	ie Hi	ghwa	y Bal	timo	ore,	Md.	21225	
23a. Pert1. Enter the	disease, or g	only ications thet	caused the	deeth. Don	ot enter	the mod	fe of dyli	ng, such as	cardiec	or respiretory	errest,		1	Approxima	ile hypen
23a. Pert1. Enter the shock, or heert	disease, or feilure. List	ications thet one ceuse on	caused the each line.	deeth. Do n	ot enter	the mod	fe of dyli	ng, such as	cardiec	or respiretory	errest,			Approxime Intervel Be Onset end	etween
	-						fe of dyli	ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi	inel		ALCOH	OL INTO	XICAT	ION		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi	inel		ALCOH		XICAT	ION		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi	inel		ALCOH	OL INTO	XICAT	ION		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi disease or condition resulting in death)	inel		ALCOHO	OL INTO	XICAT	ION ence of):		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list conditions of the region of the ceuse. First Indexh.	ditions, nediate		ALCOHO	OL INTO	XICAT	ION ence of):		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi disease or condition resulting in death)	ditions, nediate ying njury		ALCOHO Due	OL INTO	XICAT conseque	ION ence of): enca of):		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list conditions, leading to immediate, leading to immediate of the cause. Enter Underhi Ceuse (Disease or in that Initialed events	ditions, nediate ying njury		ALCOHO Due	OL INTO	XICAT conseque	ION ence of): enca of):		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition, leading to immeduse. Enter Underh Ceuse (Disease or in that Initialed events	ditions, nediate ying njury		ALCOHO Due	OL INTO	XICAT conseque	ION ence of): enca of):		ng, such as	cardiec	or respiretory	errest,			Intervel B	etween
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition of the condition o	ditlons, nediate ying njury	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):						co use co	ontribute t	Intervel B	tween Death
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition of eny, leading to immediate. Enter Underh Ceuse (Disease or in thet initieted events resulting in deeth) Le	ditlons, nediate ying njury	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):				23b. Did	d tobacc	co use co	ontribute t	Intervel Bronset enc	of death
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition, leading to immeduse. Enter Underh Ceuse (Disease or in that Initialed events	ditlons, nediate ying njury	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):				23b. Did	d tobacc			Intervel Bronset enc	of death
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition of eny, leading to immediate. Enter Underh Ceuse (Disease or in thet initieted events resulting in deeth) Le	ditlons, nediate ying njury	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):				23b. Did	d tobacc	2□ No	3 Pro	Intervel Bi Onset end	of death
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition of eny, leading to immediate. Enter Underh Ceuse (Disease or in thet initieted events resulting in deeth) Le	ditlons, nediate ying njury	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):				23b. Did	d tobacc	2□ No	3 □ Pro	to the cause bably 4	of death  Unknow findings
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition of the condition o	ditlons, nediate ying njury	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):				23b. Did	d tobacc	2□ No topsy	3 □ Pro	to the cause	of death  Unknow findings
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list condition of the condition o	ditlons, nediate ying njury	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):				23b. Did	d tobacc	2□ No	3 □ Pro	Intervel Bionset enconset enco	of death  Unknow findings
Immediate Ceuse (Fi disease or condition resulting in deeth)  Sequentially list cond if eny, leeding to imm cause. Enter Underly Ceuse (Disease or in that initialed events resulting in deeth) Le  Pert II. Other algniffc  CIRRHOSIS	ditions, nediate ying njury est	a. ACUTE b	ALCOHO Due Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque	ence of):		ven in Pert	f.	23b. Did	d tobacc  Yes  Yes  Yes	2□ No topsy	3 □ Pro	Intervel Bionset enconset enco	of death  of death  Unknown  findings to cause
Immediate Ceuse (Fidisesse or condition resulting in deeth)  Sequentially list condition if eny, leeding to immediate of the cause. Enter Underhiceuse (Disease or in that Initiated events resulting in deeth) Le  Pert II. Other significations.	ditions, nediate ying njury est	a. ACUTE b. c. d. d. Hospital:	Due  Due	OL INTO: e to (or es e d e to (or es e d e to (or es e c	XICAT conseque conseque onseque	ence of):	ceuse giv	ven in Pert	f.	23b. Did	d tobacc  Yes  s en eut formed?  Yes  one)	2 No	3 Pro	to the cause bably 4	of death  of death  Unknown  findings to cause
Immediate Ceuse (Fidisesse or condition resulting in deeth)  Sequentially list condition resulting in deeth list conditions of it eny, leading to immediate of the cause. Enter Underhiceuse (Disease or in that Initiated events resulting in deeth) Le  Pert II. Other algniffic  CIRRHOSIS  25. Wes case referre exeminer?  1 X Yes 2 N	ditions, nediate ying niury past	a. ACUTE b	Due  Due  Due  Due  Due  Due  Due  Dinpatient of Injury	OL INTO:  e to (or es e c  e to (or es e c  ot (or es e c  ot resulting in	conseque conseque onseque the und	ION ence of): ence of): ence of):	ceuse giv	ven in Pert  26. Pleconer: 4□ No.	f.	23b. Did 1 24e. We per	d tobacc Yes s en eut formed? Yes	2 No topsy 2 No 6 Ott	3 Pro	to the cause bably 4	of death  of death  Unkno
Immediate Ceuse (Fidisease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition if eny, leeding to immediate cause. Enter Underhiceuse (Disease or in thet Initiated events resulting in deeth) Le  Pert II. Other algnific  CIRRHOSIS  25. Wes case referre exeminer?  1	ditions, nediate ying njury est	a. ACUTE b. c. d. Hospitel: 1 1 28e. Dete	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO:  e to (or es e complete of or es e complete of the co	conseque conseque onseque the und	ION ence of): ence of): ence of):	DA Ott	ven in Pert  26. Pleconer: 4□ No.	f. e of Deel	23b. Did 1 [ 24e. We per th (Check only) 0me 5 X Rec 28d. Describe	d tobacc Yes s en eut formed? Yes	2 No topsy 2 No 6 Ott	3 Pro	to the cause bably 4	of death  of death  Unkno
Immediate Ceuse (Fidisesse or condition resulting in deeth)  Sequentially list condition, leading to immediate (Fig. 1) and the cause. Enter Underh Ceuse (Disease or in that Initiated events resulting in deeth) Le  CIRRHOSIS  25. Wes case referre exeminer?  1 Xyes 2 Net Net Net Net Net Net Net Net Net Net	ditions, nediate ying niury past sant condition of to medical to investig.	a. ACUTE  b	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO: e to (or es e c e to	conseque conseque conseque the und	ION ence of): ence of): ence of):  derlying of	DA Ott	26. Plecener: 4 □ Niry et	f. e of Deel	23b, Did 1 24e. We per 24e. We per 25 X Rec. 28d. Describe Unknown	d tobaccol Yes sen eutrormed? Yes one) sidenca how inj	2 No topsy 2 No 6 Ott	3 Pro	to the cause obably 4  Were eutopsy veileble prior ompletion of deeth?  Yes 2[  ify)	of death  of death  Unkno
Immediate Ceuse (Fidisesse or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition if eny, leeding to immediate. (Pissesse or in the fidisesse of the fide of t	ditions, nediate ying jury est eant condition	Hospitel:    Hospitel:	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO:  a to (or es e compared to (or es e compared to est)  a to (or es e compared to est)	conseque conseque conseque the und	ION ence of): ence of): ence of):  derlying of	DA Ott	26. Plecener: 4 □ Niry et	f. e of Deel	23b. Did  24e. We per  th (Check only one 5 🗶 Rec 28d. Describe Unknown 28f. Location City or To	Yes Yes one) Sidenca how inj	2 No lopsy 2 No 6 Ott	3 Production 3 Pro	to the cause beably 4 / / / / / / / / / / / / / / / / / /	of death  of death  Unkno
Immediate Ceuse (Fidisesse or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition for the course (Disesse or inthe initial deeth) Le  Pert II. Other signific  CIRRHOSIS  25. Wes case referre exeminer?  1	ditions, nediate ying jury set condition	a. ACUTE  b	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO: e to (or es e co e to (or es e	conseque conseque conseque conseque the und the und	ION ence of): ence of): ence of): deriving c	DA Otto	26. Plecener: 4 □ Niry et rk? Yes 2 ☑	f. e of Deel	23b. Did 1 24e. We per 24e. We per 28d. Describe Unknown 28f. Location City or Ti	Yes  Yes  Yes  Yes  Yes  One)  Sidenca  E how inj  (Street altim	2 No lopsy 2 No 6 Ott jury occur and Num. and Num. te) 415	3 Production of the state of th	Intervel Bionset end Onset end  to the cause bably  Vere eutops veileble prior completion of deeth?  Yes 2[  ify)  ral Route Nue e Ave.	of death  of death  Unknow  findings to cause
Immediate Ceuse (Fidisesse or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth (I end of the cause. Enter Underhouse (Disease or in that Initiated events resulting in deeth) Le  Pert II. Other signific  CIRRHOSIS  25. Wes case referre exeminer?  1 X'es 2 Net Net Net Net Net Net Net Net Net Net	ditions, nediate ying plury past sant condition of to medical to some condition of the cond	ACUTE  b. c. d. Hospitel: 1   28e. Dete (Moration of be need build found in Physician: To the property of the	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO:  e to (or es e complete of or es e complete or es e complete or establishment of or establishment of or establishment of or establishment of or establishment or establishment of or establishment o	conseque conseque onseque onseque the und the und tpetient ime of njury DWN	ION ence of): ence of): ence of):  deriving of  M  at, factory	DA Other Control of the tile	26. Pleconer: 4□ Nory et rk?   Yes 2 ☑	f. e of Deel	23b, Did 1 24e. We per 24e. We per 25 A Rec 28d. Describe 28f. Location City or T B and due to the	d tobacc Yes s en eut formed? Yes one) sidence e how inj (Street in own, Ste all time e ceuse	2 No topsy 2 No 6 Otti	3 Production of	to the cause obably 4 / Vers eutops; veileble prior of deeth?  Yes 2[ ify)  ral Route Nue Ave.	of death  Of death  Unknown  findings to cause  No
Immediate Ceuse (Fidisesse or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth (I end of the cause. Enter Underhouse (Disease or in that Initiated events resulting in deeth) Le  Pert II. Other signific  CIRRHOSIS  25. Wes case referre exeminer?  1 X'es 2 Net Net Net Net Net Net Net Net Net Net	ditions, nediate ying plury past sant condition of to medical to some condition of the cond	ACUTE  b.  c.  d.  Hospitel:  28e. Dete (Mor A/28/ 28e. Plac build found physician: To the texaminer: On the because of the part of the pa	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO: e to (or es e c e to	conseque conseque onseque onseque the und the und tpetient ime of njury DWN	ION ence of): ence of): ence of):  deriving of  M  at, factory	DA Other Control of the tile	26. Pleconer: 4□ Nory et rk?   Yes 2 ☑	f. e of Deel	23b, Did 1 24e. We per 24e. We per 25 A Rec 28d. Describe 28f. Location City or T B and due to the	d tobacc Yes s en eut formed? Yes one) sidence e how inj (Street in own, Ste all time e ceuse	2 No topsy 2 No 6 Otti	3 Production of	to the cause obably 4 / Vers eutops; veileble prior of deeth?  Yes 2[ ify)  ral Route Nue Ave.	of death  of death  Unkno
Immediate Ceuse (Fidiseese or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition in the condition of the	ditions, nediate ying plury past sant condition of to medical to some condition of the cond	ACUTE  b.  c.  d.  Hospitel:  28e. Dete (Mor A/28/ 28e. Plac build found physician: To the texaminer: On the because of the part of the pa	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO: e to (or es e c e to	conseque conseque onseque onseque the und the und tpetient ime of njury DWN	ance of):  ence of):  ence of):  ence of):  M  ance of):  ance of)	DA Ott	26. Pleconer: 4□ Nory et rk?   Yes 2 ☑	f. e of Deel	23b, Did 1 24e. We per 24e. We per 25 A Rec 28d. Describe 28f. Location City or T B and due to the	s en eutromed?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	2 No topsy 2 No 6 Otto jury occur and Num, tte) 419 flore, (s) and m nd plece,	24b. We condition of the  to the cause obably 4 / Vers eutops; veileble prior of deeth?  Yes 2[ ify)  ral Route Nue Ave.	of death  of death  Unkno	
Immediate Ceuse (Fidisease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth (Immediate Sequentially list conditions)  Sequentially list conditions (Immediate Sequentially list conditions)  Sequentially list conditions (Immediate Sequentially list conditions)  Pert II. Other algnific  CIRRHOSIS  25. Wes case referre exeminer?  1	ditions, nediate ying plury est sant condition investig.  5 Pending investig.  4(X) Could in determine the condition of the condition investig.  Medical E	ACUTE  b.  c.  d.  Hospitel:  28e. Dete (Mor A/28/ 28e. Plac build found physician: To the texaminer: On the because of the part of the pa	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO: e to (or es e c e to	conseque conseque onseque onseque the und the und tpetient ime of njury DWN	ance of):  ence of):  ence of):  ence of):  M  ance of):  ance of)	DA Otto	26. Pleconer: 4 Normal	f. e of Deel	23b, Did 1 24e. We per 24e. We per 25 A Rec 28d. Describe 28f. Location City or T B and due to the	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	2 No lopsy 2 No 6 Oth jury occur and Num, ite) 419 nore, (s) and m nd plece, Date signe	3 Production of Special Production of Specia	Intervel Bionset end Onset	of death  Of death  Unknown  findings to cause  No
Immediate Cause (Fidisease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth (If every leading to immeduse. Enter Underly Cause (Disease or in that initiated events resulting in deeth) Le  Pert II. Other algniffle  CIRRHOSIS  25. Wes case referre exeminer?  1	ditions, nediate ying jury est eant condition for the condition of the con	ACUTE  b.  c.  d.  Hospitel: 1 1 28e. Dete (Mor A/28/28) 28e. Place build found physician: To the txaminer: On the tand mer	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO: e to (or es e co e to (or es e	the und	ance of):  ence of):  ence of):  ence of):  derlying of  M  at, factory  cocurred stigetion	DA Ott	26. Pleconer: 4 Normal	f. e of Deel	23b, Did 1 24e. We per 24e. We per 25 A Rec 28d. Describe 28f. Location City or T B and due to the	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	2 No lopsy 2 No 6 Oth jury occur and Num, ite) 419 nore, (s) and m nd plece, Date signe	24b. We condition of the  Intervel Bionset end Onset	of death  of death  Unknown  findings to cause  No	
Immediate Ceuse (Fidisease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth (Indianal Ceuse (Disease or in the Initial deeth) Le  Pert II. Other algniffic  CIRRHOSIS  25. Wes case referre exeminer?  1	ditions, mediate ying njury est eant condition of to medical lo to medic	d.  Hospitel:  28e. Determination of be and mer  A/28/ found g Physician: To the ixaminer: On the band mer	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO:  e to (or es e complete to (or es e comple	consequence on sequence of seq	ance of):  ence of):  ence of):  ence of):  ence of):  ance of):	DA Ott 28c. fnju Wo 1  y, offica et the til, in my c c. Licens	26. Pleconer: 4□ Noryet rk?  Yes 2√2  me, date eroppinion, decese number	e of Deel ursing H	23b. Did 1 [24e. We per 24e. We per 28d. Describe 28d. Describe 28d. Location City or T B and due to the	yes yes yone) (Street is couse) altime couse oddened AP)	2 No topsy 2 No 6 Ott jury occur and Num. te) 415 nore, (s) and m nd plece, Date signe	24b. We consider the constant of the constant	Intervel Bionset end Onset	of death  Of death  Unknown  findings to cause  No
Immediate Ceuse (Fidisease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition if eny, leeding to immediate (Disease or in the Initial deeth) Le  Pert II. Other algniffic  CIRRHOSIS  25. Wes case referre exeminer?  1	ditions, nediate ying plury post stant condition of to medical lo stant condition investig Medical E Medic	Hospitel:  ation ot be ation ot be hed physician: To the xaminer: On the band mer  tho completed cau	Due  Due  Due  Due  Due  Due  Due  Due	OL INTO: e to (or es e co e to (or es e	consequence on sequence of sequence on sequence of sequence on sequence on sequence on sequence on sequence of seq	ance of):  ence of):  ence of):  ence of):  ence of):  ance of):	DA Ott 28c. fnju Wo 1  y, offica et the til, in my c c. Licens	26. Pleconer: 4□ Noryet rk?  Yes 2√2  me, date eroppinion, decese number	e of Deel ursing H	23b, Did 1 24e. We per 24e. We per 25 A Rec 28d. Describe 28f. Location City or T B and due to the	yes yes yone) (Street is couse) altime couse oddened AP)	2 No topsy 2 No 6 Ott jury occur and Num. te) 415 nore, (s) and m nd plece, Date signe	24b. We consider the constant of the constant	Intervel Bionset end Onset	of death  Of death  Unknown  findings to cause  No

Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

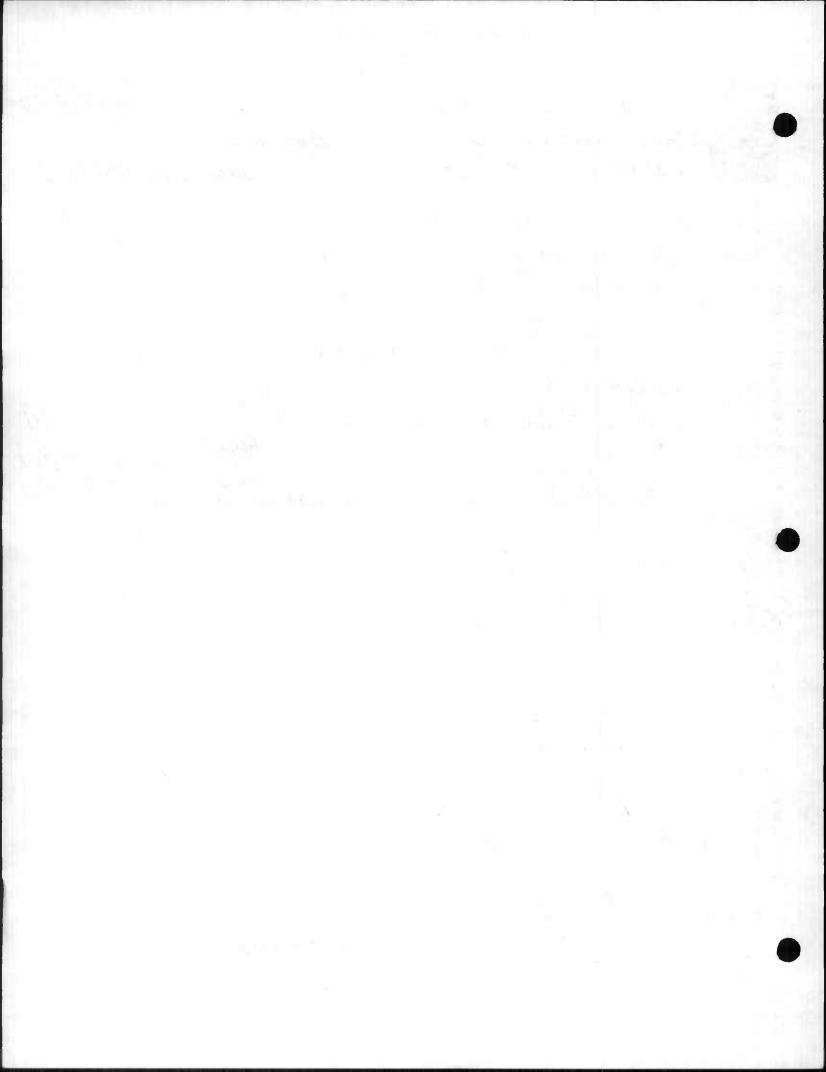
State of Maryland / Department of Health and Mental Hygiene, Certificate of Death 3. Time of Death 2. Date of Death 1 Decedent's Name (First Middle Last) Month **Physician** 4.05 AM APRIL 1998 Jane Cowan McKnew /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner HOSPITAL HRUNDEL HRUNDEL GLEN ANNE NORTH DUENIE If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 6. Sex Birthplace (Stete or Foreign Country) **Funeral** Days Hours 1 □ M 250 F 217 40 5213 Yrs. 56 **Director** Washington, D.C May 28, 1941 Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23s or 28s-1 show other traumstic event, the Medical Examinar must be notified at 1 ☐ Yes 2 No Directo Maryland Anne Arundel Riviera Beach 10e. Sfreet and Number 10f. Zin Code 10g. Citizen of What Country? 238 Arundel Road 21122 U.S. Funeral deeth 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 X No Specify: Specify: by White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry College (1-4or 5+) Etementery/Secondary (0-12) Social Worker State of Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) ne Knew, 12 should be fin and Mental P Benjamin P. McKnew Della Karpeles Lo 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 Ronald Bacon husband 238 Arundel Road Riviera Beach, Maryland 21122 Department of Health Important: If Item 27 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 Cremation 3 ☐ Removal from State ò any injury c 4 ☐ Donation 5 ☐ Other (Specify) 5/1/98 Towson, Maryland Hilltop Service Corp. 21. Signature of Funeral Service License 22. Name and Address of Facility Gonce Funeral Home P.A. 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 4001 Ritchie Highway Baltimore, Md. 21225 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) HEMARRHAGIC SHOCK 2 DAYS Examiner Due to (or as a consequence of): Examiner ADULI 6 DAYS RESPIRATORY DISTRESS SYNDROMS Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or as a consequence of) 980 23b. Did tobacco use contribute to the cause of death? P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records. by 24b. Were autopsy findings available prior to 24a. Wes an autopsy performed? Completed completion of ceuse of death? page 2 certificate has 1⊠ Yes 2□ No 25. Was case referred to medical examiner? director, Be 26. Place of Death (Check only one) Hospitel: 1 ⊠ Inpafient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No After this 28a. Date of Injury (Month, Dey Year) uneral 27 Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? or Attending 5 Pending investigation 1 PONatural eftar death. 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 - Homicide To the Hospital within 24 hours e To the Funeral C Hospital 29a. Certifier 1 🔀 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end menner es stated. edical completaly (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year) 29b. Signature and tifle of cartifier 29c. License number D0059516 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) K-AMBALAVANAR. NORTH HOSPITAL 301 HOSPITAL DRIVE, GLEN BURNIE MD21061 ARUNDEL 1998 - Registrar Special Devidson Randelle State 05 Registrar



## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

		Item:31 per V.R 5/5/98 reb	Certificate of Death	Reg	j. No. 98   13838					
Physici	an	1. Decedent's Neme (First, Middle, Last)		2. Dete of Deeth Month	Day Voor					
/Medic	cai	4e. Fecility Name (If not institution, give street end number)		or Location of Deeth	14 1998 9:46 F. 4c. County of Death					
Examin	ier	GOOD SAMARITAN HOSPI		mb	C. ITV					
Funeral		5. Social Security Number 6. Sex 7. Age (In )	rrs. lest birthday) If Under 1 Year   If Under 24 I	Hrs. 8. Date of Birth (Month, Dey, )	9. Birthplece (State or For					
Director		212016994 10M 2007 80	7 Yrs. Working Days Hours N	MARCH 1	FAB Maryland					
* m		Usuel Residence of Decedent  10e. State 10b. County 10c.	City, Town or Location		10d. Inside City Lim					
urs effer death with the Maryland si', or items 23e or 28s-f show Examiner mail be inclined at	tor	Maryland Baltimore of F	apkville		1 □ Yes 24					
	Funeral Director	10e. Street end Number	10f. Zip Code	100	g. Citizen of Whet Country?					
	rai	9200 Chencak Ct.	21234		USA					
Rema iner ma	-une	11. Marital Status  1 □ Never Married 2 ☑ Married  1 □ Never Married 2 ☑ Married	n U,S.  13. Was Decedent of Hispenic Origin? If Yes, specify Cuben, Mexicen, Pa	? (Specify Yes or No- uerto Ricen, etc.)	14. Race - American Indian, Black, White, etc.					
natural', or ite	by	3 Widowed 4 Divorced Yeer or Dates:	1 ☐ Yes 2 No Specify:		Specify: White					
natural, edical Ext	Completed	15. Decedent's Education (Specify only highest grade completed)	16e. Decedent's Usuel Occupetion (Give kind of work done during most of	working 16	6b. Kind of Business/Industry					
than Me	mpi	Elementery/Secondery (0-12) College (1-4or 5+)	life. DO NOT use retired)		16.440					
nd Mental Hygiene. marked other than Imatic event, the M	Co	17. Father's Neme (First, Middle, Last)	18. Mother's !	Name (First, Middle, Me	oiden Sumeme)					
hental rked c tic ev	To Be	Merrald Silver	Ma	18. Mother's Name (First, Middle, Meiden Sumerne)						
is mar		19a Informent's Neme/Reletionship (Type, Print)	19b. Mailing Address (Street and Number or	r Rural Route Number, (	City or Town, Stete, Zip Code)					
Health em 27 i		JOHN J. Nahm, JR.	19200 Chenoak	C. Balt	4MORD Md 2123					
o to L		20e. Method of Disposition 20 1 Buriel 2 □ Cremetion 3 □ Removel from State	p. Piece of Disposition (Neme of cemetery, cremetory or other place)	Papel 2 20	Oc. Location - City or Town, State					
ant:		4 ☐ Donetion 5 ☐ Other (Specify)	Jarrison Forest	1998 1	Jakkson Maryla					
Departmer Important: any injury once.		21. Signatuse of Funeral Service Licensee	22. Neme end Address of Fecility	Evans, F	ungeal Charles					
		23a. Pert 1. Enter the disease, or complications that caused the d shock, or heart feiture. List only one cause on each line.	8800 Hallon	ed Rd. B	Salto Md 2123					
e ettending physican and of for use es the paretrained	fedicai Examiner	Cause (Disease or injury thet initiated events resulting in deeth) Last  C. Due to (or as e consequence of):								
	edicai	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	Mellins							
	edicai	Pert II. Other eignificent conditions contributing to deeth but not	Mellins (or as e consequence of):	23b. Did toba	acco use contribute to the cause of de					
by the ettending packed for use es	Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not	Mellins (or as e consequence of):		. /					
gned by the ettending pose deteched for use es	by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not	Mellins (or as e consequence of):	1 ☐ Yes	eutopsy al?  24b. Were eutopsy finding eveileble prior to					
as been signed by the ettending p 2 should be deteched for use es	by Physician/Medical	d	Mellins (or as e consequence of):	1 🗆 Yes	eutopsy al?  24b. Were eutopsy finding eveileble prior to					
as been signed by the ettending p 2 should be deteched for use es	Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not	Mellins (or as e consequence of):	1 ☐ Yes	eutopsy ed?  24b. Were eutopsy finding eveilable prior to completion of cause of deeth?					
ss been signed by the ettending p 2 should be deteched for use es	Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not  Schrzuhera  Byolan Dander  25. Wes case referred to medical exemine?  Hospital:	c (or as e consequence of):  resulting in the underlying cause given in Pert i.	1 ☐ Yes  249. Wes en performe  1 ☐ Yes  Deeth (Check only one)	eutopsy 24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 2 No					
ss been signed by the ettending p 2 should be deteched for use es	To Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not  School Decade  25. Wes case referred to medical exeminer?  1 Yes 20 No  1 inpatient 2 28. Deteof Injury	cor as e consequence of):  resulting in the underlying cause given in Pert i.  26. Plece of I	1 ☐ Yes  249. Wes en performe  1 ☐ Yes  Deeth (Check only one)	eutopsy 24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 2 No  ce 6 Other (Specify)					
ss been signed by the ettending p 2 should be deteched for use es	To Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not  Schrzuhera  25. Wes case referred to medical exeminer?  1 Yes 25 No Hospital: 1 inpatient 2	cor as e consequence of):  resulting in the underlying cause given in Pert i.  26. Plece of Carlo Carl	1   Yes  24e. Wes en performe  1   Yes  Deeth (Check only one)  17   Yes  Deeth (Check only one)	eutopsy 24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 2 No  1 Other (Specify)					
ss been signed by the ettending p 2 should be deteched for use es	To Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not    Coll 2016   Coll   Col	26. Plece of I  ER/Outpatient 3 DOA Other: 4 Nursin 28b. Time of Injury M I Yes 2 No thome, ferm, street, fectory, office	24e. Wes en performe  1  Yes  Deeth (Check only one)  ng Home 5  Resident  28d. Describe how	eutopsy ed?  24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 2 No  ce 6 Other (Specify)  rinjury occurred					
ss been signed by the ettending p 2 should be deteched for use es	Certification: To Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not    Sch Zuhlena	26. Plece of I  ER/Outpatient 3 DOA Other: 4 Nursin 28b. Time of Injury M I Yes 2 No thome, ferm, street, fectory, office	24e. Wes en performe  1  Yes  Deeth (Check only one)  ng Home 5  Resident  28d. Describe how  28f. Location (Stre City or Town,	eutopsy ad?  24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 2 No  ce 6 Other (Specify)  rinjury occurred					
as been signed by the ettending p 2 should be deteched for use es	Certification: To Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not    Condition   Contributing to deeth but not	26. Plece of I  ER/Outpatient 3 DOA Other: 4 Nursin 28b. Time of Injury M I Yes 2 No thome, ferm, street, fectory, office	24e. Wes en performe  1  Yes  Deeth (Check only one)  1  Residen  28d. Describe how  28f. Location (Stre City or Town,	eutopsy ad?  24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 25 No  ce 6 Other (Specify)  rinjury occurred  et and Number or Rurel Route Number, State)  se(s) end menner as stated.					
as been signed by the ettending p 2 should be deteched for use es	To Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not    Condition   Condition	26. Plece of I  ER/Outpatient 3 DOA Other: 4 Nursin  28b. Time of Injury M 28c. Injury et Work?  1 Yes 2 No  t home, ferm, street, fectory, office	24e. Wes en performe  1 Yes  Deeth (Check only one)  ng Home 5 Residen  28d. Describe how  28f. Location (Stre City or Town,	eutopsy d?  24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 2 No  ce 6 Other (Specify)  rinjury occurred  et end Number or Rurel Route Number, State)  se(s) end menner as stated.					
certificate has been signed by the ettending prector, pege 2 should be deteched for use es	edical Certification: To Be Completed by Physician/Medical	Pert II. Other eignificent conditions contributing to deeth but not    Condition   Contributing to deeth but not	26. Plece of I  ER/Outpatient 3 DOA Other: 4 Nursin  28b. Time of Injury M 28c. Injury et Work? 1 Yes 2 No  t home, ferm, street, fectory, office ocify)  cnowledge, deeth occurred et the time, dete end ple inetion end/or investigation, in my opinion, deeth ocities and ple inetion end/or investigation, in my opinion, deeth ocities and ple inetion end/or investigation, in my opinion, deeth or	24e. Wes en performe  1 Yes  Deeth (Check only one)  ng Home 5 Residen:  28d. Describe how  28f. Location (Stre City or Town,  lece, end due to the ceu	eutopsy ad?  24b. Were eutopsy finding eveileble prior to completion of cause of deeth?  2 No 1 Yes 2 No  1 Yes 2 No  1 rinjury occurred  Stete)  se(s) end menner as steted. e end plece, and due to the ceuse(s)  5. Dete signed (Month, Dey, Year)					

DHMH 16 Rev 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

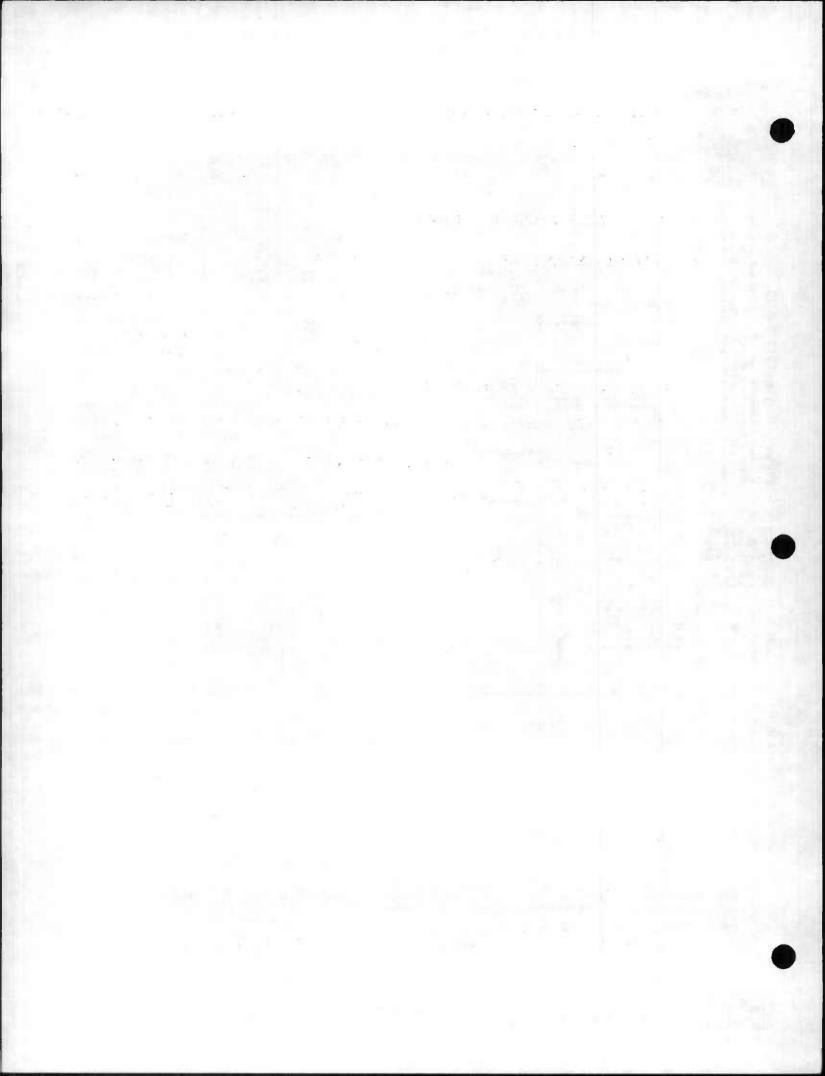
Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth **Physician** Frederick William Neubaum, Jr. April 30 1998 9:00 pm /Medical 4h. City. Town, or Location of Death 4c. County of Deeth 4a Facility Neme (If not Institution, give street and number) Examiner 2427 VINEYARD LANE CROFTON ANNE ARUNDEL If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Months Deys Hours Min. JUNE 29, 1926 Birthplaca (State or Foreign Country)
 PA 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** M 2□ F Yrs. 71 Director 721-18-4861 Usuel Residence of Decedent with the Merylend 10a State 10b. County 10c, City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show 1 Yas 2 □ No CROFTON Director MD ANNE ARUNDEL 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number USA 21114 death Funerai 2427 VINEYARD LANE 12. Was Decedant Ever in U,S. Armed Forces?

XXYes 2 No44-66 14. Race - Amarican Indian, Wes Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Haalth end Mental Hygiene.
nt: If Item 27 is marked other than "natural", or ite 1 □ Never Merried 2 □ Married Specify: WHITE Baltimore, Maryland 21215-0020 1 Yes 2N No Specify: P 3 NWidowed 4 □ Divorced Completed s marked other than "natur sumstic event, the Mou cal 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation
(Give kind of work done during most of working DEFENSE LOGISTICS ENGINEER Elementary/Secondery (0-12) College (1-4or 5+) CONTRACTING 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be NEUBAUM SR FREDERICK W. HAZEL MILLER 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2427 VINEYARD LANE CROFTON MD TERRY W. NEUBAUM SON Item 2 20b. Plece of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition permit. Pages Depertment of Important: If It any Injury or o 1 ☐ Buriel 2 XCremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 5-1-98 BALTIMORE MD. METRO CREMATORY 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility HARDESTY FUNERAL HOME P.A and 851 ANNAPOLIS RD GAMBRILLS alle 21054 Approximete Intervel Between Onsat and Death 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heer failure. List only one ceuse on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) Cancer 6 months /Medical Lung Examiner Que to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. that the deeth certificate be Due to (or es a consequence of) 950 signed by the e 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 □ Probably 4 □ Unknown Yes 2 No Š The lew requires 24b. Were eutopsy findings available prior to 24e. Was en autopsy Completed completion of causa of deeth? certificate hes birector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Physician: 25. Wes case referred to medicel examiner? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes No 2 this funaral 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) Certification: or Attending s after de. 1 Natural 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of fnjury - At home, ferm, street, factory, office building, etc. (Specify) in 24 hour. 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the ceuse(s) end manner es stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) end manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29d. Data signed (Month, Day, Year) 29c. Licensa number Fric A. Crawley MD Florida 4904829 98 MC CPT USA Was 10 30. Name end eddress of perso who completed cause of deeth (Item 23a) (Type, Print) Crawley A. MD -Walter Reed AMC, Workington 32. Registrar's Signeture Was Dawidson Randelle 31. Deta filed (Month, Day, Year) MAY 05 1998 Registrar

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** Month NEILL TLBERT 3 1988 3:10 P MAY /Medical 4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street and number) 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel if Under 24 Hrs. Hours Min. 8. Date of Birth (Month Day Year) Feb. 6, 1937 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) **Funeral** Days 1 GM 2 □ F 578-48-6543 61 Yrs. Director Pennsylvania Usual Residence of Decedent permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show eny injury or other traumatic event, the Mexical Experiment must be notified at once. 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Arundel Anne Annapolis 1X Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2574 Riva R oad 21401 Unit 1 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 14. Raca - American Indian, Black. White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Owner-Operator Paving 17. Falher's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Raphael J. O'Neill, Sr. 2 Grace Gillespie 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Raphael J. O'Neill, Jr. 2574 Riva Road, Unit 1, Annapolis, MD 21401 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 XCremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory 05/05 Baltimore, Maryland 22. Name and Address of Facility Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD 21401 shock, or hear failure. List only one cause on each line. Approximate interval Between Onsel and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) PROBABLY ASPLEMINA Examiner Due to (or as a consequence of) Examiner MILTI SYDENT PARLUZE buriel-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequenca of) CHRONIC Records, P.O. Box 68760, physicien BINTECTIO 17RDARTU requires that the death cartificate be Physician/Medical the Due to (or as a consequenca of) 80 esn o signed by the a d be datached f Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ARRAY DUINTE þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed M. WITH RAWM Dyreworn typierws.ma Division of Vital 25. We's case referred to medical examiner? I or Attending Physicien: after death. Director: After this certifice Be 28. Place of Death (Check only one) Hospital: 1 ☐ InpatienI 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 funeral 28e. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours after dei To the Funeral Director completely filled in by th 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Placa of Injury - Al home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Certifier Medical 1 Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title of certile 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

139 Old

32 Registrar's Signature Randalle

Solomons Is Rd Annapolis, mD2Ha

State Registrar ANthony CA puto
31. Date filed (Month, Day, Year)

MAY 0 5 1998



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item#29c per Phy G759 5/22/98 EW 3 Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2 Date of Death Month 2:30 AM MAY ELLWOOD VERNON 1998 4b. City, Town, or Location of Death 4e Fecility Name (If not Institution, giva street end number) 4c. County of Deeth n/a BATIMORE BALTIMONE MD ST. AGNES HEBUTHCARE 7. Aga (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) June 20 1925 5. Social Security Number 6. Sex 9. Birthplaca (Steta or Foreign Deys 1₹M 2□ F 72 220-14-6283 Yrs. Maryland Usual Rasidence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits n/a Baltimore Yas 2□ No Md. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21229 637 Brisbane Road 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, atc. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status 1 M Yes 2 □ No Korea If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 Merried 1 ☐ Yes 2 X No white 3 ☐ Widowed 4 ☐ Divorced 16a. Dacedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede complated) Elementery/Secondary (0-12) College (1-4or 5+) A.S. Abell Company Transportation 10 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Rinda C. Bell William H. Price, Sr. 19b. Meiling Address (*Street end Number or Rural Route Number, City or Town, State, Zip Code*) 637 Brisbane Road Baltimore, Md. 21229 19e. Informent's Neme/Reletionship (Type, Print) Salvatrice R. Price Wife 20b. Place of Disposition (Name of cametery, cremetory or other place) Glen Haven Memorial Park 1998 20c. Location - City or Town, Stete 20e. Method of Disposition 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Glen Burnie, Md. 4 Donetion 5 Other (Specify) <sup>22</sup> Name and Address of Facility McCully-Polyniak Funeral Home 130 E. Fort Ave. baltimore, Md. 21230 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heer feilure. List only one ceuse on each me. Approximete Intervel Between Onset and Death Immediate Ceuse (Finel diseese or condition resulting in deeth) meumonia Due to (or es e consequence of): CHROME OBSTRUCTIVE PULMONORY Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events Due to (or es e consequence of) Due to (or es e consequence of): resulting in death) Last 23b. Did tobacco use contributa to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 10 BARRO 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes an eutopsy performed? 2 No 25. Was cese referred to medical examiner? 26. Place of Deeth (Check only one) 20 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Nnpatient 1 Yes 2 ER/Outpatient 3 DOA

Examiner Physician/Medical signed by ģ Completed peeu Be To

VERNON

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

ie merked other

permit. Pages 1 and 2 should be fill Department of Health and Mental Hy Important: If item 27 ie marked oth any Injury or other traumetic event

Physician

/Medical

Examiner

any ir

daath

filed within 72 hours after

Directo

Funeral

þ

Division of Vital Records, P.O. Box 68760, cartificata has Director: Aftar this funaral daath. filled in by within 24 hours a

State Registra

Certification:

edicai

27 Menner of Deeth

1 Naturel

2 Accident

3 ☐ Sulcida

4 Homicide

(Check only one)

29b. Signeture end title of certifier

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and menner stated. P 11707

1 ☐ Yes 2 ☐ No

28c. Injury et Work?

1 Cortifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

29d. Date signed (Month, Dey, Year)

98

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

28d. Describe how injury occurred

M.D 0 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

5 Pending investigation

6 ☐ Could not be determined

MO 900 COSTON SIE BARMORE MD 21225

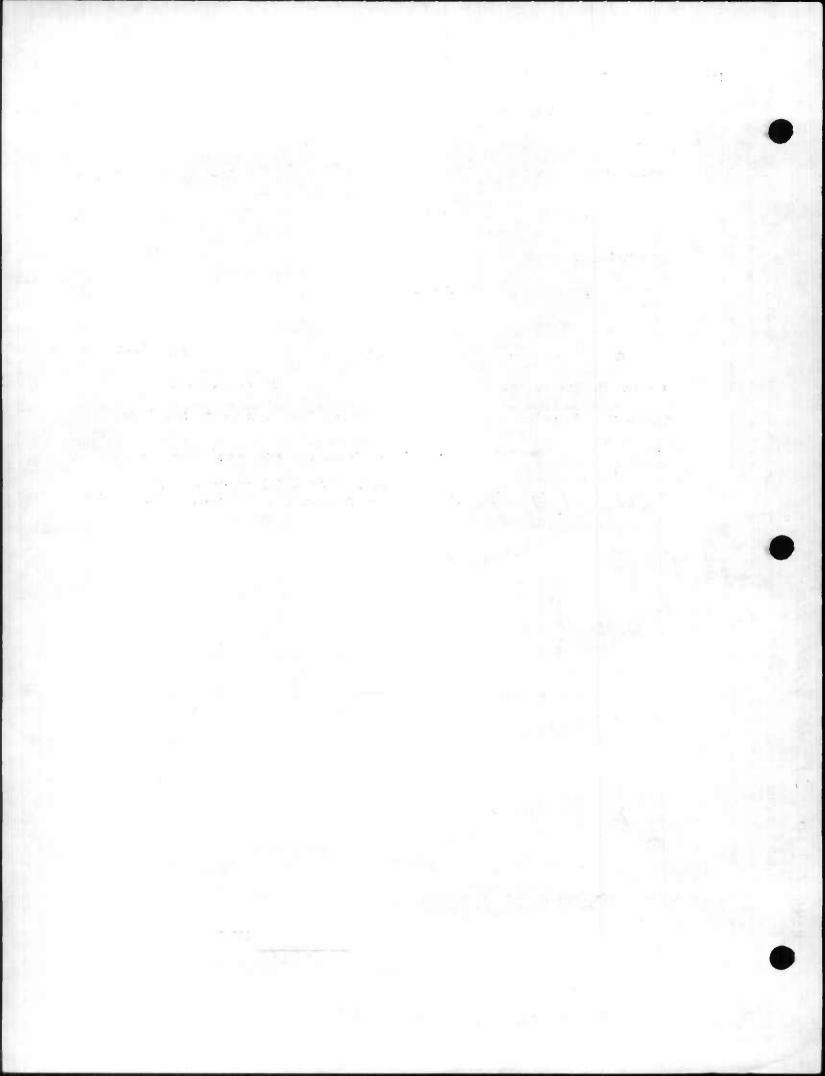
28b Time of

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

31. Dete filed (Month, Day, Year)
MAY 05 19 32. Registrats Signature

Julia Davidson 05 1998

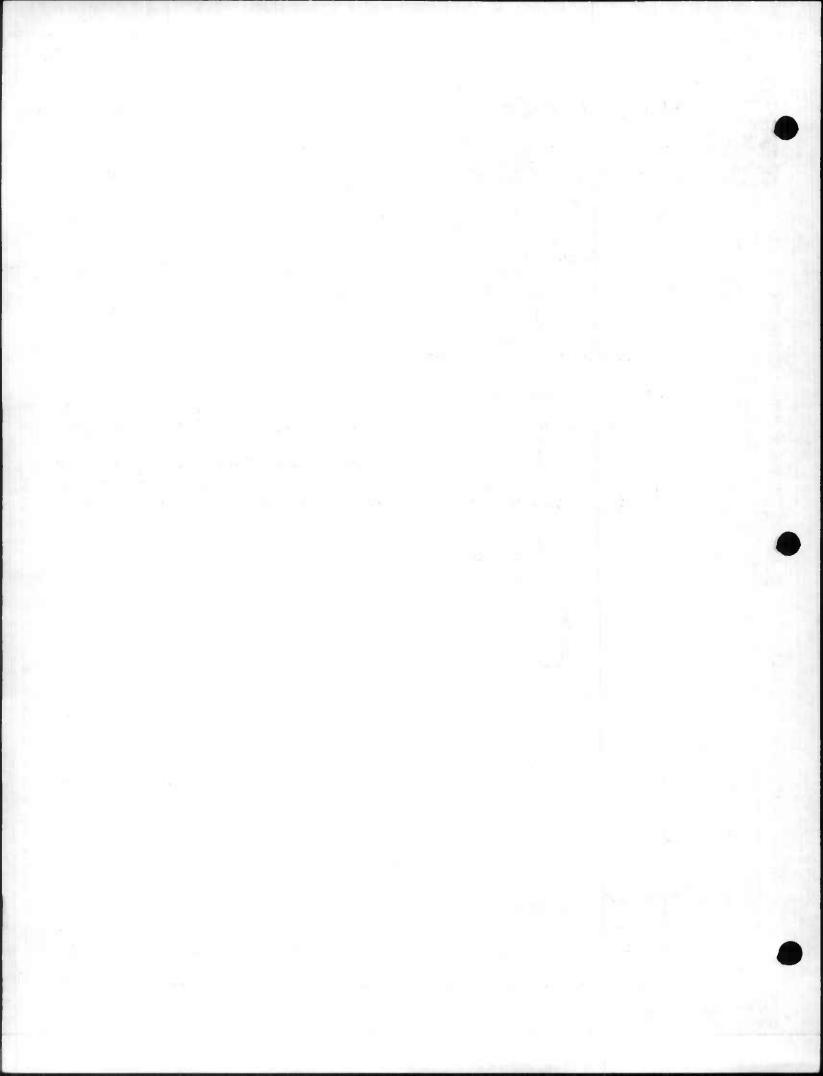
28e. Dete of Injury (Month, Dey Year)



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 98 | 3842

						Cei	rtifica	ate of	Death		Reg. No.				
Physicia	n	1. Decedant's Nama (First, Middla, Last)							2. Deta of Death		Day Yaar		3. Time of Deeth		
Medica	_	William T.	PEE							MAG	01	1998	0;	1:04 AM	
camine	er	4a. Fecility Nama (If not institution						10 5	4b. City, Town, or		46. (	County of Deat	h		
Щ,		Good Samari	+	-			Miller	day 4 Vany	Baltim			NA			
ral tor		5. Social Security Number 6. Sex 7. Aga (In yrs. last birtho 31 Yr. Usual Rasidenca of Decedant				Vrs.	Month	Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) 12-12-66  9. Birthpieca (Stata of Country) Md.					Stata or Foraign		
		10a. Stata 10b. County 10c. City, Town or Location										10d. ins	ida City Limits		
	ţ	Md NA Baltimore							↑EMas 2□No						
	Director	10e. Street and Number					10f.	10f. Zip Coda 10g. Citizen of Wi				ten of Whet Co	untry?		
		6000 Bellona Avenue				21212				USA					
	by Funeral	11. Marital Status  1 Nevar Married 2 Ma 3 Widowad 4 Divorca	ried 1 [	12. Was Decadent Evar in U,S. Armed Forces?  1 ☐ Yas ② No If Yas, Giva Year or Detes:			Was Decedant of Hispenic Origin? (Sp. If Yas, specify Cuben, Mexican, Puarto     □ Yes 2 △ No Specify:			pecify Yas or No- o Rican, atc.)		14. Race - Amarican Indien, Black, Whita, atc.			
		15. Deceda	nt's Education			16a. Deced	dant's U	sual Occur	pation		16b. Kin	Bla nd of Business/			
	Completed	(Specify only highast grade complated)  (Giva kind of work done during most of life. DO NOT use retired)  Elementery/Secondary (0-12)  College (1-4or 5+)				during most of wo	working								
	NO.	O-Never Atte	nd	NA		Jnemp]	Loye	ed			N	A			
	Be	17. Father's Neme (First, Middla	Last)						18. Mothar's Na	s Nama (First, Middla, Meidan Surnama)					
	2	Thomas	W.	Peet		_			Anna			ylor			
		19a. Informant's Name/Raiation		int)					and Number or Ri					21122	
		Anna P. Mo	ore		001 6				er Road						
		20a. Mathod of Disposition  1 Surlai 2 Cramation	3 □Ramova	ai from State	C	Place of Dispo amatary, crar	natory o	r othar pla		Date		cation - City or	Town, St	ata	
		4 ☐ Donation 5 ☐ Other (			Vo				Gardens	05-06-	98	Dunda	lk,	Md.	
OUCe.		21. Signifium of Funeral Service Licensee 22. Name and Address of Fe						-	Baltimore, Maryland 21202  FH 1101 E. North Avenue						
		23a. Part T. Entar tha diseasa, o shock, or heert failura. Lis	complication	s that cause	d tha daat	h. Do not ent	ar tha m	oda of dyi	ng, such as cardia	c or raspiratory a	rrast,	Orth A	Appro	vimete el Batween	
	Medical Examiner	Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last  Due to (or as a consequence consequence consequence).					juanca c	of):							
			d												
	Cla	Part II Other significant conditi	one contributir	or to death h	out not ree	ulting lo the u	ndadula	a course ai	van in Dart i	22h Did	toheooo i	una contribute	to the o	ouse of death?	
	ב	Pert II. Other significant conditions contributing to death but not resulting in the under				ndanyin	g cause gn	van in Fait I.			□ No 3□Pi		4 Unknown		
	Completed by								24a. Was en autopsy performed?  24b. Wara autopsy findi evailabla prior to complation of caus of daath?			prior to			
	E									10	Yas 2		1 🗆 Yas	22 No	
		25. Was case rafarrad to medica	i						26 Piace of Da			3110	100	QL III	
1	0	axaminer? 1 ☐ Yas 2 ② No	26. Place of Death (Chack only one)  Hospital:   Inpatiant 2 ER/Outpetient 3 DOA   Other: 4 Nursing Home 5 Residence 8 Other (Specify)												
		27. Mennar of Daath				28b. Tima of		28c. Inju		28d. Dascribe how injury occurred					
	Certification:	1 Natural 5 Pending (Month, Day Year) 2 Accidant Invastigation Suicida 4 Homicida Could not be datarmined 28a. Piece of Injury - At homa, founding, atc. (Specify)			oma, farm, str	M 1 Yas 2 No			28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)						
	edical	29a. Certifier (Check only one)  Certifying Phyalcien: To the best of my knowledge, deeth occurred et the tima, data and place, end due to the ceuse(s) and mennar as stated.  Medical Examinar: On the basis of axaminetion end/or invastigation, in my opinion, deeth occurred at the tima, date and piece, end due to the causa(s) and menner stated.										iusa(s)			
		29b. Signatura end titla of cartifier 29c. Licensa					sa number	29d. Data signad (Month, Day, Year)							
		Dedriana Andrede, MD					P	10579	3a Himre MD 21239. 2995.						
State		30. Neme and addrass of person  DRI ANA ANDE  31. Deta filed (Month, Day, Yaan	NOC.	5601 1	LOCK Maris Signa	RAUEA	2 8C	HLEL	HRD BO	à l'timere	E M	9113	1.2	995.	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene () Amend: 17 Per FH Film G759 5-5-98RC Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician GLADYS** ROSEN APRIL 30 1998 6:07 PM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner 3405 MERLE DR. BALTIMORE BALTIMORE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) **Funeral** Days Hours Min 1 ☐ M 2 ☐XF Yrs. 216-56-9475 79 Director FEB. 10, 1919 NEW YORK Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director MARYT, AND BALTIMORE BALTIMORE 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 3405 MERLE DR. 21244 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11 Marital Status Black, White, etc. 2 should be filed within 72 hours effer end Mentel Hygiene. Is marked other than "natural", or its 1 Yes 2 No
If Yes, Give
Year or Dates: 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 4 TEACHER EDUCATION 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) -COTCHMAN-FRODEL UNKNOWN BARNARD GOCHMAN 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 st Department of Health end Important: If Item 27 is n DAVID ROSEN (SON) 24 CLARKS LANE REISTERSTOWN, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 0 MOSES MONTEFIORE WOODMOOR 5/1/98 BALTO., MD Injury 22. Name and Address of Facility SOL LEVINSON & BROS., INC. any ir 8900 REISTERSTOWN RD. PIKESVILLE, MD 21208 au Ent the disease, or complete, or leart failure. List only on lions that ceused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, cause on each line. Approximate Interval Between Onset and Death **Physician** Metastatic (clow + - 5accomag /Medicai Immediate Cause (Finel disease or condition resulting in deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Omenhum Box 68760. Due to (or as a consequence of): use 23b. Did tobacco use contribute to the cause of death? Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. Division of Vital Records, P.O. detach signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings sveilable prior to completion of cause ot death? 24a. Was an autopsy Completed page 2 hes 1 Yes 2 No 1 ☐ Yes 2 ☐ NO certificate director, Be 25. Was case reterred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Desidence 6 Other (Specify) 10 1 Yes 2 LNC 1 | Inpatient 2 | ER/Outpatient 3 | DOA this uneral 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of Certification: Attanding 1 Natural 5 Pending after death. 1 Yes 2 No investigation 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 8 Hospital of 24 hours a Funeral D Medicai 29a. Certifier 🔁 certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted. (Check only one) 2 Medical Examinar: On the basis of exeminetion and/or investigation, in my opinion, death occurred et the time, dete and place, and due to the ceuse(s) and manner stated. within 2 29b. Signature and title of certified 29c. License number 29d. Date signed (Month, Day, Year) State

Registrar

v00

The first transfer of the

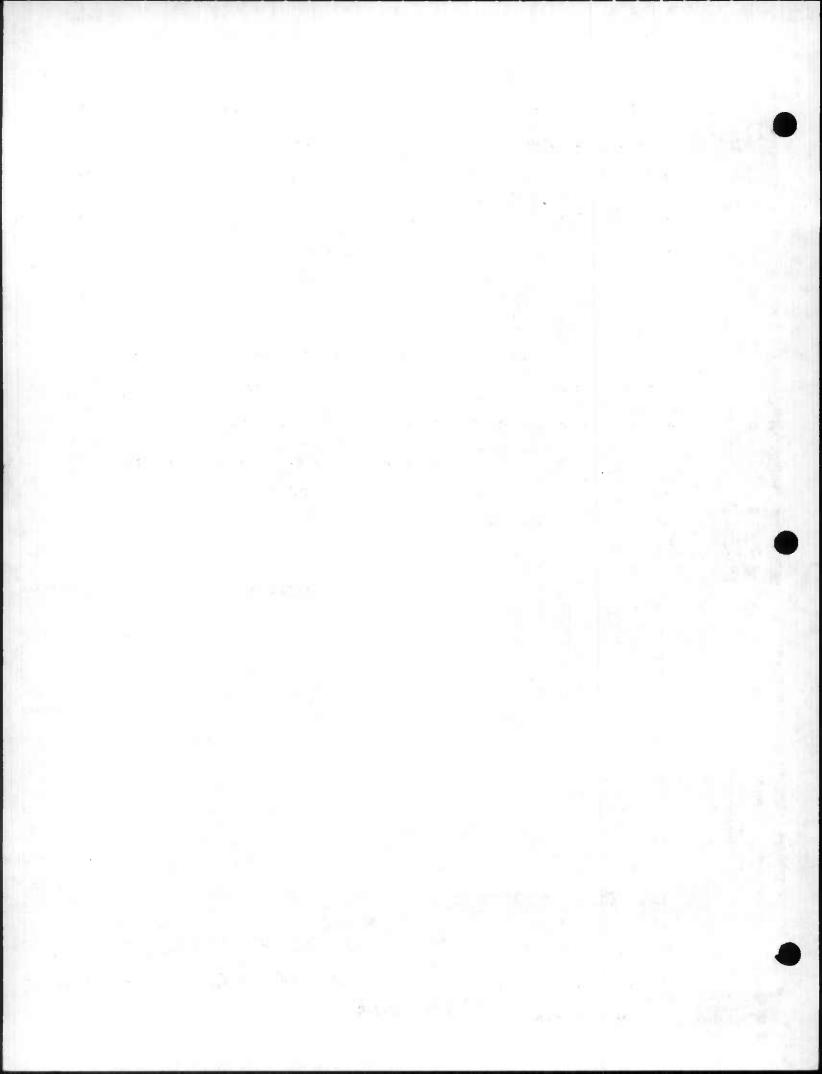
V00 B - 54

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle Last) 2. Date of Death 3. Tima of Death Dey Physician Month Frances 29 2:53 PM /Medicai April 1998 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Baltimore if Undar 24 Hrs. Hours Min. Manor Care - Roland Park if Undar 1 Yaar 7. Age (In yrs. last birthday) Birthpiace (Stete or Foraign Country) **Funeral** Days 1□M 2□F Months Yrs. Director 98 138-05-0031 Jan. 7 1900 Maryland Usual Residence of Decedent the Maryland 10a Stata 10b. County 10c. City, Town or Location show 10d. insida City Limits 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Modical Examinations to notified at n/a Director 1 Yes 2 No Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 4669 Falls Rd. 21209 permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiena. Important: It flem 27 is marked other than "natural", or Items 23s any Injury or other traumatic event. by Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14 Race - American Indian 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White 3- Widowed 4 □ Divorced Completed 16e. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) 8 n/a Administrative Assistant Accounting 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Be John Hofferbert Margaret Mehring 19e. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, State, Zip Code) 5 Candlelight Ct., Timonium, MD 21093 Charles H. Kresslein, Jr./nephew 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, State 1 Ramovai from Stata
4 Dovation 5 Other (Span) New Cathedral Cemetery 5/1/98 Baltimore, MD tore of Humbral 22. Name and Addrass of Fecility Lemmon Funeral Home Lowell M. Lemmon 10 W. Padonia Rd., Timonium, MD 21093 23a. Part JEnter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immadiata Cause (Final disease or condition rasulting in death) RESPIRATORY PAILURE Examiner Due to (or as a consequence of):

DE 144 DRAMON

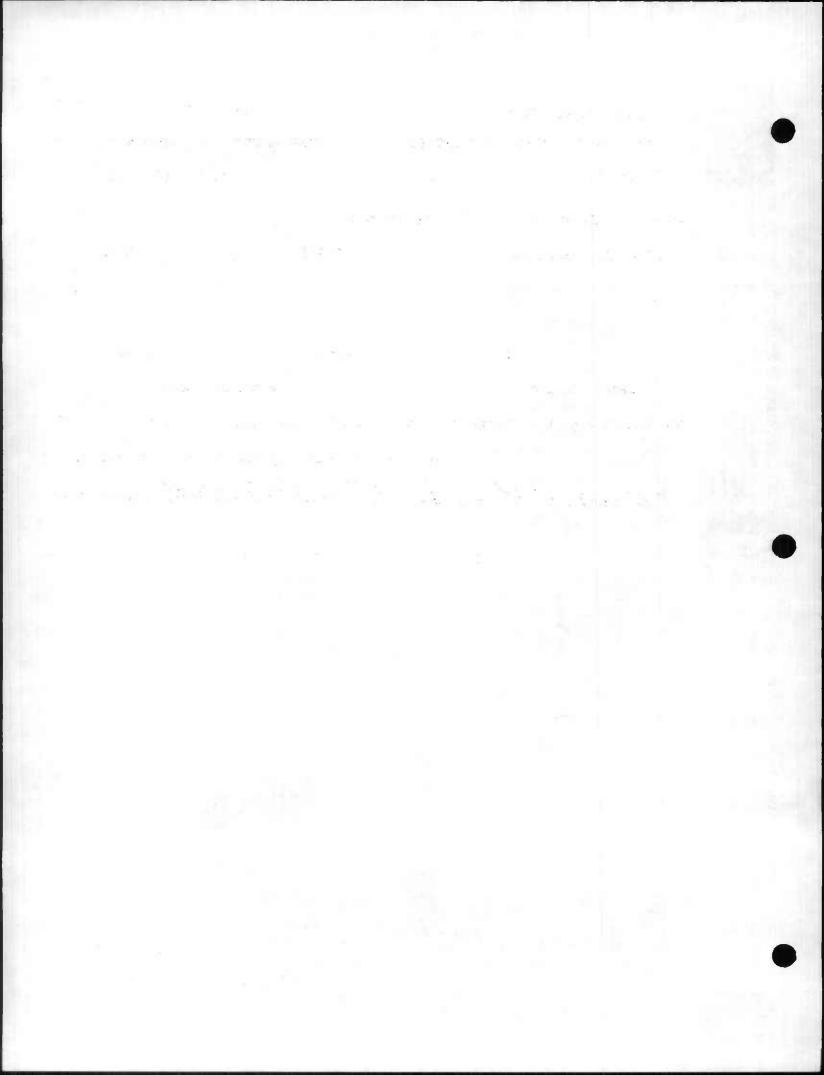
Due to (or as a consequence of): Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical Dua to (or as a consequanca of): signed by the al Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? DEMENTIA. 1 Yes 2 No 3 Probably 4 Unknown þ - ANTEMOSCIENOSIS. Completed 24a. Was en autopsy 24b. Were autopsy findings available prior to completion of cause of death? has Aftar this cartificate 1 🗆 Yas 2 K No 1 ☐ Yes 2 ☐ No 25. Was case rafarred to medical examinar? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2□ No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Mannar of Death 28b. Time of 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Pending death. investigation 1 Tes 2 No 2 Accidant after death Director: / in by the 3 Suicida 6 Could not be 28f. Location (Street end Number or Rurel Routa Number, City or Town, Steta) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide within 24 hours a To the Funeral C Hospital Medical 29a. Certifier Certifying Phyalcian: To the best of my knowledge, daath occurred at tha time, date and place, and due to tha cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the causa(s) and mennar stated. To the 29b. Signatura and title of certification 29c. License number 29d. Date signed (Month, Dev. Year) M.D. D-22609 APRIL 30-1998= 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 0 7445 FURNATE BRANCH R& GLEW BURNIE M& 21060 RUBEN REIDER M.D. 31. Data filed (Month, Dey, Year) 32. Regis State Registrar MAY 05 1998

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

									Death			Reg. No. 🤳	0 1	00	40		
iniam	_	. Decedent's Name (First, Middle	lle, Last)				100				2. Date of De Month	eth Dey	Year		of Death		
ysician Jedical		MARIE B. F	ROBER	RTSON							APRIL :	30 1998			06 p.n		
aminer	4.	a Facility Name (If not institution	on, give sti	reet and numb	per)			4	b. City, Tow	m, or Loc	cation of Deet	h 4c. Coun	ty of Deeth				
		MARINER HEA	-				W.11 -1 -		ELEN E				ARUN				
eral ctor		. Sociel Security Number  217–58–1604  July Security Secu	6. Sex	M 2½ F	Age (In yrs.	1 Yrs.	Months	r 1 Year Deys	If Under 2 Hours	Min.	8. Dete of Bir (Month, De Dec. 7			piece (Sta ntry) 71and	te or Foreig		
23a or 28a-f show ust be notified at ral Director	-	0e. State 10b. County	,		10c. Cit	y, Town or Loc	cation						-	10d. fnside	City Limits		
	M	aryland Caro	line			Greens	boro	)						1 🗆 Y	es 2 N		
	1	0e. Street and Number					10f. Zip	p Code				10g. Citizen o	f What Cou	ntry?			
		26910 Plumme	rs La	ane				216	39			U	.S.A.				
S Series	1	1. Meritei Stetus	12	2. Wes Decede	ent Ever In U	S. 13. W	Vas Dece	dent of Hi	spenic Orig	in? (Spe	cify Yes or No Ricen, etc.)	o- 14. Ra	ace - Ameri				
"natural", or frems 23a social Examiner must leted by Funeral	5	1 Never Married 2 Men 3 Widowed 4 Divorced		Armed Force 1 Yes 2 If Yes, Give Year or Date	<b>⊠</b> No			2K No		Puerto I	Ricen, etc.)	Spec	eck, White, ify: Wh	nite			
Completed		15. Deceden	nt's Educa	ation		16e. Decede	ent's Usua	al Occupe	tion	of work is		16b. Kind of	Business/In	ndustry			
Die		(Specify only highe Elementery/Secondary (0-12)	st grade	College (1-4	or 5+)	life. D	OO NOT us	ise retired,	uring most	OI WOINII	ig						
or other traumatic event, the M		3				Homen	maker	·		Own Hor			9				
Be Co		7. Father's Name (First, Middle,	Lest)						18. Mother	's Neme	(First, Middle	, Meiden Sume	eme)				
0		James Co	onrad	1			Josephine Duorak										
The second		19e. Informent's Neme/Relations	ship (Type	e, Print)		19b. Meiling	g Address	s (Street e	nd Number	or Rura	l Route Numb	er, City or Tow	n, Stete, Zi	ip Code)			
1	1	Theresa A. Pigg	get	Daug	hter	2691	0 Plu	ummer	s Lan	e Gr	eensbo	oro, Mar	yland	2163	9		
5	2	Oe. Method of Disposition				Plece of Dispos	sition (Ner	me of other plea	e)		Date	20c. Location	- City or T	own, Stete			
		1X Burie! 2 ☐ Cremetion 4 ☐ Donetlon 5 ☐ Other (S		moval from St	Gle	en Have	n Me	m.Par	ck May	7 4,	1998	Glen B	urnie	, Mary	rland		
Important: If Item 27 Is any Injury or other trac once.		21. Signeture of Funerei Service	Licensee	2		22. M	Name er	nd Addres	s of Fecility	ak F	uneral	Home ena,Mar	bralv	2113	22		
	+	23a Part1 Enter the disease of	r complice	etions that	sed the deat								y Lana		nete Between		
ysician ledicai aminer		shock, or heart feilure. List	t only one	ceuse on eed	h line.			23a. Lant. Enter the disease, or complications that a used the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line.									
		Immediate Ceuse (Final disease or condition resulting to double)  e. Corebon vos culos Accider												to la mal			
		mmediate Ceuse (Final		(-				. 9	4-1	2011	t.		i	40 2-4	H.		
ier	0	mmediate Ceuse (Final disease or condition resulting in deeth)	Θ.						teci	dev	t			mor	the		
	r	disease or condition	Θ.			or es e consequ			frei	dev	t			mor	the		
niner	C r	disease or condition resulting in deeth)	e. b.		Due to (d	or es e consequ	uence of):	:	frei	dev	t			mor	the		
Examiner	C r	disease or condition resulting in deeth)	e.		Due to (d		uence of):	:	frei	dev	t		1	mor	the		
niner		disease or condition resulting in deeth)  Sequentially list conditions, feny, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events	e. b.		Due to (d	or es e consequ	uence of): uence of):	:	frei	deu	t			mor	the		
niner	S H	disease or condition resulting in deeth)  Sequentially list conditions, ferry, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	e. b		Due to (d	or es e consequ	uence of): uence of):	:	frei	dev	t			mor	sh.		
Medical Examiner		disease or condition resulting in deeth)  Sequentially list conditions, feny, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events	e. b. c. d.		Due to (d	or es e consequ	uence of): uence of):	:	frei	dev	t			mor	Sh.		
Medical Examiner		disease or condition resulting in deeth)  Sequentially list conditions, fony, leeding to immediate base. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last	e. b. d. d.		Due to (c	or es e consequ or es e consequ or as e consequ	uence of): uence of): uence of):	:		dev		I tobacco use o		mòr	She		
Medical Examiner		disease or condition resulting in deeth)  Sequentially list conditions, fony, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last			Due to (c	or es e consequ or es e consequ or as e consequ	uence of): uence of): uence of):	:		den	23b. Dld	tobacco use o					
Medical Examiner		disease or condition resulting in deeth)  Sequentially list conditions, fony, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last			Due to (c	or es e consequ or es e consequ or as e consequ	uence of): uence of): uence of):	:		den	23b. Dld	tobacco use o					
Medical Examiner		disease or condition resulting in deeth)  Sequentially list conditions, fony, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last			Due to (c	or es e consequ or es e consequ or as e consequ	uence of): uence of): uence of):	:		deu	23b. Did	Yee 2 No	3 □ Pro	obably (	Unknown		
eted by Physiclan/Medical Examiner		disease or condition resulting in deeth)  Sequentially list conditions, fony, leeding to immediate base. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last			Due to (c	or es e consequ or es e consequ or as e consequ	uence of): uence of): uence of):	:		den	23b. Did	Yee 2□ No	3 Pro	Vere autop veilable prompletion	sy findings		
Medical Examiner		disease or condition resulting in deeth)  Sequentially list conditions, fony, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last			Due to (c	or es e consequ or es e consequ or as e consequ	uence of): uence of): uence of):	:		den	23b. Did 1 [	Yee 2 No s an eutopsy ormed?	3 Pro	Vere autop veilable prompletion f death?	sy findings for to of cause		
Completed by Physician/Medical Examiner	C ti r	disease or condition resulting in deeth)  Sequentially list conditions, ferny, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events esulting in deeth) Last  Pert II. Other significant conditions.	~		Due to (c	or es e consequ or es e consequ or as e consequ	uence of): uence of): uence of):	:		deu	23b. Did 1 [	Yee 2 No	3 Pro	Vere autop veilable prompletion	sy findings for to of cause		
Completed by Physician/Medical Examiner	es in contract of the contract	Sequentially list conditions, feny, leeding to immediate bases. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert II. Other significant conditions.  Suzuus  25. Wes case referred to medice exeminer?	al le	libuting to deet	Due to (c	or es e consequ or es e consequ or as e consequ uulting in the un	uence of): uence of):	: : : ceuse give	26. Plece	of Deeth	23b. Did 1 □ 24a. Wes perf	s an eutopsy ormed?  Yes 2 No	24b. W eco	Vere autopyeilable prompletion f death?	sy findings for to of cause		
pege 2 should be detached for use as the bunal-transit  Completed by Physician/Medical Examiner	P	Sequentially list conditions, feny, leeding to immediate bases. Enter Underlying Ceuse (Disease or injury het initiated events resulting in deeth) Last  Pert II. Other significant conditions.  Suzurus  25. Wes case referred to medice exeminer?  1 Yes 2 No	al le	ibuting to deet	Due to (c  Due to (c  Due to (c  ch but not res	or es e consequence as e consequence as e consequence as e consequence at the consequence	uence of):  uence of):  uence of):  t 3 Do	cause give	26. Plece	of Deeth	23b. Did 1 □ 24a. Wes perf 1 □ (Check only) ne 5 □ Res	Yee 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 C	24b. We co co co co co co co co co co co co co	Vere autopyeilable prompletion f death?	sy findings for to of cause		
Completed by Physician/Medical Examiner	P	Sequentially list conditions, for any leeding to immediate source. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert ii. Other significant conditions.  Suzuus  25. Wes case referred to medice exeminer?  1   Yes   2   2   10    27. Menner of Deeth  1   20   3   4    28. Pendir	al Ho	ributing to deet	Due to (c  Due to (c  Due to (c  ch but not res	or es e consequ or es e consequ or as e consequ uulting in the un	uence of):  uence of):  uence of):  t 3 DC	cause give	26. Plece	of Deeth	23b. Did 1 □ 24a. Wes perf 1 □ (Check only) ne 5 □ Res	s an eutopsy ormed?  Yes 2 No	24b. We co co co co co co co co co co co co co	Vere autopyeilable prompletion f death?	sy findings for to of cause		
To Be Completed by Physician/Medical Examiner	P	Sequentially list conditions, ferry, leeding to immediate source. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert ii. Other significant conditions.  Suzuus  25. Wes case referred to medice exeminer?  1   Yes   2   No  27. Menner of Deeth 1   2   Accident   5   Pendir investi	Ho ng igetion	ributing to deet	Due to (condition to the but not resident 2 injury Dey Year)	or es e consequence or as	uence of):  uence of):  uence of):  t 3 DO	Ceuse give	26. Plece	of Deeth	23b. Dld 1	Yes 2 No Yes 2 No Yes 2 No One) idence 8 C how injury occ	24b. We en control of the control of	Vere autopy veilable prompletion of death?	sy findings for to of cause		
Completed by Physician/Medical Examiner	P	Sequentially list conditions, feny, leeding to immediate souse. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert II. Other significant conditions.  Suzurus  25. Wes case referred to medice exeminer?  1   Yes   2   2   No  17. Menner of Deeth  1   2   2   No  17. Menner of Deeth  1   2   3   Pending   1   2   2   3   3   3   4   4   4   4   4   4   4	ng igetion not be	ibuting to deet	Due to (condition to the but not resident 2 injury Dey Year)	or es e consequence es	uence of):  uence of):  uence of):  t 3 DO	Ceuse give	26. Plece	of Deeth	23b. Did 1	Yes 2 No  Yes 2 No  Yes 2 No  One)	24b. We en control of the control of	Vere autopy veilable prompletion of death?	sy findings for to of cause		
page 2 should be detached for use as the bunar-fransit	2 2 2	Sequentially list conditions, ferry, leeding to immediate bause. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert II. Other significant conditions.  Sizuala  25. Wes case referred to medice exeminer?  1 Yes 2 No.  27. Menner of Deeth  1 Naturel 5 Pendir investigned and could be continued to the condition of the condi	ng igetion not be	ibuting to deet	Due to (c  Due to (c  Due to (c  Due to (c)	or es e consequence es	uence of):  uence of):  uence of):  t 3 DO	Ceuse give	26. Plece	of Deeth	23b. Did 1	Yes 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 C how Injury occ	24b. We en control of the control of	Vere autopy veilable prompletion of death?	sy findings for to of cause		
Completed by Physician/Medical Examiner	2 2 2	Sequentially list conditions, feny, leeding to immediate leaves. Enter Underlying Cause (Disease or injury het initiated events esulting in deeth) Last  Pert ii. Other significant conditions.  Suizuud  25. Wes case referred to medice exeminer?  1	ng ng igetion not be mined	espitel: 1 Inp 28e. Dete of (Month, 28e. Plece of building	Due to (condition to the but not reside to t	or es e consequence or as	uence of):  uence of):  uence of):  t 3 DO  M  eet, fector	Cause give	26. Plece  26. Plece  37. 4 Nur  et :7  Yes 2 N	of Deeth sing Hor	23b. Did 1	Yes 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 C how injury occ (Street and Nur wm, Stete)	24b. We see the see that the se	Vere autoposition of death?  Yes  If yes	sy findings for to of cause 200 No		
Completed by Physician/Medical Examiner	2 2	Sequentially list conditions, for, leeding to immediate seuse. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of	Ho ng ngigetion not be nined ng Physic Examine	espitel: 1 Inp 28e. Dete of (Month, 28e. Plece of building	Due to (continue t	or es e consequence or as	uence of):  uence of):  uence of):  t 3 DC  M  eet, fector	Cause give	26. Plece  26. Plece  27. 4 Nur  28. 2 Nu  29.	of Deeth sing Hor	23b. Did 1	Yes 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 Co how injury occ (Street and Nur wm, Stete) c ceuse(s) end d dete end plece	24b. We end of the control of the co	Vere autopy veilable prompletion of death?  Yes  Yes  Yes  Yes	sy findings for to of cause 200 No		
Completed by Physician/Medical Examiner	2 2	Sequentially list conditions, ferry, leeding to immediate souse. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert ii. Other significant conditions.  Suzuud  25. Wes case referred to medice exeminer? 1 Yes 2 Mo 1 Maturel 5 Pendir investi 3 Sulcide 6 Could determ  29a. Certifier (Check only 2 Medicat	Ho ng ngigetion not be nined ng Physic Examine	espitel: 1 In fine 28e. Plece of building cfan: To the best.	Due to (continue t	or es e consequence or as	uence of):  uence of):  uence of):  t 3 DC  M  eet, fector	Cause give	26. Plece  26. Plece  37. 4 Nur et ? fes 2 \( \text{N} \) e, dete end inion, deett	of Deeth	23b. Did 1	Yes 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 C how Injury occ (Street and Nurwn, Stete) c ceuse(s) end ic, dete end piece	24b. We or control of the control of	Vere autopy veilable prompletion of death?  Yes  Yes  Yes  Yes  tal Route I  stated. to the cau	sy findings for to of cause 200 No		
Completed by Physician/Medical Examiner	2 2	Sequentially list conditions, for, leeding to immediate seuse. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of	Ho ng ngigetion not be nined ng Physic Examine	espitel: 1 In fine 28e. Plece of building cfan: To the best.	Due to (continue t	or es e consequence or as	uence of):  uence of):  uence of):  t 3 DO  M  eet, fector  estigetion	Ceuse give  Ceuse give  Case injury  Case in	26. Plece  26. Plece  27. 4 Nur  et ?  yes 2 N  e, dete end inion, deett	of Deeth sing Hor	23b. Did 1	Yes 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 C how injury occ (Street and Nur wm, Stete) c ceuse(s) end i, dete end plect 29d. Date sign	24b. We consider the constant of the constant	Vere autopveliable prompletion of death?  Yes  Yes  If yes  If	yumber,		
Completed by Physician/Medical Examiner	2 2	Sequentially list conditions, ferry, leeding to Immediate beuse. Enter Underlying Cause (Disease or injury het initiated events esulting in deeth) Last  Pert II. Other significant conditions of the conditions o	ng igetion not be mined er Community with community with community with community and the community with community and the community with community and the	espitel: 1 Inp 28e. Dete of (Month, 28e. Plecs of building clan: To the besiend menne	Due to (continue)  Due to (conti	DER/Outpetient 28b. Time of injury ome, ferm, stre	uence of):  uence of):  uence of):  t 3 DO  M  eet, fector  estigetion	Ceuse give  Ceuse give  Case injury  Case in	26. Plece  26. Plece  27. 4 Nur  et ?  yes 2 N  e, dete end inion, deett	of Deeth sing Hor	23b. Did 1	Yes 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 C how injury occ (Street and Nur wm, Stete) c ceuse(s) end i, dete end plect 29d. Date sign	24b. We consider the constant of the constant	Vere autopveliable prompletion of death?  Yes  Yes  If yes  If	sy findings for to of cause 200 No		
pretey med in by the current correction, page 2 should be detached for use as the burnar-frants if	2 2	Sequentially list conditions, ferry, leeding to immediate souse. Enter Underlying Cause (Disease or injury het initiated events resulting in deeth) Last  Pert ii. Other significant conditions.  Pert ii. Other significant conditions are sufficient conditions.  Pert ii. Other significant	ng igetion not be mined er Community with community with community with community and the community with community and the community with community and the	espitel: 1 Inp 28e. Dete of (Month, 28e. Plecs of building clan: To the besiend menne	Due to (continue)  Due to (conti	DER/Outpetient 28b. Time of injury ome, ferm, stre	uence of):  uence of):  uence of):  t 3 DO  M  eet, fector  estigetion	Ceuse give  Ceuse give  Case injury  Case in	26. Plece  26. Plece  27. 4 Nur  et ?  yes 2 N  e, dete end inion, deett	of Deeth sing Hor	23b. Did 1	Yes 2 No s an eutopsy ormed?  Yes 2 No one) idence 8 C how Injury occ (Street and Nurwn, Stete) c ceuse(s) end ic, dete end piece	24b. We consider the constant of the constant	Vere autopveliable prompletion of death?  Yes  Yes  If yes  If	sylindings for to of cause 200 No		



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death APRIL 30, Dey 1998 Year 4:20pm ERICH HERMAN RIESSLER 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death ESSEX 353 OBERLE AVE. BALTIMORE If Undar 1 Year 5. Social Security Number If Under 24 Hrs. 8. Data of Birth (Month, Dey, Yaar) Aug. 9, 1913 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 1 M 2 □ F Months Deys Hours Min 212-07-7274 84 Yrs. Germany Usual Rasidanca of Decedan 10b. County 10c. City, Town or Location 10d. insida City Limits Baltimore Essex 1 ☐ Yas 2 XNo 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 353 Oberle Ave. 21221 USA 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Dates: Wes Decedant of Hispanic Origin? (Specify Yas or No-lif Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14 Bace - American Indian 11. Maritel Status Black, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedant's Education (Spacify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Locksmith 7th 18. Mother's Nema (First, Middla, Maiden Surnama) 17. Fether's Neme (First, Middle, Last) Bertha Werner Joseph M. Riessler 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. informant's Name/Ralationship (Type, Print) 353 Oberle Ave. Baltim, ore MD. 21221 Margaret Riessler / wife 20b. Placa of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) Holly Hill Cemetery 5/4/98 Baltimore Md. 22. Name end Address of Facility 21. Signatura of Funaral Sarvica Licansas Connelly Funeral Home of Essex 23a. Part1. Enter the disease, or complications that caused the deeth. Do not writer the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only operause on each line. Approximeta Interval Batween Onset and Deeth Immediata Causa (Final diseasa or condition rasulting In death) with 1 DAy 2+45. 74-66 Due to (or as a consequence of) Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10a. Stata

Director

Funeral

P

Completed

10

Md.

**Funeral** 

Director

Item 27 is marked other than "natural", or flams 23s or 28s-f ahow other traumatic avant, the Medical Examinar must be notified at

the Maryland

with

death

permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mantal Hygiene. Important: if Item 27 is marked other than any Injury or other trauments.

physician Ind the buriel-transit 88 9SF ed by the e signed by the ate has bege 2 s certificate this

Box 68760

Division of Vital Records, P.O.

or Attanding Physician:

After

ofter death. Diractor: Aft

Mospital of 24 hours e

within 2 To the

Examiner Physician/Medical à Completed funeral director, Be 2 Certification:

Sequentielly list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in death) Lest Part II. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Pert I. 24a. Was an autopsy performed? 1□ Yas 2☑No 25. Was casa rafarrad to medical examiner? 26. Placa of Death (Check only ona) Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Anatural 5 Pending Investigation 1 Tas 2 No 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify) 4 Homicide

0

Medical

29a. Cartifiar

(Check only one)

29b. Signetura and titla of commer

12 Cartifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, end due to tha causa(s) and mannar as steted. 2 Medical Examinar: On the basia of examinetion end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end menner stated. 29d. Data signad (Month, Day, Year) 29c. Licanse number 5.1-18

014221

24b. Wara autopsy findings evailable prior to complation of causa of death?

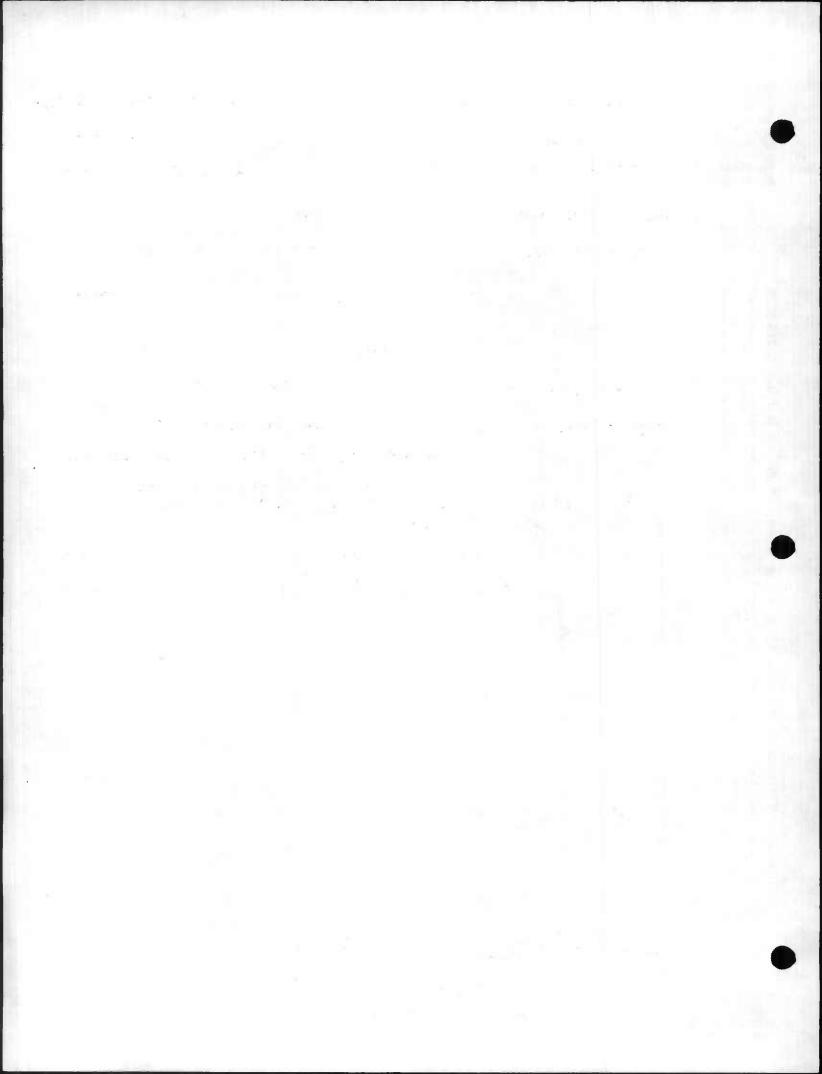
1 TYAS 2 No

30. Nama end address phoerson who complated cause of death (Itam 23e) (Type, Print)

T. A. L-120201 mg 223 B. Bay ay 4221

State Registrar

32. Registre Signature
Gruna Davidson-Randall 31. Date filed (Month, Day, Year) MAY 05 1998



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Tima of Death 2. Dete of Deeth Day **Physician** EVELYN RICHTER 9:00 P.M. ADRIL 1998 30 /Medical 4c. County of Death 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) Examiner Rose dale SqUARE BAITIMORE FRANKlin HOSDILAI Center Hours Min. 8. Dete of Birth (Month, Day, Year) April 27,1919 9. Birthplace (State or Foreign Country) Maryland If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Deys 1 M 2 X F Months 218-10-4273 79 Director Usual Residence of Decedent the Meryland 10c. City, Town or Location 10e State 10h County 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Medical Examinations to notified at Md. Baltimore Middle River 1 ☐ Yes 2 ☑ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1300 Windless Drive 21220 USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14 Race - American Indian Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Deles: 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No Specify: White þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Dacedant's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elamantary/Secondary (0-12) Collega (1-4or 5+) Hygiene. Homemaker own home 8th 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middla, Maidan Sumame) . Peges 1 end 2 should be file timent of Health and Mental Hy tant: If item 27 is marked oth jury or other traumatic evant Be Albert Clark Mamie Frank 19a. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Pat Miller /daughter 234 Sand Hill Road Baltimore Md. 21221 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stele 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Important: If it any injury or o Baltimore Md. Metro Crematory Inc. 5/1/98 22. Name end Address of Fecility 21. Signeture of Funerel Servica Licensee Connelly Funeral Home of Essex onn 23a. Pert1. Enter the disease, or complications that caused the court and point and the model of Grand Aver as calculated the property of the Approximata Interval Batween Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition rasulting In death) . PreumoniA Examiner Dua to (or as a consequance of): Examine Accident erebro VASCULAR Sequentielly list conditions, if eny, leeding to immediate ceusa. Enter Underlying Causa (Diseasa or injury that intitleted events resulting in deeth) Lest Due to (or es e consequence of): KESDIRALORY FAILURE Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 22 No 3 Probably 4 Unknown DemenTIA 20 Sign Bed b 24b. Were eutopsy findings evelleble prior to 24a. Was an autopsy performed? Completed completion of ceuse of deeth? certificate hes birector, page 2 s 2 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Diractor: After this certifice 25. Was casa ratarrad to medical examinar? Be 26. Placa of Daath (Chack only one) Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 funeral 27. Menner of Deeth 28d. Dascribe how injury occurred 28b Time of 28e. Deta of Injury (Month, Day Year) 28c. Injury at Work? Certification: 1 Naturel 2 Accidant 5 Pending 1 ☐ Yas 2 ☐ No investigation 3 Sulcida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and placa, end due to the cause(s) and mennar as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) Medical end menner steted. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier

Evelyn

Division of Vital Records, P.O. Box 68760,

State Registrar

DR. Weien Ag 31. Dete filed (Month, Day, Year) MAY 05 1998

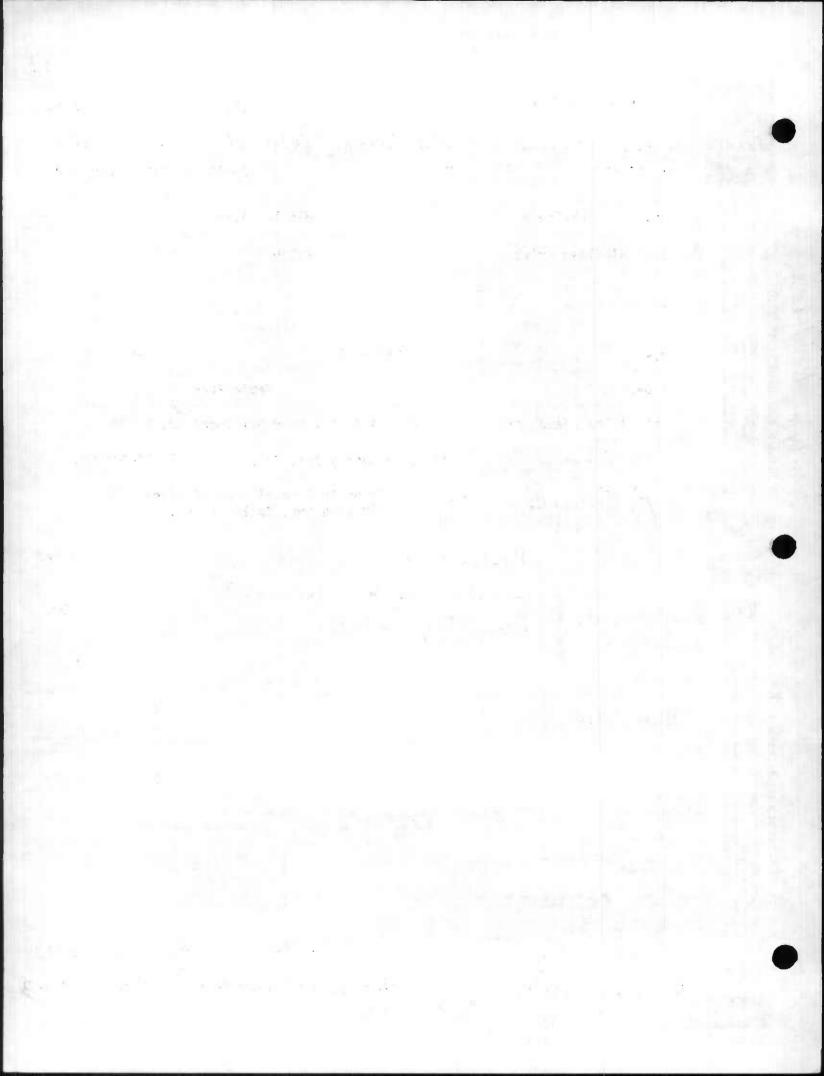
Ag

100 Q

30. Name end address of person who amplated cause of deeth (Item 23e) (Type, Print) 9000 32. Regi

FRANKlin Square DR. BATTIMORE, MARY LAND 2120

**DHMH 16 Rav 6/95** 



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

3. Time of Death

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last) LEVIN

10e. Stete

Director

Funeral

þ

Completed

2

Examiner

Physician/Medical

P

Completed

Be

2

Certification:

Medical

MD.

SHREVE

**X**X M 2□ F

MAY 4b. City, Town, or Location of Deeth

2. Dete of Deeth

8. Date of Birth (Month, Day, Year)

02-17-1910

3,

4c. County of Deeth

Month

1998 1:30 AM

**Funeral** Director

the Maryland with death

7) smerked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at permit. Pages 1 and 2 should be filled within 72 hours after c Department of Health and Mental Hygiene. Important: If Itam 27 is merked other than "natural", or then any injury or other traumetin avent

Baltimore, Maryland 21215-0020

**Physician** /Medicai Examiner

physician in signed by the attanding I be datached for usa as peen this funeral

Box 68760.

P.O.

Records,

Division of Vital Hospital or Attanding F 24 hours after death. Funeral Director: After To the Hospital or Atta within 24 hours after der To the Funeral Directo completely filled in by th

GALE 4e. Fecility Neme (If not institution, give street end number) 205 BRIGHTWOOD

CLUB 7. Age (In yrs. lest birthday)

DRIVE

Yes

LUTHERVILLE If Under 1 Year | If Under 24 Hrs. Months Deys Hours

BALTIMORE Birthplece (State or Foreign Country)

213-01-2307 88 Usuel Residence of Decedent 10b. County 10c. City, Town or Location

LUTHERVILLE

10d. Inside City Limits 1 ☐ Yes XX No

MARYLAND

10e. Street and Number

5. Sociel Security Number

205 BRIGHTWOOD CLUB DRIVE

12. Was Decedent Ever in U,S. Armed Forces? XXYes 2 □ No If Yes, Give Yeer or Dates: WW WW IT Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

21093

1 ☐ Yes XX No Specify:

 Race - American Indien, Bleck, White, etc. Specify: WHITE

U.S.A.

15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12)

BALTIMORE

College (1-4or 5+) YEARS

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

AGENT

10f. Zip Code

16b. Kind of Business/Industry

10a. Citizen of Whet Country?

U.S.GOVERMENT

17. Fether's Neme (First, Middle, Last)

ARTHUR

1 Never Merried Married

3 ☐ Widowed 4 ☐ Divorced

SHREVE LEE

HARRIET GALE

19e. Informent's Name/Relationship (Type, Print) BARBARA H. SHREVE (WIFE) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) 21093 205 BRIGHTWOOD CLUB DR., LUTHERVILLE, MD.,

18. Mother's Name (First, Middle, Maiden Surname)

20a. Method of Disposition 1 ☐ Buriel XX Cremetion 3 ☐ Removel from State

20b. Place of Disposition (Neme of cemetery, cremetory or other place) Dete

20c. Location - City or Town, State BALTIMORE, MD. 21202

GREEN MOUNT CREMATORY 5-5 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee

22. Name end Address of Fecility

HENRY W.JENKINS AND SONS COMPANY 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212

23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heer tailure. List only one ceuse on eech line.

CARPIONYOPATHY

Approximete Intervel Between Onset end Deeth 2 months

Immediate Ceuse (Finel diseese or condition resulting in death)

Due to (or as e consequence of):

Due to (or es e consequence of):

Due to (or es e consequence of):

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest

Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.

HYPERTENSION

23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown

6 ☐Other (Specify)

REMOTE HIGTORY TYPE II

24a. Was en eutopsy performed? 1 Yes 2 No 24b. Were autopsy tindings eveileble prior to completion of cause of death? 1 ☐ Yes 2 ☐ No

AURTIC 25. Wes case referred to medical examiner? Hospital:

DISSETTION

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Aesidence

1 Yes 2 No 27. Menner of Death 1 Waturel

2 Accident

3 Suicide

29e. Certifier

4 Homicide

5 Pending Investigation

6 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year)

28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

1 Certifying Phyeiclen: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and manner as stated.

28d. Describe how injury occurred

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stele)

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signeture and

m m

29c. License number

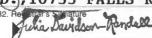
29d. Date signed (Month, Day, Yeer)

30. Name end address of person who completed (ause of deeth (Item 23e) (Type, Print)

DANTEE G. SAPIR, M.D. ,10755 FALLS ROAD, TIMONIUM, MARYLAND, 21093

State Registrar

31. Dete filed (Month, Dey, Year) MAY 05 1998



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Starry Charles 1:17am May 1998 04 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death N/A Good Samaritan Hospital Baltimore City If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sax 1 M 2 □ F 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) Days 217-34-5946 Yrs. 60 20, 1937 Baltimore, Md. Aug. Usual Residenca of Dacedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore City 1 X Yas 2 No N/A 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 440 N. Bouldin St. 21224 United States 12. Was Decedant Evar In U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, 11. Marital Status Black, Whita, atc 1 D Yas 2 No 1955-If Yes, Giva Yaar or Datas: 1050 1 Navar Marriad 2 Married 1 ☐ Yas 2 X No Specify: Specify White 3 Widowed 4 K Divorced 1959 15. Decadant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Delivery Truck Driver 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Sumema) Vernon Starry Marriott Muriel 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Baltimore, Maryland 21214 (Daughter) 4802 Pilgrim Rd. Kimberly A. Starry 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Bunal 2 ☐ Cremation 3 ☐ Ramoval from Stata Woodlawn, Maryland 5/7/98 4 ☐ Donation 5 ☐ Othar (Spacify) Woodlawn Cemetery 21. Signatura of Funaral Sarvice Licensea Milton J Knight Jr 22. Nama and Addrass of Facility Leonard J. Ruck, Inc. Baltimore, Maryland 21214 5305 Harford Road 23a. Part1. Entar tha disease or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cluss on each line. Myocardial Infarction Immediata Ceusa (Final disaasa or condition resulting in daath) 7 hrs Dua to (or es e consequance of): Dua to (or as a consequence of) Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to completion of ceuse of death? 24e. Was an autopsy performed?

Physician /Medicai Examiner

physician and as the bunal-transit

esn

peen

certificate

funeral

complataly

Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific

24 hours e

To the Vithin 2

by

Completed

Be

Certification: To

edlcai

Box 68760

Division of Vital Records, P.O.

**Physician** 

/Medical

Examiner

10a. Stata

Md.

Director

Funerai

þ

Completed

Be

**Funeral** 

Director

item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 Ia marked other than any injury or other traumetic event, tra Ma

the Marylend

filed withIn 72 hours after

Baltimore, Maryland 21215-0020

Examiner Sequantially list conditions, if any, leading to immadiata ceuse. Enter Undarlying Ceusa (Disaasa or Injury that initiated evants rasulting in daath) Last Physician/Medical

Part II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was cese rafarred to medicel axaminar? 26. Pleca of Daath (Check only one)

28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

1 Yas a No 1 Yas

1 Yas 2€ No 27. Manner of Death 5 Panding

28a. Date of Injury (Month, Day Year) invastigation 8 Could not ba datarminad

1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 28b. Tima of Injury 28c. Injury at Work?

Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 | Yas 2 | No

28d. Describe how injury occurred

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29a. Certifian (Check only one)

2 Accident

3 ☐ Suicida

4 Homicida

12 Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data end plece, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29b. Signatura and titla of certifiar

31. Data filad (Month Ray, Year) 5 1998

29c. Licansa number P09301 29d. Data signed (Month, Day, Year) May 4, 1998

30. Name end addrass of person who complated ceusa of death (Itam 23e) (Type, Print) Zattam musselman; MD

5601. Lock Raven Blod Baltimore, MD 212 21239

State Registrar 32. Ragis an Signature

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Deeth Month Vaar AND STEWART 1998 UDREU MAY 11:30 pm 4e. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE HOSPITAL MARYLAND NA GENERAL If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 1 M 2 KF 219-16-3472 Yrs. JUNE Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yas 2 THO SALTIMORE 10f. Zip Code 10g. Citizen of What Country? TULSA ROAD 3604 21207 AZU Was Decedent Ever In U.S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 □ Never Merried 2 □ Married Black 1 ☐ Yes 2 ☐ No Specify: Specify: 3 D Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) BALTO CITY School Hyrs TEACHER 12+1 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) PRETTYMAN AUGUSTA MABLE WAYMAN 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2121 Windson Gardenlane # A410 Balto Md. 21207 Joseph Parker-Cousin 20b. Plece of Disposition (Name of complete, crematory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetlon 3 Removel from Stata 4 Donetion 5 Other (Spacify) Balto, nd Woodlawn enetery 22. Name end Address of Facility C. March m of Funeral Servica Licansee GRAL HONE WEST, THE Salto md 4300 Wabash Ave. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hee Mailure. List only one ceuse on each line. Immediate Ceuse (Finel disease or condition resulting in death) · CEREBROVASCULAR ACCIDENT Due to (or es e consequence of): CORONARY ARTERY Due to (or as a consequence of): Due to (or es a consequença of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 □ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performad? 1 Yas 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

**Physician** /Medical Examiner

be det

certificate

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f ahow

6

"natural", or items 23a

d 2 should be filed within 72 th and Mental Hygiene. 7 Is merked other than "na

permit. Pages 1 and 2 s Depertment of Health an Important: If item 27 is 1 any injury or other trau

Baltimore, Maryland 21215-0020

P.O. Box 68760

Division of Vital Records,

STEWART, Audrey

Director

Funeral

by

Completed

traumatic event, the Medical Examiner must be notified at

Physician/Medical Examine Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest

Completed by Be Medical Certification: To

1 Yes 2 TNo 27. Menner of Deeth 1 Neturel 2 Accident

3 ☐ Suicide 4 Homicide 5 Pending investigation 6 Could not be

MAY 05 1998

28a. Date of Injury (Month, Day Year)

28b. Time of Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State) 15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

29b. Signetura and title of certifier

29a. Certifier

Chaudary, MD

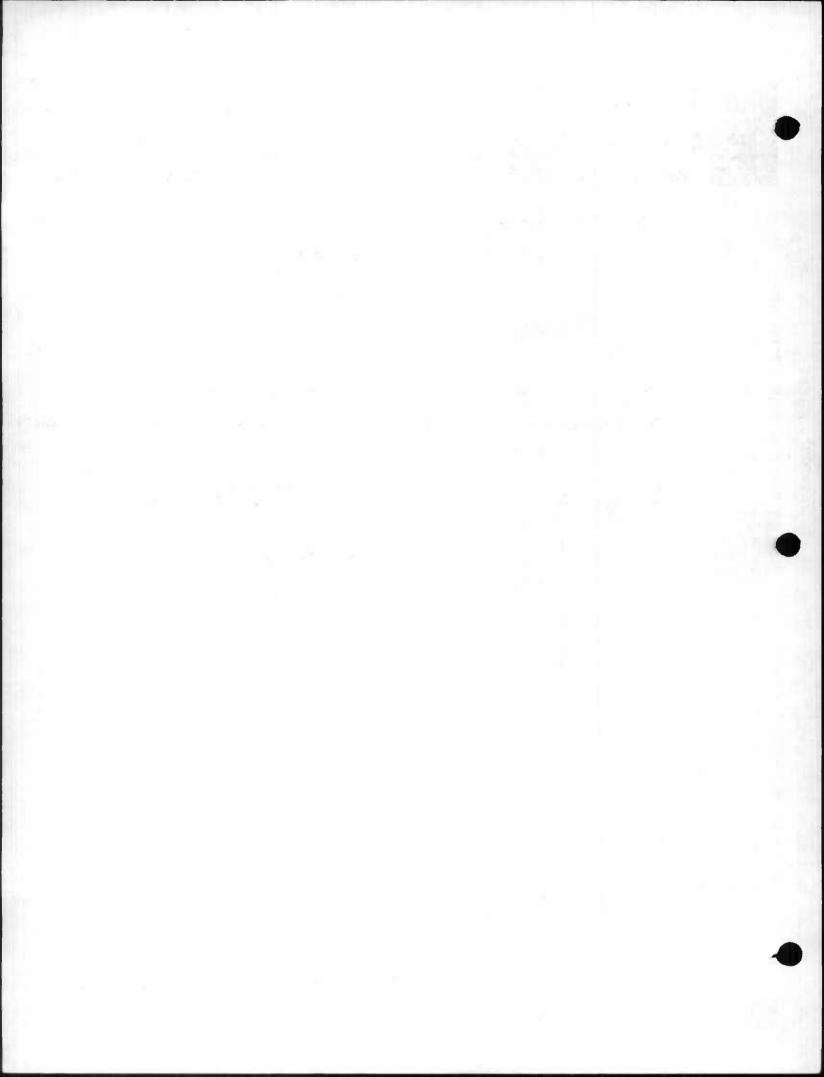
29c. License number

29d. Deta signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
MALECHA CHAUGARY, MD, MARYLAND GENERAL HOSPITAL, BALTIMORE, MD 31. Dete filed (Month, Dey, Year)

State Registrar





State of Maryland / Department of Health and Mental Hygiene

98 13851

	Certificate of D	ealli		Reg. No.			
Physician /Medical	1. Decedent's Neme (First, Middle, Last) Beverly Staton	,	2. Date of Date Month May	Day	Year 98	3. Time of Deeth	
Examiner	4a Facility Nama (If not institution, giva street and number)  4b.	. City, Town, or Lo	ocation of Deeth	4c. Count	ounty of Death		
Examino,	1109 East Northern Parkway	Baltimo	ore	NA			
neral ector	5. Social Security Number  215-40-6435  Comparison of Decedent 6. Sex 10 Months 10 Mon	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, De) 05-2	h y, Year) 1-42	9. Birthi Cou M Ç	place (Stata or Fore ntry)	
r 28a-f show Inotified at Irector	10a. State 10b. County 10c. City, Town or Location					10d. Inside City Limi 1   Yes 2   ↑	
Director	10e. Street and Number 10f. Zip Code			10g. Citizan of	Whet Cou	ntry?	
0				USA			
by Funeral	11. Marital Status  12. Wes Decedent Ever in U,S. Armed Forces?  1 Never Marriad 2 Married  12. Wes Decedent Ever in U,S. Armed Forces?  1 Yes, specify Cuben,	ent Ever in U,S. 13. Was Decedent of Hispenic Origin? (Specify Yes or No- is Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Rec Ble 2 No 1 □ Yes 2 No Specify: Specify:					
Completed		ion oring most of work	ing	16b. Kind of E	<sup>ny:</sup> Bla Business/In		
mo	Elementary/Secondery (0-12) College (1-4or 5+) 12th Grade NA Laborer				various trades		
Ü	17. Fether's Neme (First, Middle, Last)	18. Mother's Name	a (First, Middla,				
To Be C	Clifton Smith	Harrie	et	Ne	lson		
other traumatic ave	19e. Informent's Neme/Reletionship (Type, Print)  19b. Mailing Address (Street en 5000 Corley		altimo	re, Ma	ryla	nd 2120	
	20e. Method of Disposition  1 Burial 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify)  20b. Piece of Disposition (Neme of cemetery, cremetory or other piece)  Western Star C		Data -06-98	20c. Location	- 1	lle, Md	
any Injury or once.	21. Signuture of Funerel Service Licensee  WM.C. Mar	Ba.			-	d 21202 enue	
cian ticai	23a. Part. Entar the disaasa, or complications that causad the daeth. Do not enter the mode of dying, shock, or heer feilure. List only one or se on each line.	such es cardiac	or respiretory er	rrest,	1	Approximete Interval Between Onsat and Deeth	
iner	disaase or condition resulting in deeth)	HICH I	01		1		
ial yearsit Examiner	Due to (or es e consequence ot):	4 0	ISEA:	SE	1	YEAP2S	
	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying  ATILER DS CIEROTIC	11000	T 01	SEASE	-	YEARS	
is the burially edical Exa	cause. Enter Underlying Cause (Disease or Injury that initiated events  Cause (Disease or Injury Cause or Injury Cause (Disease or Injury Cause or Injury Cause (Disease or	HEAR.					

Division of Vital Records, P.(

by Be Certification: To

To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Diseases Attachment

Medical State

Registrar

24b. Were eutopsy findings evaileble prior to completion of cause ot deeth? END STAGE RENAL DISEASE 1 Yes 2 No 1 ☐ Yes 2 ☐ No CEREBROVASCULAR EVENT 25. Wes cese referred to medicel exeminer?

1 Yes 2 No 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 1 Neturel 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stete) 28a. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 29e. Certifier

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. (Check only one) 29c. License number 29d. Date signed (Month, Day, Year)

. almain

047051

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

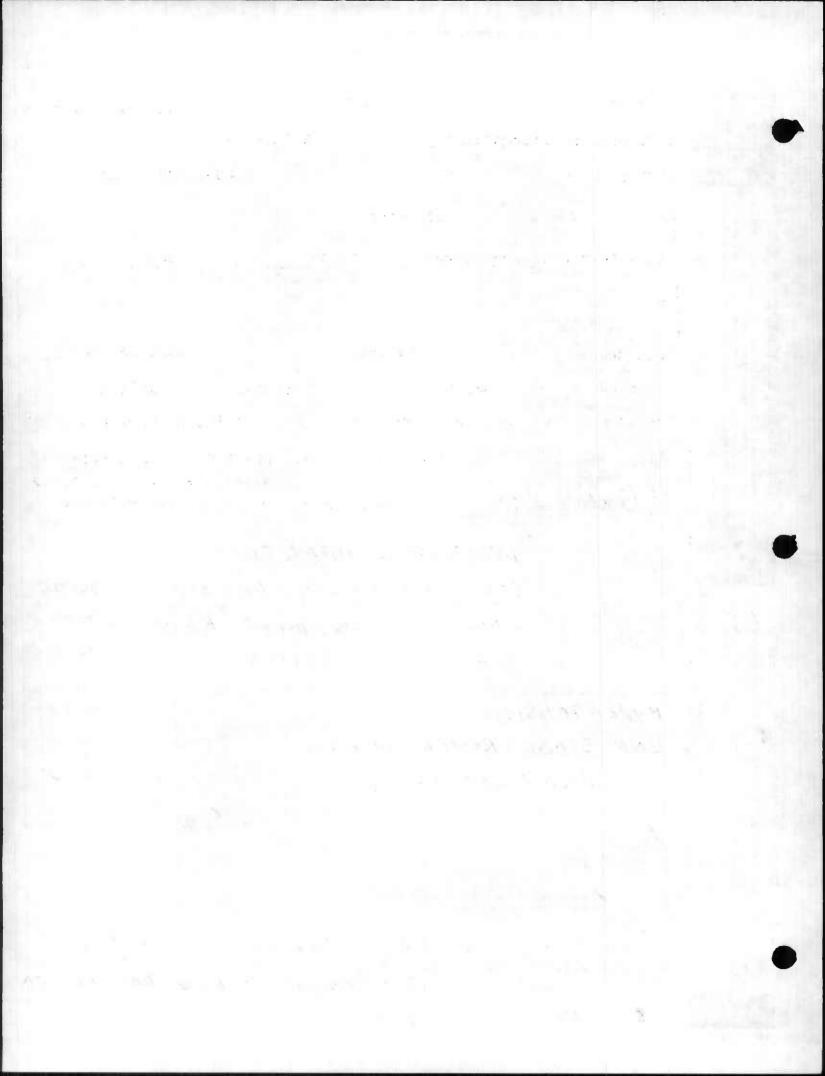
JOSE S. ALMARIO

6565 N. CHARLES ST #216

24e. Wes en eutopsy performed?

31. Dete filed (Month, Dey, Year)

Julia Devidon-Randalle



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death MAR QUECITE

1. Decedent's Name (First, Middle, Last) Sullivan 2 Date of Death 3. Time of Death **Physician** MAROURITE SULLIVAN 4:40Pm April 98 /Medical 4a Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner SECOUR HOSPITAL BALTIMORE BON If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth 9. Birthplace (State or Foreign **Funeral** 1□M 2/□F Days Hours Min 76 BALTIMORE, MD. Yrs. JAN 4,1922 Director 216-12-9716 Usual Residence of Decedent with the Meryland permit. Pages 1 end 2 should be filed within 72 hours efter death with the Merylen Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show any higher or other traumatic event, the Medical Examinat must be notified at once. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No BALTIMORE Directo MARYLAND 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 31 S. CULVER STREET 21229 USA Funeral 12. Was Decedenf Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status 1 Yes 2 No
If Yes, Give
Yeer or Dates: 1 ☐ Never Married 2 💢 Married 1 Yes 2 No Specify AFRO. AMERICAN þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOUSE CLEAN DEPT. CITY OF MARYLAND 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) GERTRUDE CLEMSEN UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BENNIE SULLIVAN HUSBAND 31 S. CULVER STREET, BALTIMORE, MARYLAND 21229 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Murial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MT. ZION CEMETERY 5/5/98 LANSDROWN, MARYLAND ESTEP BROTHERS FUNERAL HOME. P. A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 ed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medical Examiner due to (or es e consequence of) Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): physician the burie Due to (or as a consequenca of) 88 USB 23b. Did tobacco use contribute to the cause of death? Part #. Other significant conditions contributing to death but not resulting in the yarde 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed Attending Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Dealin (Check only one) TO Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA funeral 28d. Describe how injury occurred 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28h Time of 28c. Injury at Work? Certification: After 5 Pending Investigation 1 Natural s efter de. el Director: Afte 1 Yes 2 No 2 Accident n 24 hours efter dea ne Funeral Director nlately filled in by th 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide ò 29e. Certifier 1 crtifying Physician: To the best of my knowledge, deeth occurred at the fime, dete and placa, and due to the cause(s) and menner es stated. edicai 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner steted. (Check only one) To the To the Complet 29b. Signature and this of certifier 29d Date sigged (Month, Day, Year) and address of person who completed cause of deeth (Item 23e) (Type, Print)

32. Registrar's Signeture

State Registrar 31. Dete filed (Month, Day,

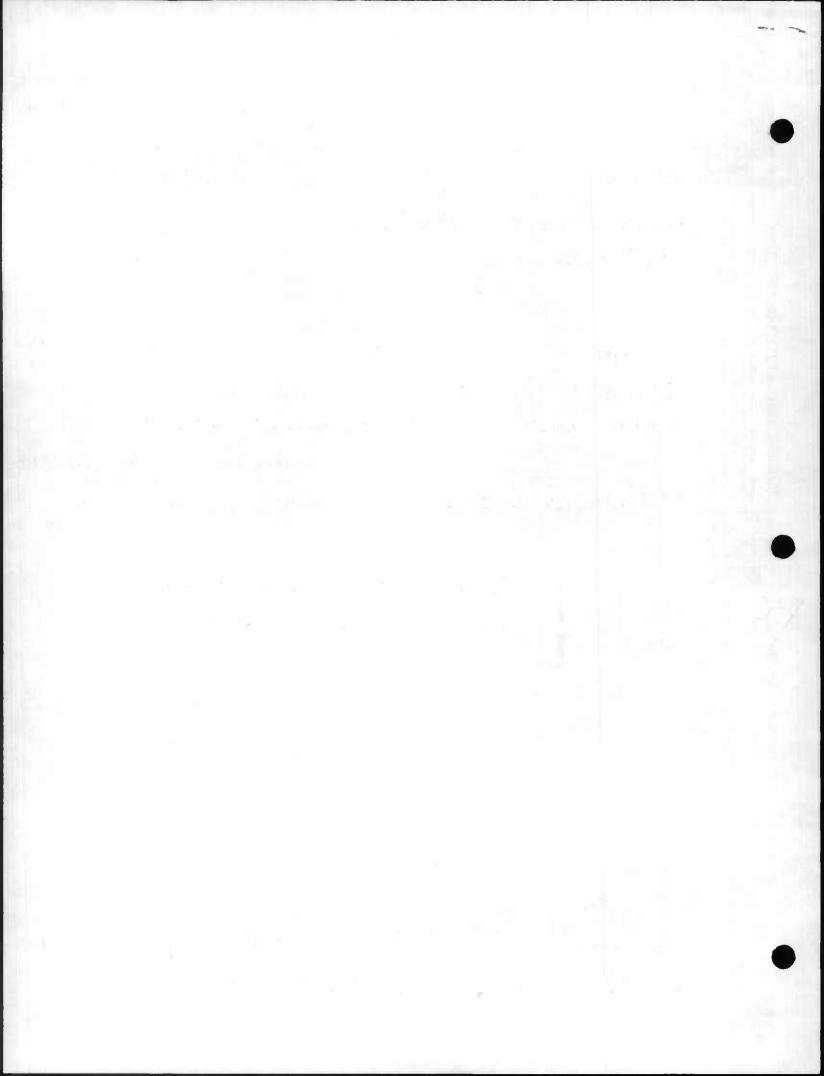
MAY 0 5 1998

GNO G 160

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) **Physician** 1998 PRI /Medical 4a Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth County of Death Examiner lac 5. Sociei Security Number 8. Dale of Birth & Say 7. Age (In vrs. lest birthdey) 9. Birthplace (State or Foreign Country) **Funeral** Min Months Days Hours 1 M 2 KF 219-03-0585 Director Usual Residence of Decedent the Manylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Peges 1 and 2 should be filed within 72 hours effer death with the Maryler nent of Heelth and Mental Hygiene.
Int: If item 27 ie merked other then "natural", or items 23e or 28e-f ehow ury or other treumstic event, the Modical Examener must be notified at 1 ☐ Yes 2 No Director Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2/37

13. Was Decedent of Hispenic Origin? (Specify Yes or Noff Yes, specify Cuben, Mexican, Puerto Rican, etc.) Funeral Race - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 D No
If Yes, Give 11 Marital Status 1 ☐ Never Married 2 ☐ Married specity: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by 3 ☑-Widowed 4 □ Divorced Completed 18a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Wepart. Store Elementery/Secondary (0-12) College (1-4or 5+) lears 9yRS 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Kwiatkowski 19a, Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Baltimore epala permit. Peges 1 and Department of Heelth Important: If item 27 any Injury or other tr IIMBERDROOK 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility 21 Signature of Funeral Service Licensee Vans Funeral Chapel Hartord 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** asculor disease Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last physicien the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequenca of): USB 88 ò ed by the a Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 | Yas 2 | No been signed best py 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 2 No 1 Yes 1 Yes certificate Hospital or Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Mother (Specify) NOS PIC 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA this 28d. Describe how Injury occurred 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Certification: After Natural 5 Pending ofter death. Director: Aft 1 Yes 2 ☐ Accident Investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide To the Hospital of within 24 hours of To the Funeral D completely filled in Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) and manner es stated.

Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) and manner stated. edicai 29a. Certifier 29c. License number 29d. Date signed (Month, Dey, Year) April 291h 29b. Signature and title of cartifier 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) iourakeni 32. Registrar 5 Sonam 5601 Lock Raven Blvd. 31. Date filed ( State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth Month **Physician** H, SACK GEURGE MAY 1998 03 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Good Samaritan Hospital Baltimore City Baltimore ff Under 1 Yaar | If Undar 24 Hrs. | Months | Deys | Hours | Min. 5. Social Sacurity Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) 1∪ M 2□ F Deys Hours Yrs 89 213-03-8324 December 24,1908 Baltimore Co., Md. Usual Rasidence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Baltimore Stoneleigh Maryland 10e. Street end Numba 10f. Zip Code 10g. Citizen of What Country? 6903 Kenleigh Road 21212 Funeral 12. Was Decedent Evar In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Detes: 1 Nevar Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White p 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Self Employed Sack Lumber Co. 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Charles C.G. Sack Mary Ellen Koehler 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Sophia A. Sack (Wife) 6903 Kenleigh Road Baltimore, Maryland 21212 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20a, Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Parkwood Cemetery May 6, 1998 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licenses 22. Nama end Addrass of Facility Lassahn Funeral Home, Inc. 23a. Pertt. Enter the distertion of complications that caused he death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Intervel Between Onset and Death Immediete Ceuse (Finel disaasa or condition resulting In death) 1-2 DAYS . GRAM NEBATIVE SEPSIS Due to (or es e consequence of) 1-2 DAYS BURINAMY TRACT INFECTION Sequentially list conditions, if any, leeding to Immediete cause. Enter Underlying Ceuse (Disease or Injury that initialed avents resulting in deeth) Lest Dua to (or es e consequença of) Due to (or as a consaquence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2000 3 ☐ Probably 4 ☐ Unknown BLADDER CONCER OKTERLIUSCLEROTIC CORDIOVASCULOR DISEASE 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? 1 ☐ Yes 2 Z No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner?

1 Yes 2 No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Daath 28c. Injury et Work? 28d. Describe how Injury occurred

Box 68760, Records, P.O. page 2 s certificate Division of Vital or Attending Physician: funeral After death. To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completaly filled in by the fu

**Funeral** 

Director

28a-f show

7 is marked other than "natural", or flems 23a or 28a-f show traumatic event, the Medical Exactmen must be notified at

parmit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Item any Injury or other traumatic event, the Medical Exercises once.

**Physician** /Medicai

Examiner

Baltimore, Maryland 21215-0020

the Maryland

þ Completed Be Certification: To Medicai

Physician/Medical Examiner

Nature 2 Accident 3 Suicida 4 - Homicide 29e. Certifier

(Check only one)

29b. Signeture end title of cartifier

5 Pending invastigation

6 Could not be determined

28e. Dete of Injury (Month, Dey Year)

28b. Time of

28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

2 Madical Examinar: On the besis of examination end/or investigetion, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) and mannar stated. 29c. Licensa number

D15135

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dey, Year) MAY 03, 1998

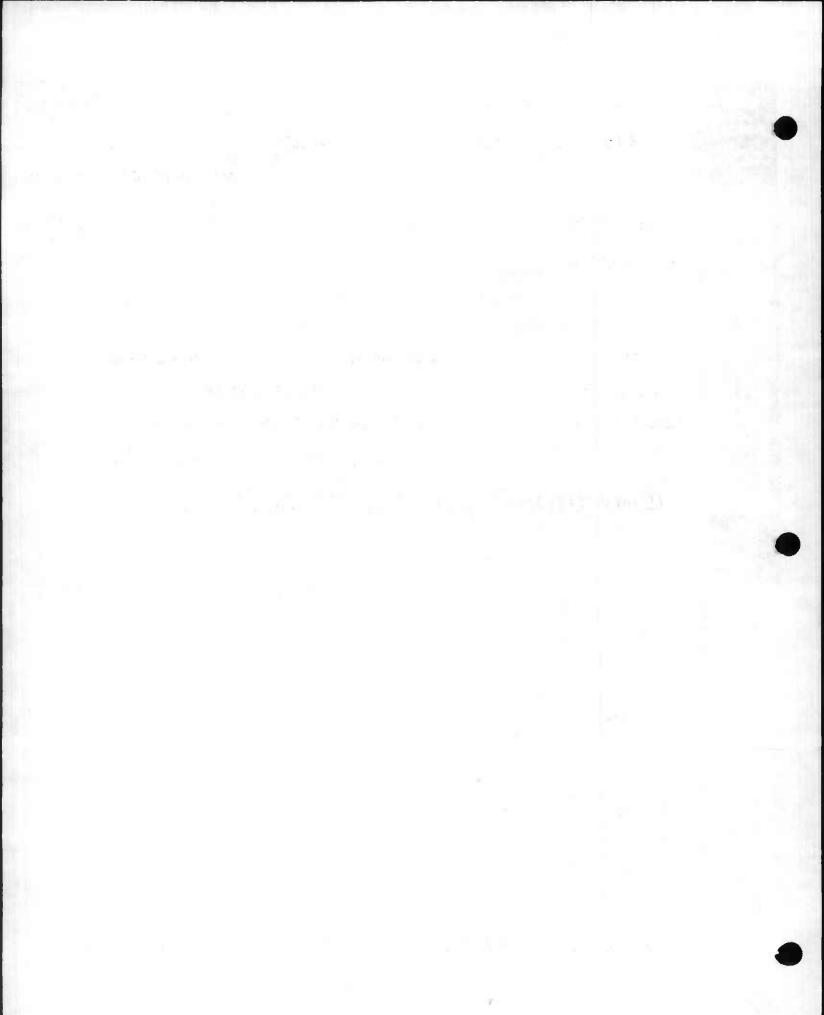
28f. Location (Street end Number or Rurel Route Number, City or Town, State)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) PENEUDE 1. SUTT MD DY N. BROWNE

BATIMUNG MD 21231

State Registrar





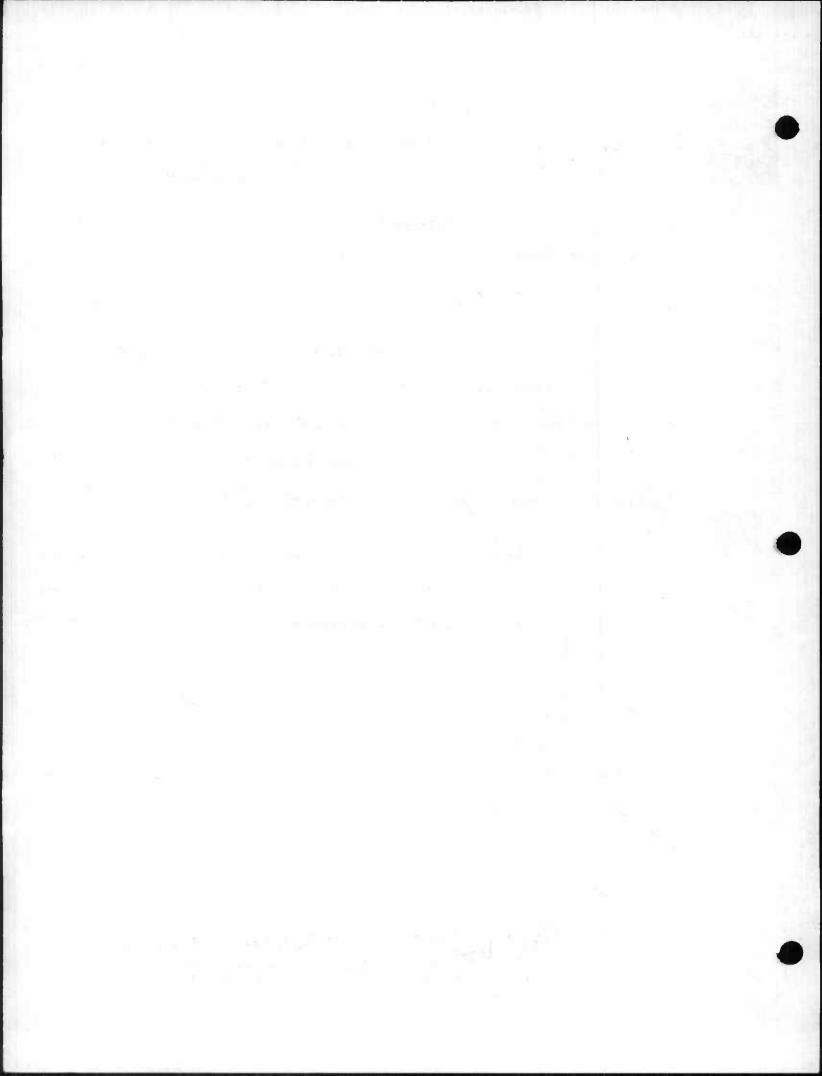
State of Maryland / Department of Health and Mental Hygiene

sician	1.	Decedent's Neme (	First, Middle	, Last)					2. Dete of Dee Month	oth Dey	Yaar	3. Time of Death
/Medical		WILLIAM E. SEARS, SR.								27 1998		
miner	48	Fecility Name (If no				TO COLUMN		4b. City, Town, or Location of Dec				
uneral irector		STELLA N Social Sacurity Num	-	6. Sax		ryrs. lest birthday)	If Under 1 Year	BALTIMON If Under 24 Hrs		N/A		plece (State or Foreig
		213-34-15	536	1₹M 2□		59 Yrs.	Months Days	Hours Min.	6. Data of Birt (Month, De NOV • 4	1938	Mary	plece (State or Foreig ntry) /land
*naturel; or items 23s or 28s-f show adical Examinet must be notified at leted by Funeral Director		-	0b. County		10	c. City, Town or Lo	ocation					10d. Inside City Limits
		Md. A	Anne A	runde1	Co.	Pasad	ena					1 Yes 2 No
	10	De. Street and Number	er				10f. Zip Code			10g. Citizen of	Whet Cou	intry?
		196 9 th	h Stre					122		USA		land to the c
	1	1. Marital Status	o No March	Arme	Decedent Eva d Forcas?	r in U,S. 13.	If Yes, specify Cu	Hispanic Origin? (S ben, Mexican, Puer	to Rican, etc.)	Ble	eck, White	ican Indian, , etc.
by F		1 ☐ Never Merriad 3 ☐ Widowed 4 [		If Yes	as 2 XNo s, Give or Dates:		1□ Yes X No	Specify:		Speci	by: wh	nite
be	-		5. Decedent	s Education		16a. Dece	dent's Usuel Occupation			16b. Kind of E	Business/Ir	ndustry
Completed	-	(Specify Eiementary/Second		T	completed)  (Give kind of work done during life. DO NOT use retired)			edunng most of wo	orking			
00		8 0 Labo					rer			Locke		Lator
Be		7. Fether's Neme (Fir							me (First, Middle,	Maiden Suma	me)	
2		Louis J.				1			n Norton			
	1	9e. Informent's Name Linda C.						et end Number or A et Pasade			n, Stete, Zi	p Coda)
	20	De. Method of Dispos		(MITC	•	20b. Piace of Disp	osition (Neme of	1	Date	20c. Location	- City or T	own, State
		1 ☐ Buriai 2 😾 🤇	Cremation	3 Removel for			metory or other pl		April 29 1998	Balt.im	ore.	Md.
4	2	Signature of Fune.				Green Mo	2. Name and Add	ess of Fecility			0107	120.0
200		1	1_	//	//.			y-Polyniak Funeral Home				
	2	3a, Pant. Enter the	disease, or o	complications the	nat caused the						. 21	Approximate
n		arlock, or heart f	failura. List o	only one ceuse	on eech line.						1	Interval Between Onsat and Deeth
ai .	Ir	mmediate Ceuse (Fir	nal		CM	Cudo.	NA	ESO/	HAGU	(	- 1	6 MOS
r	re	esulting in death)		8.		to (or as a conse		C , , , .	,,,,,,			1.
iner =											i	
s the buriat-transit				<b>b</b>							i	
	Sit	equentially list condi	litions,	Б	Due	e to (or es e conse	quence of):					
al Exar	Sit dO	equentially list condi eny, leeding to immo ause. Enter Underly ause (Disease or Inju-	litions, lediate ring jury	c							1	
edical Exar	Sit co	equentially list condi eny, leeding to imm ause. Enter Underly ause (Disease or Inji at initieted events esulting In death) Las		b		e to (or es e conse						
edical	th	nat initieted events		c								
edical	th	nat initieted events esulting In death) Las	st		Due	to (or es e consec	quence of):	iven in Pert I.	23b, Did	obacco uae c	ontribute	to the cause of death
edical	th	nat initieted events	st		Due	to (or es e consec	quence of):	iven in Pert I.		tobacco uae c Yes 2□ No		to the cause of death
edical	th	nat initieted events esulting In death) Las	st		Due	to (or es e consec	quence of):	iven in Pert I.			3 Pr	obably 4 Onknor
edical	th	nat initieted events esulting In death) Las	st		Due	to (or es e consec	quence of):	iven in Pert I.	1 🗆 24e. Wes		3 Pr	Obably 4 Unknown
edical	th	nat initieted events esulting In death) Las	st		Due	to (or es e consec	quence of):	iven in Pert I.	1 🗆 24e. Wes	Yes 2□ No en eutopsy	3 Pr	obably 4 Onknow
edical	th	nat initieted events esulting In death) Las	st		Due	to (or es e consec	quence of):	iven in Pert I.	1 🗆 24e. Wes	Yes 2□ No en eutopsy med?	3 Pr	Obably 4 Onknown
fedical	P P	nat initiated events esulting in death) Las ert II. Other significa  5. Wes case referred exeminer?	ant condition	ns contributing	Due to death but n	o to (or es e consec ot resulting In the u	quence of): underlying cause g	26. Piece of De	24e. Wes perfo	en eutopsy med?  Yas 2 ☑ No	3   Pro	Vere eutopsy findings veileble prior to completion of causa of death?  Yes 22 No aris at Me
To Be Completed by Physician/Medical	Pi	ert II. Other significations of the second of the second of the signification of the second of the s	ant condition	Hospitel:	Due to death but n	ot of the consection of the co	quence of):  underlying cause g	26. Plece of De ther: 4 ☐ Nursing	24e. Wes perfo	en eutopsymed?  Yas 2 No  Prince 5 Control Stell  dence 6 00	3 Production 3 Pro	Vere eutopsy findings veileble prior to completion of causa of death?  Yes 22 No aris at Me
To Be Completed by Physician/Medical	Pi	sat intered events essulting in death) Lassest line in death) Lassest line in the second in the seco	ant condition  d to medicat	Hospitel:	Due to death but n	ot (or es e consector ot resulting In the consector of the consector of the consector of the consector of the consector of the consector of the consector of the consector of the consector of the consector of the consec	quence of):  underlying cause g  nt 3 DOA C	26. Plece of De ther: 4 ☐ Nursing	24e. Wes perfo	en eutopsymed?  Yas 2 No  Prince 5 Control Stell  dence 6 00	3 Production 3 Pro	Vere eutopsy findings veileble prior to completion of causa of death?  Yes 22 No aris at Me
To Be Completed by Physician/Medical	Pi	5. Wes case referred exeminer?  1 Yes 2 Death  1 Manner of Death  1 Natural 2 Accident 3 Suicide	ant condition  d to medicat  5 □ Pending investig 6 □ Could	Hospitel: 28e. Contribution of the 28e. P	to death but not	ot (or es e consector resulting In the consector	quence of):  underlying cause g  nt 3 DOA C	26. Plece of De ther: 4 ☐ Nursing ury at ork? ☐ Yes 2 ☐ No	24e. Wes perfo	en eutopsy med?  Yas 2 No  No  No  No  No  No  No  No  No  No	3 Produced 24b. Value of the Control	Vere eutopsy findings veileble prior to completion of causa of death?  Yes 22 No aris at Me
To Be Completed by Physician/Medical	Pi	sat intreted events essulting in death) Lassest line of the second of th	ant condition  d to medicat  5 □ Pending investig	Hospitel: 28e. Contribution of the 28e. P	to death but not not not not not not not not not no	ot (or es e consector resulting In the consector	quence of):  underlying cause g  nt 3 DOA C	26. Plece of De ther: 4 ☐ Nursing ury at ork? ☐ Yes 2 ☐ No	24e. Wes perfo	en eutopsy med?  Yas 2 No  No  No  No  No  No  No  No  No  No	3 Produced 24b. Value of the Control	Vere eutopsy findings veileble prior to completion of cause of death?  Yes 22 No  Aris at Me
To Be Completed by Physician/Medical	Pi	5. Wes case referred exeminer? 1	ant condition  d to medicat  D  S Pending investig  G Could n determine	Hospitel: 28e. Contributing 28e. Contributing 28e. Contributing	to death but not death but not death but not death but not not not not not not not not not no	2 ER/Outpatie 28b. Time of Injury  At home, ferm, st	nt 3 DOA Control of Co	26. Piece of De ther: 4 \( \text{Nursing} \) ury at ork? \( \text{Yes} \) 2 \( \text{No} \) time, date and piece	24e. Wes perfo	Yes 2□ No en eutopsy med?  Yas 2□ No ene) Stell dence 6 now injury occu  Street and Nun vn, Stere)  cause(s) end n	3 Proceed 24b. Value of the Control	Vere eutopsy findings velieble prior to completion of causa if death?  Yes 22 No aris at Me with the completion of causa if death?
To Be Completed by Physician/Medical	Pi	5. Wes case referred exeminer? 1	ant condition  d to medicat  D  S Pending investig  G Could n determine	Hospitel: 28e. Contributing 28e. Polyslolan: Tocxaminer: On the	to death but not death but not death but not death but not not not not not not not not not no	2 ER/Outpatie 28b. Time of Injury - At home, ferm, st	nt 3 DOA Control 28c. In Williams In Control 28c. In Williams In Control 28c. In Williams In Control 28c. In Williams In Control 28c. In Williams In Control 28c. In Williams In Control 28c.	26. Plece of Dether: 4 Nursing ury at ork? Yes 2 No	24e. Wes perfo	en eutopsymmed?  Yas 2 No one) Stell dence 6 No own injury occurry, Stere)  cause(s) end n dete end place	24b. Value 24b. Value	Vere eutopsy findings veileble prior to completion of cause of death?  Yes 22 No aris at Me with the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of the c
Be Completed by Physician/Medical	P 2 2 2 2	sat intreted events essulting in death) Lassesulting in death and in the control of the contro	ant condition  d to medicat  5   Pending investig 6   Could n determine	Hospitel: 28e. Contributing 28e. Polyslolan: Tocxaminer: On the	to death but not death but not death but not death but not death but not death but not death beat of Injury wilding, etc. (5)	2 ER/Outpatie 28b. Time of Injury - At home, ferm, st	nt 3 DOA Control 28c. Injureet, fectory, official the occurred at the investigation, in my	26. Piece of Dether: 4 Nursing ury at ork?  Yes 2 No education, date and piece opinion, deeth occurs a number	24e. Wes performed at the time,	Yes 2 No en eutopsymmed?  Yas 2 No ene) Stell dence 6 No ene) Stel	3 Proceedings of the Control of the	Vere eutopsy findings veileble prior to completion of causa if death?  Yes 22 No aris at Me with the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of the c
To Be Completed by Physician/Medical	P 2 2 2 2	sat intered events essulting in death) Lassesting in death) Lassest II. Other signification of the control of t	ant condition  d to medicat  5   Pending investig 6   Could n determine	Hospitel: 28e. Contributing 28e. Polyslolan: Tocxaminer: On the	to death but not death but not death but not death but not death but not death but not death beat of Injury wilding, etc. (5)	2 ER/Outpatie 28b. Time of Injury - At home, ferm, st	nt 3 DOA Control 28c. Injureet, fectory, official the occurred at the investigation, in my	26. Plece of Detailer: 4 Nursing ury at ork? Yes 2 No e time, date and plec opinion, deeth occurs a number	24e. Wes performed to the control of	Yes 2□ No en eutopsy med?  Yas 2□ No one) Stell dence 6 Ao now injury occur  Street and Num vn, Stete)  cause(s) end n dete end place	3 Proceed 24b. V	Vere eutopsy findings veileble prior to completion of causa if death?  Yes 22 No aris at Me with the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of the c
To Be Completed by Physician/Medical	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	sat intered events essulting in death) Lassesting in death) Lassest II. Other signification of the control of t	ant condition  d to medicat  5 Pending investig 6 Could n determine Certifying Medical E	Hospitel: 28e. P. diation of the ned 28e. P. b. g. Physician: To examiner: On the end in the second	to death but not better of Injury Month, Dey Yes the best of many bests of examenner steted	2 ER/Outpatie 28b. Time of Injury At home, ferm, st Specify)  y knowledge, deet aminetion end/or in	nt 3 DOA Control 28c. In Williams In Control 28c. In Williams In Control 28c. In Williams In Control 28c. Licator	26. Plece of Detailer: 4 Nursing ury at ork? Yes 2 No e time, date and plec opinion, deeth occurs a number	24e. Wes performed at the time,	Yes 2□ No en eutopsy med?  Yas 2□ No one) Stell dence 6 Ao now injury occur  Street and Num vn, Stete)  cause(s) end n dete end place	3 Proceed 24b. V	Vere eutopsy findings veileble prior to completion of causa if death?  Yes 22 No aris at Me with the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of death of the cause of the c

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 8 | 3 8 5 6

					Certific	ate of Death		Reg. No.		
Physici	20	1. Decedant's Nama (First, Middla, La	st)				2. Data of De Month		Yaar	3. Tima of Death
/Medic	_	James L	SCriv	200			April	27 19	198	10:30 P/
Examin	er	4a. Facility Name (If not Institution, giv			11000 1	4b. City, Town, or				
		HOWARD COUR  5. Social Sacurity Number  6. S		(In yrs. las	HOSPIT	der 1 Yaar   If Under 24 Hrs		How		o (Chata as Fansian
Funeral Director			M 2□ F	82	Yrs. Monti		. (Month, De	4, 1916		e (Stata or Foreign ) yland
netural, or items 23a or 28a-f ehow		10a. Stata 10b. County		10c. City,	Town or Location				10d.	Inside City Limits
- 2	tor	Maryland N/A		Ba1	timore					1 XYes 2 No
or 28	Director	10e. Street and Numbar			10f.	Zip Code		10g. Citizan of W	het Country	?
23	la	500 E. Jeffrey S	Street			21225		U.S	•	
"natural", or items 23a or 28a-f show adical Examiner must be notified at	by Funeral	11. Marital Status  1 ☐ Navar Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorcad	12. Was Dacadant E- Armed Forcas? 1 ☑ Yes 2 ☐ No If Yas, Giva Yaar or Datas:	0		cadant of Hispanic Origin? (specify Cuban, Maxican, Pua 2 No Spacify:	Specify Yes or No to Rican, atc.)	14. Race Black Specify:	- Amarican K, Whita, atc	
natur	ted	15. Decedant's Ed	lucation		16a. Decedent's U	sual Occupation	4.5-	16b. Kind of Bus	sinass/Indus	itry
	Completed	(Specify only highest gra	Collaga (1-4or 5+	+)		work dona during most of wo Tusa retired)	orking			
	S	8th			Auto M	echanic			Offic	e
e marked other sumatic event,	Be	17. Fathar's Nama (First, Middla, Last)		Canda	- 14		ma (First, Middla Mary Laft	, <i>Maidan Suma</i> ma	a)	
marked matic e	2		Menry Clay							
- 25		James E. Scrivno	• •			ass (Street and Number or F				
itam 27 other tr		20a. Mathod of Disposition	or / son	20h Plac		Veffrey Street	Data	20c. Location - (		and 21225
		1 X Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specify	1)			Memorial Park				Maryland
Important: I any injury o once.		21. Signatura of Funaral Sarvice Lican	saa rmureeve	les-		and Addrass of Facility  Ritchie Highv		Funeral E timore, N		
		23a art1. Entar the disease or comp hock, or haart failure List only	olications that caused tona cause on aach line	he daath.	Do not enter tha n	noda of dying, such as cardia	c or raspiratory a	rrast,	Ar	pproximata terval Batween
sician edicai ıminer		Immediata Causa (Final diseasa or condition resulting in daath)	. AWTS	= e	55P1RA	TURY FAR	wre		Or	24 H25.
	e_			,	s a consaquence				-	
ansit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disease or Injury Causa (Diseas							, ,	INTYS
a le	Exa									4 novie
physician the bure	cal	thet initiated evants					1			
es th	Medical	rasulting In daath) Last	5	da to joi at	s a consaquanca o					
			d				-			
ne ett	Physician/	Part II. Other significant conditions of	ontributing to death but	not rasultir	ng in tha undarlyin	g cause given in Pert I.	23b, Dld	tobaçco uae con	tributa to th	e cause of death?
by the stacked	P)	I'm Clore	`				1 🗆 '	Yes 2□ No	3 Probab	oly 4 Unknown
p eq	þ	(100 0 130.00)	3							
should	Completed	manutut	wa				24a. Was	an autopsy ormed?	availa	autopsy findings bla prior to
es be	Pie l	DEPRESSION							of dea	letion of causa ath?
page page	5	1) 511453565					10	Yas 2 No	1 🗆 Y	es 20 No
	Be	25. Was casa referred to medical axaminar?				26. Pleca of De	ath (Check only	ona)		
o io	2	1 Yas 2 No	Hospital: 1 Inpatiant	t 2 EP	VOutpatient 3□	DOA Other: 4 Nursing	Homa 5 ☐ Rasi	danca 8 □Otha	r (Spacify)	
		27. Menner of Death 1 ☐ Matural 5 ☐ Panding 2 ☐ Accidant ☐ Invastigation		Injury 28b. Tima of 28c. Injury at Work?  M 1 1 Yas 2 No			28d. Describe how injury occurred			
al Director: A ed in by the fi	Certification:	3 Suicide 6 Could not be datarmined	28e. Pleca of Injur building, atc.	y - At home (Spacify)	a, farm, street, fac	tory, office	28f. Location ( City or To	Straat and Numbe wn, State)	or Aural A	oute Number,
Funer tely fill	edicai	29a. Certifiar (Check only one) 1 ☐ Cartifying Phyone) 2 ☐ Medical Exam	valcian: To the best of liner: On the besis of e end manner state	exeminetion	edga, death occurr a and/or investigati	ed at tha time, data and plac on, In my opinion, deeth occ	a, and dua to tha urred at the time,	causa(s) and man dete end plece, e	nnar as stata nd dua to the	id. a causa(s)
To the comple	-	29b. Signature and titla of certifier	9 .			29c. Licensa number		29d. Data signed		
		1	ty -	1		03657	4	APRIL	27	1998
/	-	30. Nama and addrass of person who o	completed cause of der	eth (Itam 20	3a) (Type, Print) (	)~VID 0- NY/	worm	MO.		-
/		10724 LITTLE P	MINK GASI PI	Mkw	مر د	LUMBIA	mo.	21544		
Stat		31. Data filed (Month, Day, Year)	32. Registra			2.00				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Dete of Death 3. Time of Death **Physician** 458m TRAMONTANO ROSE APRIL 9-11 · /Medical 4b. City, Town, or Location of Death 4a Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner HarForD MD Harvest Belau, 625 H Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Worths Deys Hours Min. (Month, Dey, Year) Birthplece (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F Months Yrs. 217-22 -1930A Director MARYLand Usuel Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits ?7 ie merked other then "natural", or iteme 23a or 28a-f show traumetic event, the Medical Examiner must be notified at 12 Yes 2 No MD NIR BALTIMORE, CITY Directo 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street end Number USA 514.5. AVE Decker 51734 Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to oppartment of Health and Mental Hygiene. Important: If item 27 ie marked other than "natural", or item any injury or other traumatic event, the Medical Exemplants. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married 1 Yes 2 No Specify: Baltimore, Maryland 21215-0020 Specify: þ while 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10+6 WATTRESS Restaurant NIA 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Angeline JOHN Oul P. 220 De Martino 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) PATRICIA Lawrence Harvest. CT. Belgir MD 21014 DauGhTER 20b. Plece of Disposition (Name of cametery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition Dete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion 5 Pother (Specify) ENTOmbrent GARdens of FAITH CEM. BALTIMORE, MD 22. Name and Address of Facility
DELLA NOCE 4 Sons Funeral Home HIGH ST. 322 -5. loca BALTE. 21202 MD 23a Part1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Approximete Intervei Between Onset end Deeth **Physician** Immediete Cause (Final disease or condition resulting in death) /Medical Colon Metastatic maths Examiner Due to (or es e consequence of) Examiner the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): ettending physician Physician/Medical Due to (or es e consequence of): P.O. Pert II. Other eigniffcent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed After this certificate has 1 Yes 20 No 1 ☐ Yes 2 ☐ No after death.

Director: After this certific 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) DANGHTERS Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA HOME 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: 1 Neture 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 ☐ Homicide To the Hospital o within 24 hours af To the Funeral Di completely filled in 29a. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner es stated. Medical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one) 29d. Dete signed (Month, Dey, Year) 29b. Signeture and title of certifier 29c. License number 040854 4/28/98 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 807 F301 ST. Paul. Pl. BM10. MB 21262 Risurberg ND 32. Registred's Signeture 31. Dete filed (Month, Dey, Year) 1 Savids Registrar MAY 0 5 1998

DHMH 16 Rev 6/95

services. Some & All

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3858 Certificate of Death 2. Data of Death 3. Time of Death 1. Decedent's Nama (First, Middla, Last) IRIPLINE :32 P.11. DIANE 4a Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath ROSE DALE HOSPITAL CEPTER Aga (In yrs. last birthday) If Under 1 Year FRANKLIN QUARE BALTIMORE If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stete or Foraign Country) 5. Social Security Number Sax 7. Aga (In yrs. last birthday) 1 M 2 NF Months Days 219-46-6475 49 Yrs. JUNE 17, 1948 Wash Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore md. Daltimore 1 ☐ Yas 2 ☐ NO 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 9512 PERRY HALL Blud. #202 21236 AZU 12. Was Decedant Evar in U,S Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14 Bace - American Indian 11. Marital Status Black, Whita, atc 1 Yas 2 Mo If Yas, Giva Yaar or Datas: 1 Never Marriad 2 Married Blac 1 Yas 2 No Spacify: Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grada complated) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamentery/Secondary (0-12) Collega (1-4or 5+) NA NA AG 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) IRIPLINE DOROTHY Williams homas

Buckingham

22. Nama and Addrass of Facility
Wm C. March Functal

4300 Wabash Ave.

Kark

r is marked other than "naturel", or thems 23s or 28s-f show traumatic event, the Medical Examiner maint be notified at I Hygiene. end Mental 1 end 2 should be Depertment of Health elimportant: If item 27 is eny Injury or other trat Pages eny ir

TRIPLIPE, DIAME

**Physician** 

/Medical

Examiner

10a Stata

Director

Funeral

à

Completed

O

19e. tnformant's Name/Reletionship (Type, Print)

4 ☐ Donation 5 ☐ Other (Specify)

21. Signatura of Funaral Sarvice Licansas

1 Burial 2 □ Cramation 3 □ Ramovel from Stata

JOSEPH 20a. Mathod of Disposition

Immediata Causa (Final disaase or condition rasulting in daath)

PRIDINE - JON

Ham

**Funeral** 

Director

**Physician** /Medical **Examiner** 

deteched

signed by t

been sign

s certificate has b

this After this

n 24 hours efter death. He Funeral Director: Al pletely filled in by the fu

within 2 To the

director,

or Attending Physician:

death.

2

Completed

Be

2

Certification:

edicai

Division of Vital Records, P.O. Box 68760

Physician/Medical Examiner Sequantielly list conditions, if any, laeding to immadiata cause. Enter Undarfying Causa (Disaasa or Injury thet initieted events rasulting in daath) Last The law requires that the death certificate

23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MYOCARDIAL INFARCTION

Due to (or as a consequence of):

RESPIRATORY A IRREST

Due to (or es e consequence of):

ASTHMATICUS STATUS

3615

20b. Placa of Disposition (Nama of cematary, cramatory or other place)

INGMEMORICE

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contributa to the causa of death? 1 Yes 20 No 3 Probably 4 Unknown

Dalto md. 21207

Randallstown mo

20c. Location - City or Town, Stata

HOME WEST, INC.

Balto md 21215

24a. Was an eutopsy performed?

24b. Wara autopsy findings available prior to

Approximata Interval Between Onsat and Death

HOUR

complation of cause of death?

26. Place of Death (Check only ona)

1 ☐ Yas 2 ☐ No

	Mannerel	1	
	axeminar?	2 TONO	
20.	1142 Case	Ididilea	to medical

28a. Data of Injury (Month, Day Year) 5 Panding Invastigation

28b. Tima of Injury

28e. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury et Work?

19b. Malling Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Coda)

5-7-98

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify)

28f. Location (Street end Number or Rural Routa Number, City or Town, Stata)

28d. Dascribe how injury occurred

29a. Certifier (Check only one)

1 Natural
2 Accident

3 ☐ Suicida

4 ☐ Homleide

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the causa(s) and mannar as steted.
2 Madical Examinar: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the ceuse(s) and mannar stated.

29b. Signature and titla of certifia Hommonde Mo

6 Could not be datamined

29c. Licansa numbar

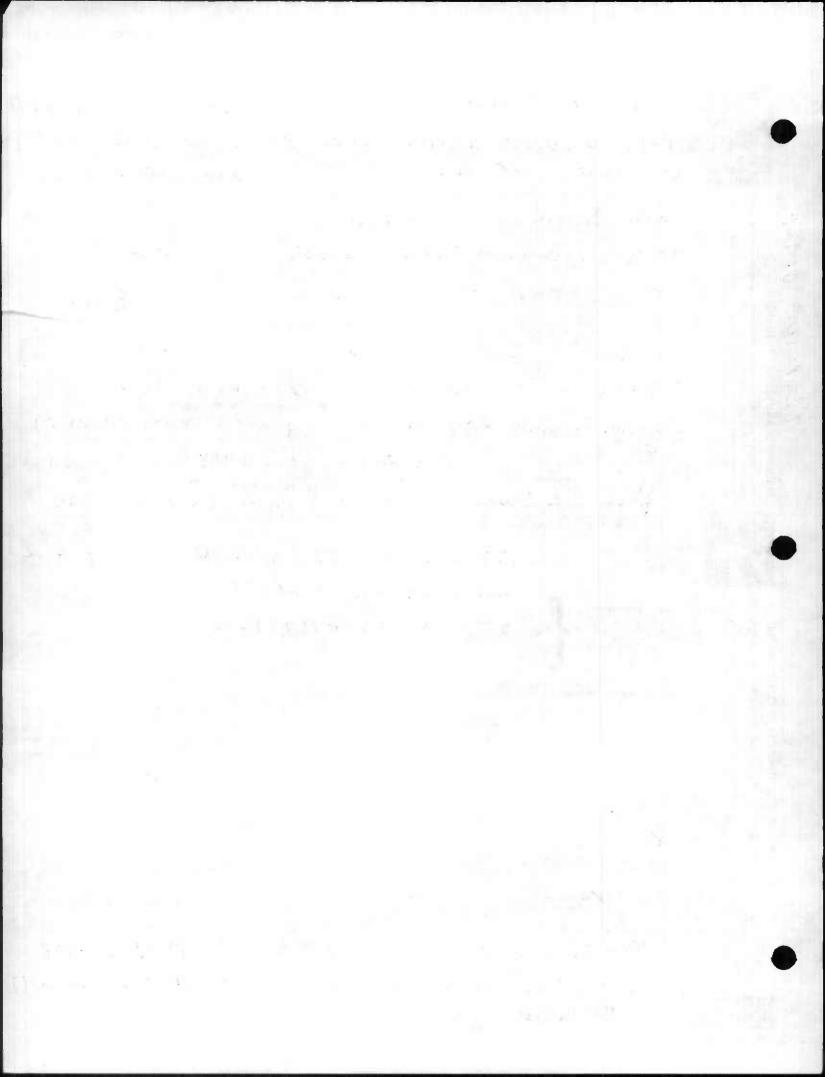
1 ☐ Yes 2 ☐ No

29d. Data signed (Month, Day, Year)

30. Name and eddress of person who complated causa of death (Item 23e) (Type, Print)

9000 FRANKLIN SPUACE DR. BALTO, ND 21237 HIPARLHEBER 10.

State Registra



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** Ar netta 01 98 may /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Liberty Medical Center Baltimore N/A 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Day, Year) 6. Sax Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 XF Days 217-07-2823 93 Yrs. Director March 9,1905 Maryland Usual Rasidence of Decedant with the Marylend 10a Stata 10h Count 10c. City. Town or Location 10d. Insida City Limits r 28a-f show N/A 1 TYYas 2 □ No Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ? le marked other than "natural", or items 23a or treumatic event, the Mod cal Examiner must be a 2307 Elsinore Avenue 21217 United States permit. Pages 1 and 2 should be filed within 72 hours efter death v. Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other treumatic event, the Modical Examiner mass enges. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yas, Giva Yaar or Dalas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Navar Marriad 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: Black by 3 Widowed 4 □ Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) Line Worker Can Factory 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) Walter Bowie Louise (Unknown) 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Percy Gooden/Son 2503 Violet Avenue, Apt.506, Baltimore, MD 21215 20a. Mathod of Disposition
1 □ Burial 24 Cramation 3 □ Ramoval from Stata 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Steta Green Mount Crematory 5-4-98 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funaral Sapries Licens <sup>22</sup>. Name and Addrass of Fecility CAFA - Stephen D. Lohrmann, P.A. 23a. Part1. Entarthe disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. oluman 8717 Green Pastures Drive, Baltimore, MD 21286 Approximata Intarval Betwaan Onsat and Daath **Physician** /Medicai Immediata Causa (Final disaase or condition rasulting in daath) Examiner Physician/Medical Examiner ongeshire heart Sequantially list conditions, if any, laading to immadiate cause. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequance of): Hypertensis Dua to (or as a consequanca of) Division of Vital Records, P.O. Box 687 bleed MPPES agstomiesnig! USe signed by the a d be detached f Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Cosmuctine Ling discose by 24b. Wara autopsy findings availabla prior to complation of cause of death? 24a. Was an autopsy performed? Completed Renal manshciency irector, pege 2 s Dementa 1 ☐ Yas 2 ☐ No or Attending Physicien: director, 25. Was casa rafarred to medical axaminar? Be 28. Pleca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 DER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1□ Yes 25 No 2 this 28a. Data of Injury (Month, Day Year) funerel 27. Manner of Daath 1 Natural 2 Accidant 28d. Dascriba how injury occurred 28b. Tima of 28c. Injury at Work? Certification: After 5 Panding Invastigation n 24 hours efter deeth.

Ne Funerel Director; Af
pletely filled in by the fu 1 ☐ Yes 2 ☐ No 6 Could not ba datarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, and dua to tha causa(s) end menner es steted.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred et the time, dete and place, and due to tha cause(s) end mennar stated. 29a. Certifiar To the Hosp within 24 hos To the Fune completely fi edicai (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signad (Month, Day, Year) 30115

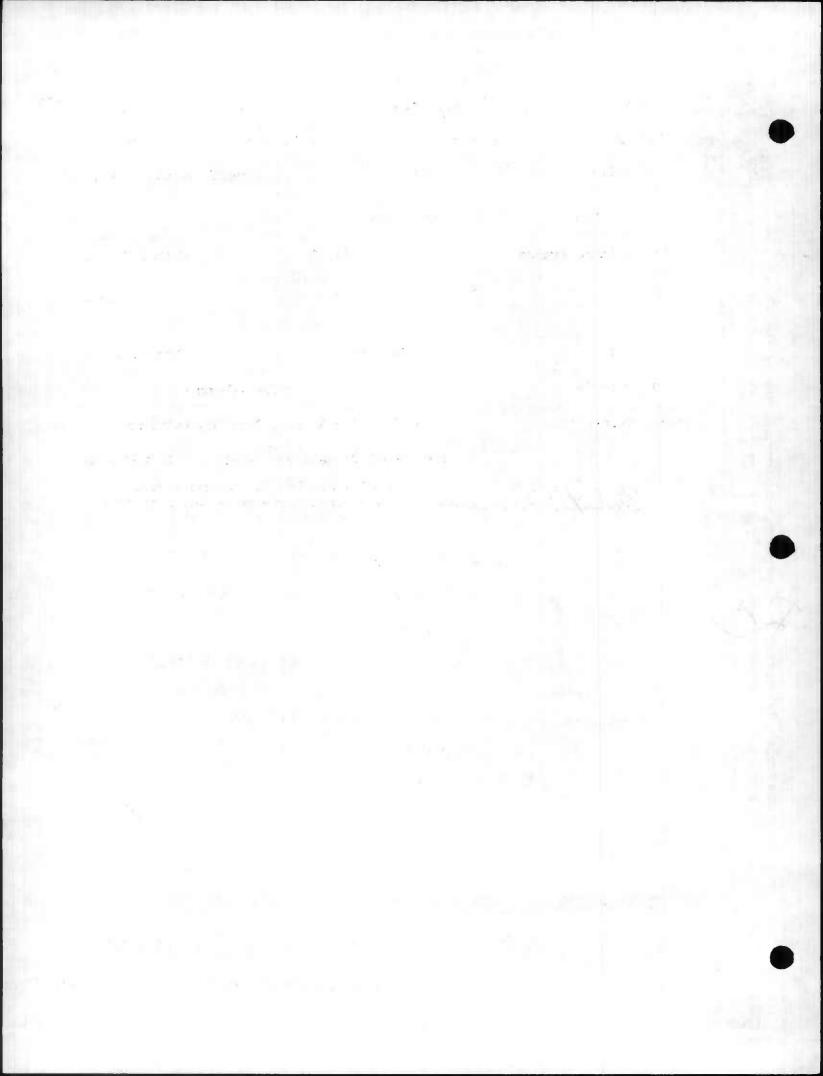
2600 LIBERTY

HOTS ANO 13914, MO 2/2/5

State Registrar 31. Data filed (Month, Day, Year)

30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print)

32 Fundamer's Signetura



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 1 Decedant's Nama (First, Middla, Last) 3. Tima of Death APRIL. **Physician** ELAINE **VERONA** 1998 8:20 PM /Medical 4b. City, Town, or Location of Daath 4a Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner 6701 PARK HEIGHTS AVE., APT. 4-E BALTIMORE N/A 5. Social Security Number 7. Aga (In yrs. last birthday). 83 Yrs. If Undar 1 Yaar | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) MAR 4, 1915 6 Sax 9. Birthplaca (Steta or Foreign **Funeral** Months Days Hours Min 1 M 2 X F NEW YORK Director 052-32-2263 Usual Rasidanca of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Item 27 is marked other than "naturel", or flems 23s or 28s-f show other traumatic event, the Maxical Examiner must be notified at Yas 2□No MARYLAND Director N/A BALTIMORE 10e Street and Numbe 10f. Zin Code 10g. Citizan of What Country? 6701 PARK HEIGHTS AVE., APT. 4-E 21215 USA Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours effar of Department of Health and Mental Hygiana. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Hedical Example once. 1 Yas 2 No If Yas, Give Yaar or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: P 3 Widowad 4 □ Divorced WHITE Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16h, Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) HOMEMAKER OWN HOME 18. Mothar's Nama (First, Middla, Maldan Surnama) 17. Fathar's Nama (First, Middla, Last) JOSEPH DIAMOND ROSE OL UNKNOWN 19e. Informent's Name/Relationship (Type, Print)
MRS. PHYLLIS CHAVIS (DAUG.) 19b. Meiling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 6701 PARK HEIGHTS AVE., APT. 4-E BALTO., MD 21215 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) Data 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata HAR SINAI 5/3/98 OWINGS MILLS, MD 4 □ Donation 5 □ Other (Specify) 2. Nama and Addrass of Facility
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD. PIKESVILLE, llau MD 21208 oligations that causad the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, ode causa on aech line. Approximata Interval Between Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) metastasis 6 mo Examiner Due to (or es a consequanca of) Examiner 04 actenocarcinoma Sequentially list conditions, if any, laading to immadiata ceusa. Enter Underlying Causa (Disaasa or Injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Box 68760. Physiclan/Medicai Dua to (or as a consequance of): the 80 USB signed by the a 23b. Did tobacco usa contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 10 20 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed cartificate has 1 Yas 2 No 1 Yas 2 No director, 25. Wes case rafarred to medical axaminar? Be 26. Place of Death (Check only ona) Othar: 4 Nursing Homa 5 Pasidence 6 Othar (Specify) 1 Yas 2 ₩ Certification: To 1 Inpatiant 2 ER/Outpatiant 3 DOA Aftar this funerel 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury et Work? Attending 5 Panding invastigation 1 Netural after death. Director: Aft 1 Yes 2 No 2 Accidant 6 ☐ Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida ŏ 24 hours a Funerei D 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, data and place, and dua to tha causa(s) and mannar as stated. 29a. Cartifian Medical completaly (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. To the I within 2 295. Signiffore and title of one 29c. Licansa numbar 29d. Data signad (Month, Day, Yaar) 4-30-98 37018 mo 30. Name and address of person who complated cause of deeth (Itam 23a) (Type, Print) Hospital John Laterra Johns aing um 31. Data filed (Month, Day, Year) 32. Registrar's Signatura

- ne weusdoon-standalle

DHMH 16 Rev 6/95

Registrar

MAY 0 5 1998

A 14 %

111 Penn Street, Baltimore, Maryland 21201

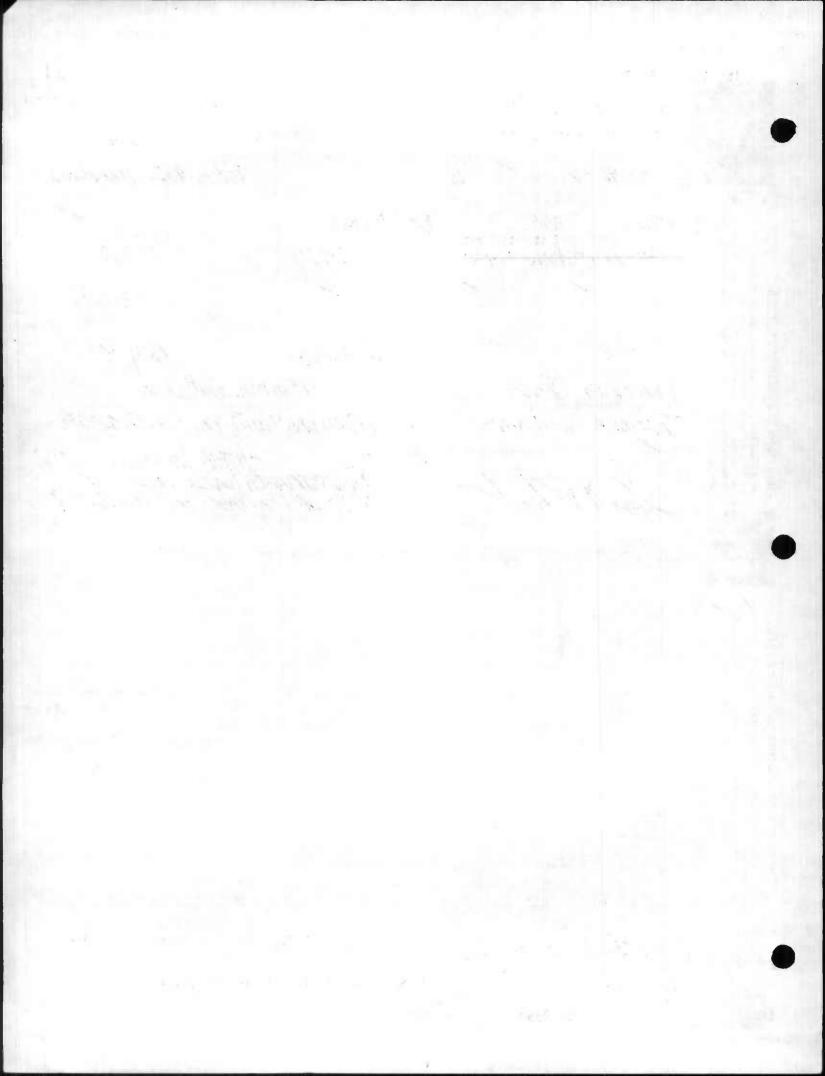
Registrar

HE WOLES

31. Data filad (Month, Day, Year)
MAY 05 1998

McKn

32. Regist



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. -1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth APRIL 6:35 A **Physician** WRIGHT RMA /Medical 4e Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner tospita Hrs. 8. Date of B 8. Date of Birth (Magth, Day If Under 1 Yeer 9 Rirthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. lest birthday) Sex 1□M 2XF **Funeral** Months Deys Hours 58 Baltimore 212-58-4256 Usual Residence of Decedent Yrs. Director with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be incitited at 1 Tes 2 No Director Daltimore 10g. Citizen of Whet Country? 10f. Zip Code Funeral death Raca - American Indien, Bleck, White, etc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes. specify Cuben Mexican, Puerto Rican, etc.) Wes Decedent Ever In U,S Armed Forces? 1 ☐ Yes 2 ☐ No Raca -11. Meritel Status Yes, specify Cuber permit. Pages 1 and 2 should be filed within 72 hours after or Department of Health and Mental thygiene. Important: if item 27 is marked other than "natural", or item 1 Never Married 2 Married altimore, Maryland 21215-0020 If Yes, Give Yeer or Detes: 1 Yes 2 No Specify by 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) College (1-4or 5+) Elementary/Secondery (0-12) ashier 18. Mother's Neme (First, Middle, Maiden Symeme) 17. Fether's Neme (First, Middle, Last) Be 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Baltimore, Md. 2121

Dete 20c. Eccation - City or Town, Stele

1/5/98 Balto - Mf 2 1st Street (daughter) 20e. Method of Disposition Burial 2 Cremation 3 Removal from Stete ò 1dep 4 ☐ Donation 5 ☐ Other (Specify) any injury 21. Signature of Funerel Servica Licensee 22, Name and Address of Fecility Enter the disease, or complications that caused the deeth. or heart failure. List only one ceuse on each line. **Physician** CHOLANGIO CARCINOMA /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Be. ä 689 23b. Did tobacco uea contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by 2 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy Completed 1 Yes 2 No 1 TYes 2 No 25. Wes case referred to medical exeminer? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1∑ Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 27. Manner of Deeth 28c. Injury et Work? Certification: 1 XNaturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 150 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifie 29c. License number

Mercy Medical Center

State

Registrar

31. Dete filed (Month, Day, Year)

MAY

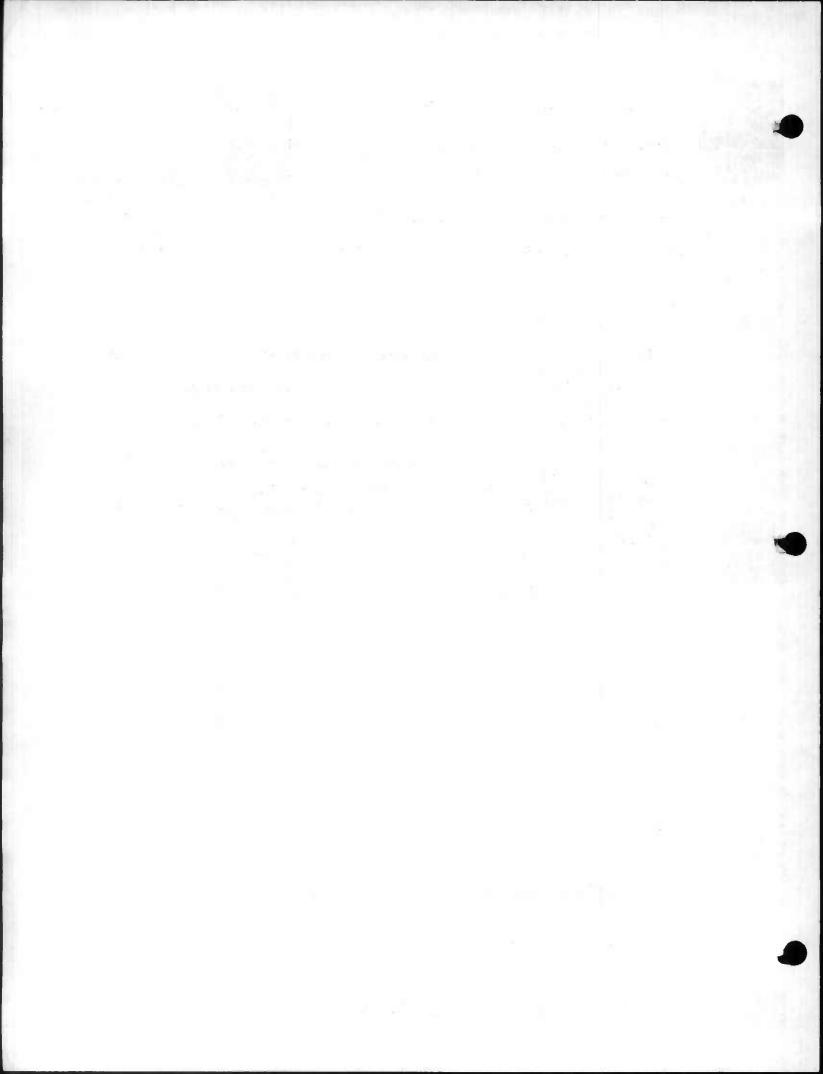
05

tiles Wild Ellerane Total Hole Breeze You di Strait Amile Buch John Cal String Better but a train month of a little and months assets Many of respectfull says pages as

State of Maryland / Department of Health and Mental Hygiene

		- 4	Decedant's Nema (First, Middla, Last,	)	Ce	rtificate of	Death	2. Deta of De	Reg. No.	8	3 8 6 3
	Physici				Willan			Month 04		998	11:05 am
2	/Medi		4e. Facility Name (If not institution, give		***************************************		4b. City, Town, or I				11103 4
	=		Broadmead Retire	ment Commur	nity		Cockeys	zville	Ra	1timo	re
F	unerai	Г	5. Social Security Number 6. Sec	x 7. Age (In	yrs. last birthday	Months Deys	r If Under 24 Hrs.	8. Dete of Bir (Month, De			laca (Stata or Foreign
D	irector		210 07 4440 1	M 2□F 92	Yrs.	WORTHS Days	Nous Will.	May 3			Jersey
pue	1		Usual Rasidanca of Decadant  10a. Stata 10b. County	100	c. City, Town or L	ocation				1/	0d. Insida City Limits
Maryl	faho	0	MD Baltimor		Cockey					"	1 Yas 3 No
the	28e	Director	10e. Street and Number			10f. Zlp Coda			10g. Citizen of	What Coun	
YIGNG Z1Z13-00Z0 ould be filed within 72 hours after death with the Maryland Mantel Hariana	form 27 is marked other than "natural", or frems 23a or 28a-f show other traumatic event, the Modinal Examiner must be notified at	aí D	13801 York Road,	G-8		21030	)		US	A	
deat		Funeral	11. Merital Status	12. Was Decadant Ever Armed Forces?	In U,S. 13	Was Decadant of	Hispanic Origin? (S ben, Maxican, Puart	pecify Yas or No	)- 14. Rac	ce - America	
afta C	or th	F	1 Nevar Marriad 2 Married	1 ☐ Yas 2⊠ No It Yas, Giva		1 ☐ Yas 2 ☐ No		o riican, otc.,	Specif	ck, White, o	hite
Dough Single	ural Ex	d by	3 ₩ Widowed 4 Divorced	Yaar or Detes:	10.0	A					
21215-0020 d within 72 hours aff	- na	Completed	15. Decedant's Edu (Specify only highast grade	a com <i>plated)</i>	16a. Deci (Giv.	edant's Usual Occu a kind of work done DO NOT usa ratio	apetion a during most of wor ed)	king	16b. Kind of B	usinass/ind	lustry
Z LZ	1	mo	Elamantary/Secondary (0-12)	Collaga (1-4or 5+) 4			icer-Presi		Insu	rance	
D # 1	of the	BeC	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nan				
arylal should b	rked tic e	To	John James Willan	L <sub></sub>			Ida	Kemp Ca	ampbell		
Maryland d 2 should be file	E E		19a. Intormant's Name/Ralationship (Ty				et and Number or Ru			Stata, Zip	Code)
1 and 1	m 27 her tu		David C. Daneker,			W. Pratt	St., Balt	-			
			20e. Mathod of Disposition 1 ☐ Burial 2 【☐ Cremetion 3 ☐ R		camatery, cre	osition (ivama of matory or othar pl	aca)	5/1/98	20c. Location	- City or To	wn, Steta
Baltim Permit. Pag	njury		4 □ Donation 5 □ Other (Specify)  21. Signature Funeral Service License	20			ngton Crem	natory	Laurel,	MD	0.5
Demail:	any Ir		5 Dukeu C	Varat	•	2. Nama and Addr Lemmon I	Funeral Ho	ome			
_	_		23a Parti Fotor the desess or comple	inations that except the	death. Do not as	10 W. I	Padonia Ro	i., Timo	nium, M	D_210	93 Approximata
Phy	sician		23a. Part1 Enter the disaasa, or compli shock or heart fafure. List only or	ne cauca on south lina.	Gaath. Do not ar	ital the mode of dy	ing, sour as cardiac	or raspiletory e	mest,		Intarval Batween Onsat and Death
	ledicai		Immediata Causa (Finel disaasa or condition	111/5	-R 1	NETA	STASI	2			1 000
Exa	aminer		rasulting in death)		to (or as a conse		01/10/				11100.
D.	÷.	Examiner		ADEN	OCAR		1A,UN.	KNOW	W PRI	MARY	Imh
be axecuted	an and nat-transit	хаш	Sequentially list conditions,	Dua	to (or as a conse	quanca ot):	1,000	0,000		1	
DO / DU,	10 B	aiE	Sequantially list conditions, if any, leading to immediate causa. Entar Undarying Causa (Disaasa or injury	)							
DO/	g phys	edicai	that initiated evants rasulting in deeth) Last	Dua	to (or es e consa	quanca of):				į	
-	attanding for usa as	90		d							
daath u	d for	icla	Pert II. Other significant conditions con	tributing to death but no	t resulting in the	inderlylog cause o	ivan in Part I	23h Did	tobacco use co	ntribute to	the cause of defith?
law requires that the death cer	been signed by tha should be datached	Physician/N	orn. ornor organicant contantons con	missing to coath but no	( resulting in the	andanying causa g	IVali III F diti.		Yes 2□ No		pably 4 DUnknown
S, T	gned be de	by P									,
RECORDS,	pino pino							24a. Was	an autopsy	ave	ara autopsy tindings allable prior to
ia v a	S CA	Completed							/	of c	mplation of cause death?
E e	page	Co						10	Yas 2 No	10	Yas 2 No
VISION OF VICE Attending Physician: T	is certificate he director, paga	Be	25. Was casa rafarred to medical axaminar?	lanaitait.			26. Place of Dea	th (Check only	ona)		
5 5	F 78	٦.	1 ☐ Yas 2 D No		2 ER/Outpatie	nt 3LI DOA			danca 6 Oth		)
ding	After	tion	1 Diviatural 5 □ Panding 2 □ Accidant Invastigation	28a. Data of Injury (Month, Day Yas	ar) Injury	Wo	ork? ☐Yas 2☐No	200. Dascribe	how Injury occur	160	
JIVISION OF ON Attending Physical Action 19 10 10 10 10 10 10 10 10 10 10 10 10 10	oy the	fica	3 Suicida 6 Could not ba	28a. Place of Injury -	At homa, farm, s				Streat and Numl	ber or Rura	I Route Number,
S affa	d in	Certification:	4 ☐ Homicida datarmined	building, atc. (S)	pecify)			City or To	wn, Stata)		
houn	uner by fills		29a. Cartifiar  (Check only 2 Madical Examin	sician: To the best of my	knowledga, daa	th occurred at the t	ima, data and placa	, and dua to tha	causa(s) and ma	annar as st	atad.
To the Hospital or within 24 hours after	To the Funeral Director: After t completely filled in by the funeral	Medical	one)	ner: On the basis of axar and manner stated.	mination and/or in			rrea at tha tima,	data and place,	and dua to	tna causa(s)
OF WITH	To	Σ	29b. Signetura end titla of certifier	C	1201	29c. Lican	ise number	2	29d. Data signe	d (Month, L	Day, Year)
	1		Barvara	arrow	71116	y. 1	10837	4	7/3	0/9	Y
	1.		30. Nama and addrass of person who co	mplated causa of death	(fram 23a) (Type	Print)	1 1/201	ノロル	CAC	111	21111
	Sta	to	31. Data tiled (Month, Day, Year)	32. Ragis a s	Sign fure	10801	YUNK	ND	,000	KEY	DVILLE
	318	ile.	MAY 05 10	00 . 4.8.	A	T				,	

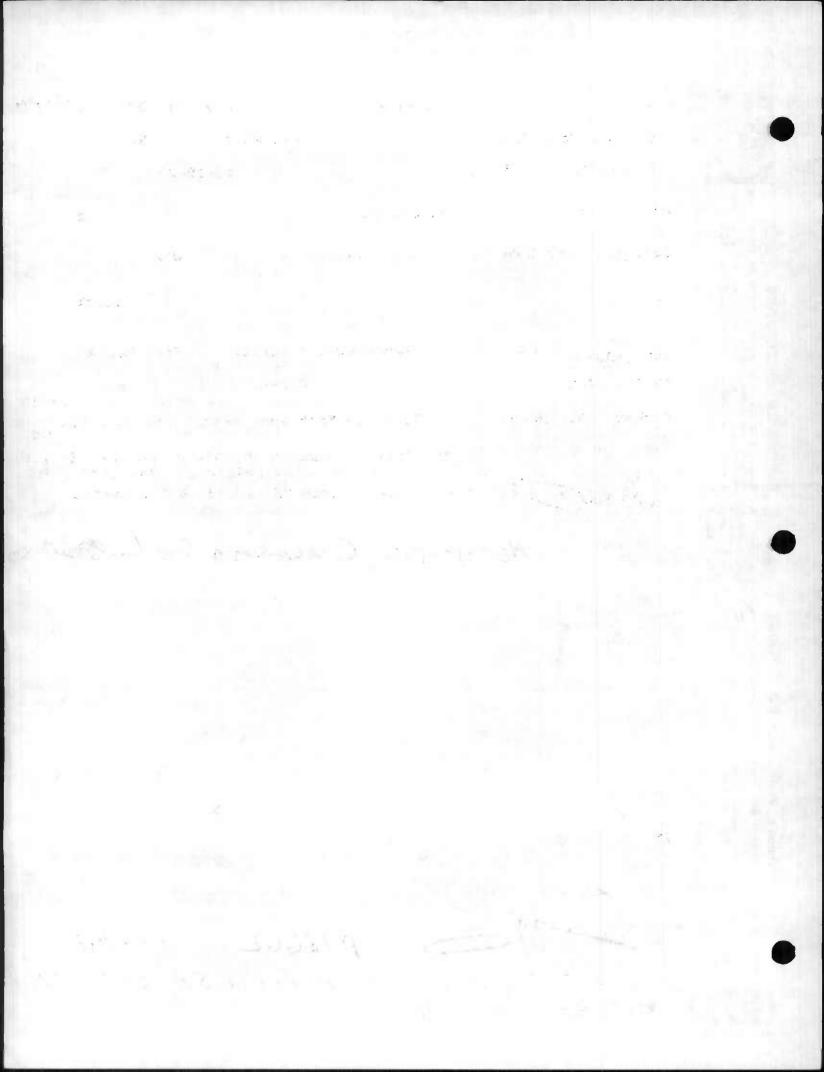
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 3864 Certificate of Death 3. Time of Death 1 Decedent's Name (First Middle Last) 2. Dete of Death Month Day Year **Physician** 9:30 PM Eva Williams May 01, 98 /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street end number) 4c. County of Death Examiner 3619 Old York Road NA Baltimore If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 2 KF Months Days 215-24-8686 Yrs. 75 05-15-22 **Director** SC Usual Residence of Decedent the Meryland 10d. Inside City Limits 10a. State 10h. County 10c. City. Town or Location ns 23a or 28a-f show Md NA Yes 2□ No Baltimore Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? with 3619 Old York Road 21218 Funeral USA death 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, r than "natural", or items the Medical Examiner in 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene.
At: If Item 27 is marked other than "naturel", or ite 1 ☐ Yes 2 ☐ No If Yes, Give X 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by 3€Widowed 4 Divorced Black Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) NA Food Service worker Fort Meade 8th Grade 7 is marked other traumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Sumter King Conyers Lizzie 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 21218 19a. Informent's Neme/Reletionship (Type, Print) Barbara A. Means 3619 Old York Road Baltimore, Maryland Item 27 20b. Placa of Disposition (Name of cametery, crematory or other placa) Md. 20e. Method of Disposition Date 20c. Location - City or Town, Stete > Burial 2 □ Cremation 3 □ Removal from Stete = 8 permit. Page Department of Important: If any injury or once. Mt. Calvary Cemetery 05-07-98 Anne Arundel Co, 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Baltimore, Maryland 21202 21. Signature of Funeral Servica Licensee WM.C.March FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** greinons from Lyna /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): The law requires that the death certificate be exer Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ped ped signed by the 1 ☐ Yee 2 ☐ No 3 ☐ Probably Unknown p 24b. Were eutopsy findings aveilable prior to completion of cause of death? been si 24a. Wes an autopsy Completed hes e 2 iis certificete hes 1 Yes 2 No 1 ☐ Yes 2 No Attending Physician: Be 25. Was case referred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes ZoNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To shis 28e. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 24 hours efter death.

Funersi Director: After letely filled in by the funer Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 8 edical 29a. Certifier Escritifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end manner es stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and pieca, and due to the cause(s) and menner stated. (Check only one) To the Vithin 2
To the Complet 29c. License number 29d. Date signed (Month, Dav. Year) 29b. Signeture end title of cartifier 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) 5901 Harford RD-S Goldiner, M.D liam

State Registrar 31. Date filed (Month, Day, Year) MAY 05 1998



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) **Physician** Mai /Medical 4b. City, Town, or Location of Deeth 4a Facility Name (If not institution, give street and number) Examiner If Under 24 Hrs. 8. 7. Age (In yrs. lest birthday) 5. Social Security Number 9. Birthplace (Stete or Foreign 8938 **Funeral** 1**X**M 2□ F Days Months 219-32-8950 Usual Residence of Decedent Director Pagas 1 and 2 should be filed within 72 hours aftar death with the Manyland nent of Healih and Mental Hygiene. Internet in the marked other than "naturel", or items 23a or 28a-f show mrt. If them 27 la marked other than "naturel", or items 23a or 28a-f show ury or other traumatic event, the Maddail Examines must be not lead at 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 dide Funeral Was Decedent Ever In U.S. Armed Forces?

1 Yes 2 No
If Yes, Give
Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Rece - American Indian 11. Maritei Status Black, White, etc. 1 Never Married 2 Married Specity: White 1□ Yes 20 No Baltimore, Maryland 21215-0020 Specify: ò 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO, NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) 12418 18. Mother's Name (First, Middle, Meiden 17. Father's Name (First, Middle, Last) Sumeme) Be To 19a Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City of 8 20e. Method of Disposition( 20b. Place of Disposition (Name of cemetery, cremetory pr other) Date City or Town, State Important: If it eny injury or o page. 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility vans 800 8 Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in death) covering artery desease Examiner Physician/Medical Examiner ustersin Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 6878 Due to (or as a consequence of): 23b. Did tobacco use contribute to the causa of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 signed by to d be detach 3 Probably 4 ☐ Unknown 1 Yes 2 No ģ BW 180URE 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 has 1 ☐ Yes 2 ☐ No contificate 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 80 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2NNo 1 ☐ Inpatient 2 MER/Outpatient 3 ☐ DOA # 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: Altar or Attending 1 Matural 5 Pending investigation Injury 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide affer ă Hospital Nours 29a. Certifier 🕰 Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 25 To the To To the P 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0

NW

ed cause of death (Item 23a) (Type, Print)

32 Registrar's Signature

Leviden

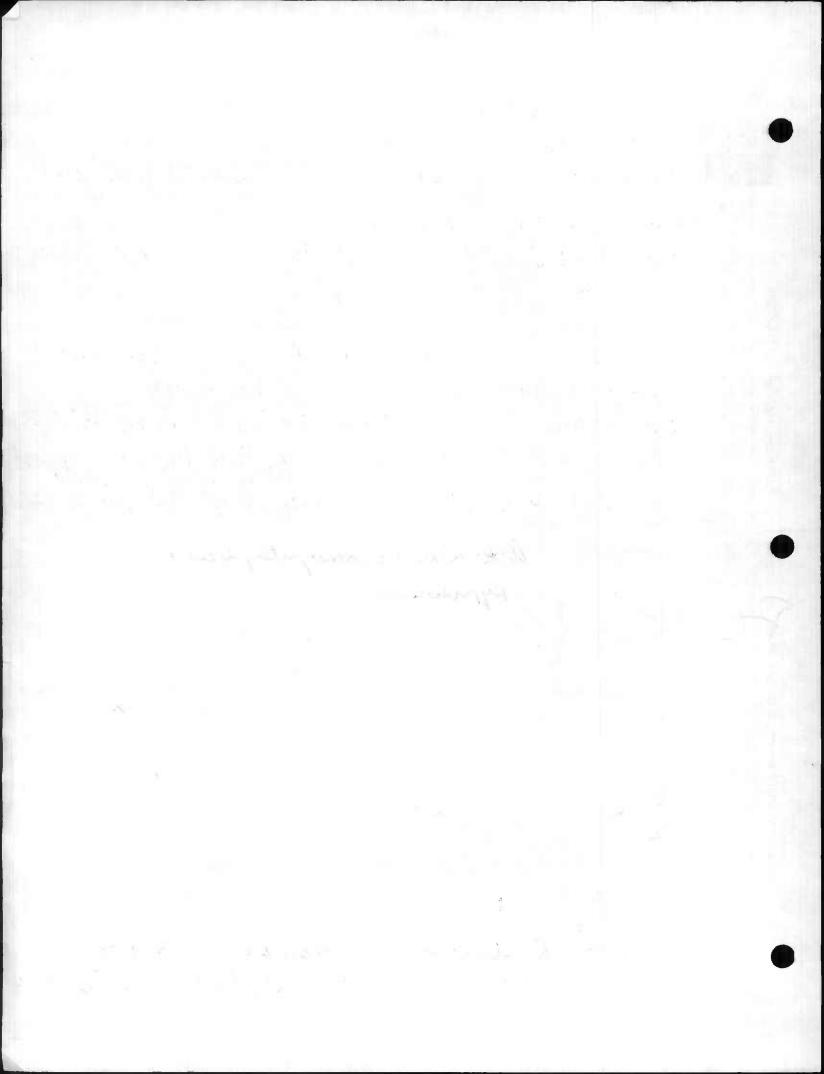
21022

State Registrar 30. Name and address of person who compl

05 1998

31. Date filed (Month, Day, Year)

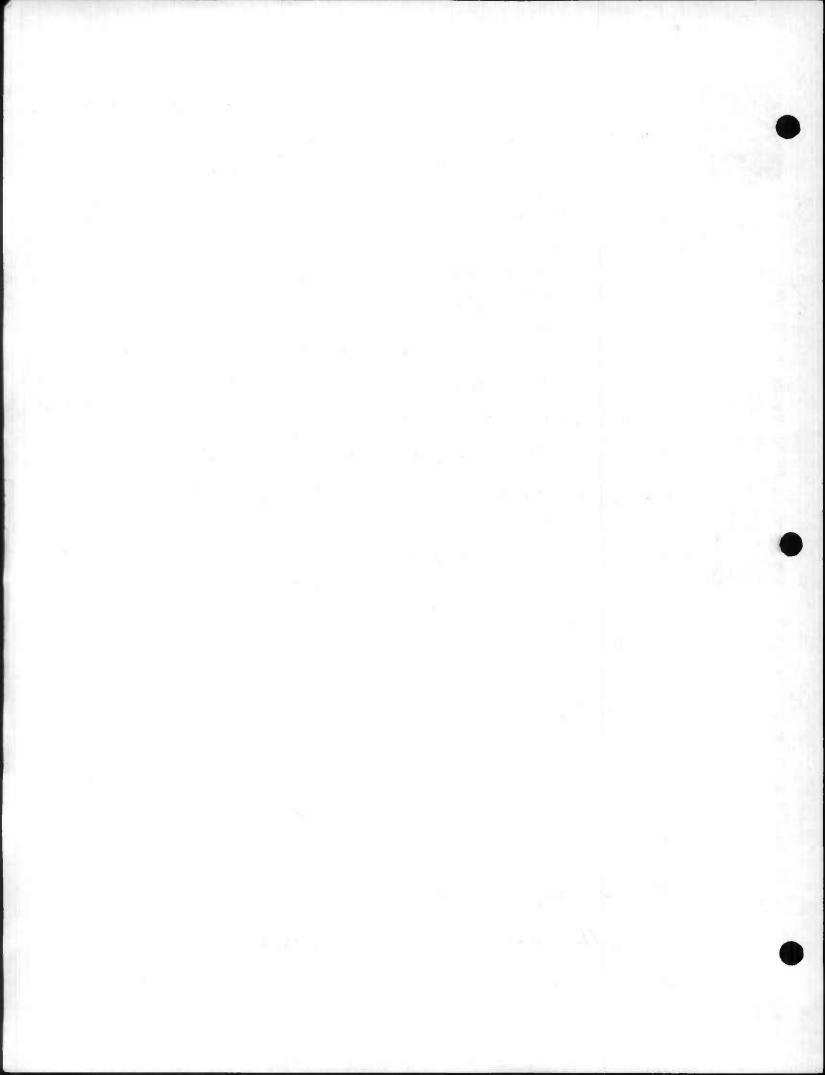
MAY



State of Maryland / Department of Health and Mental Hygiene

					C	ertificat	te of	Death		Reg. No.	3	3866
Physic /Med		Decedent's Name (First, Middle, L.	ast) ARTH	UR L.	Al	NDREW			2. Dete of D Month Apri	_	1 9 9 8	3. Time of Death 10:35A
Exami		4a. Facility Name (If not institution, gi		,				4b. City, Town	, or Location of Des	th 4c. Count	y of Deeth 1bot	
Funeral Director		213-14-1831	Sex 12⊠M 2□F	7. Age (In yrs. I	8 Yrs	Months	Days		Hrs. 8. Date of B (Month, E 0 2 / 0	irth lay, <i>Year)</i> 8 / 2 0	Coui	place (State or Foreigntry) Cyland
Maryland a-f show	stor	Usual Residence of Decedent     10a. State	nester	10c. City	, Town or	Location	Н	urlock			1	Od. Inside City Limit
th with the 23s or 28	Funeral Director	10e. Street and Number 101 Maryland A	Avenue	,		10f. Zip	Code	21643		10g. Citizen of		
d within 72 hours effer death with the Maryland glena. It than "natural", or fterns 23s or 28s-f show in the decided Examiner must be notified at	by	11. Maritel Status  1 Never Married 2 Married  3/04/Widowed 4 Divorced	12. Wes Dece Armed Fo 1 ŽYes If Yes, Giv Year or D	0 1 4 4		3. Was Dece If Yes, spe 1 \( \text{Yes} \)			? (Specify Yes or Nuerto Rican, etc.)	o- 14. Ra Ble Speci	ce - Americ eck, White, ty: WI	
natur "natur	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		(Gi	cedent's Usu	rk done	during most of	working	16b. Kind of 8	Business/In	dustry
filed within Hygiena. ther than	dmo	Elementary/Secondary (0-12)	College (1	-4or 5+)		A Ins		-		Pou	ltrv	
be filed tal Hygie d other event, tt	Be C	17. Fether's Name (First, Middle, Las	t)		000				Name (First, Middle		-	-
0 to 0	To		Howard	Andre	W			Bess	ie Fish	er		
d 2 sh th and 7 is m traum		19a. Informent's Name/Relationship Valerie Andrev			60	622 E	ldo		or Aural Route Num. Load, Fe			соde)21632 , MD
of of		20a. Method of Disposition  1   Burial 2 □ Cremetion 3 [  4 □ Donation 5 □ Other (Special Content of the conte		State	emetery, c	sposition (Nai rematory or o rest (	ther pla	etery	Dete 4/28/9	20c. Location 8 Fede:		
permit. Pag Department Important: I any injury once.		21. Signeture of Funeral Service Lice  Multur 4. 9				Fram	pto		ins-Esk			
Physician /Medicai Examiner		23e. Part1. Enter the disease, or conshock, or heart failure. List only Immediate Cause (Finel disease or condition resulting in deeth)	nplications that c one cause on e a.	aused the death ech line.		enter the mod	le of dy	ng, such as ca	rdiac or respiratory	arrest,		Approximate Interval Between Onset and Deeth
	ē	, , , , , , , , , , , , , , , , , , , ,		1		sequence of):						, 0
d d ansit	Examiner	Sequentially list conditions	b. ———	Due to (or	1	Consequence of):	~ (	61				142
aath certificate be axecuted attanding physician and for use as the bunal-transit	Medical	Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initialed events resulting In death) Last	c			equence of):		-1-				
the death by the attached for a	Physician	Part II. Other aignificant conditions	contributing to de	ath but not resu	Iting In the	underlying o	euse gi	ven in Pert I.	23b. Did	tobacco uee co	ontribute to	the cause of deat
that the death ned by the attar		COPI	>						10	Yee 2□No	3 Pro	bably 4 ☐ Unkno
requires been sign should by	Completed by								24e. Wa	s an autopsy ormed?	ev co	ere autopsy findings ailable prior to mpletion of ceuse death?
0 - 0	mo								1□	Yes 2 No		Yes 2 No
certificata	Be (	25. Was cese referred to medicel examiner?						26. Place of	Death (Check only	one)		
\$ 00	2	1□ Yes 2□ No	1	npatient 2 E			/h		ng Home 5 ☐ Res			y)
ing After fune	Certification:	27. Manner of Death  1 Tratural 5 Pending  2 Accident Investigation  3 Suicide 6 Could not be	n	h, Dey Year)	28b. Time Injun	М		ryat rk? IYes 2□No		how injury occu		
tal or Attend rs aftar death al Director: /	Certif	4 ☐ Homicide determined	200. Place	of Injury - At hor ng, etc. <i>(Specify)</i>	ne, tarm,	street, factor	у, опісе		City or To	(Street and Num iwn, Stete)	ber or Hura	i Houte Number,
To the Hospital of within 24 hours at To the Funeral D completely filled it	edical	29a. Certifier 1 Cartifying Pl (Check only one) 2 Medicat Example (Check only one)	nyalclan: To the miner: On the ba and mann	isis of examinati	/ledge, de on and/or	ath occurred Investigetion	et the ti	me, date and p opinion, deeth o	lace, and due to the occurred et the time	cause(s) and m , date and piece,	enner as s and due to	tated. the ceuse(s)
With To t	×	29b. Signature and title of certifier	mo			290	D Y	se number	9	29d. Dete signe	1	Day, Yeer)
		30. Name and address of person who Peter L. White					wil	d Ave.	, Easto	n, MD	2160:	1
Sta Regist		31. Date filed (Month, Dey, Yeer) APR 28 9		egistrar's Signati	idson-	Randall	,					

DHMH 16 Rev 6/95



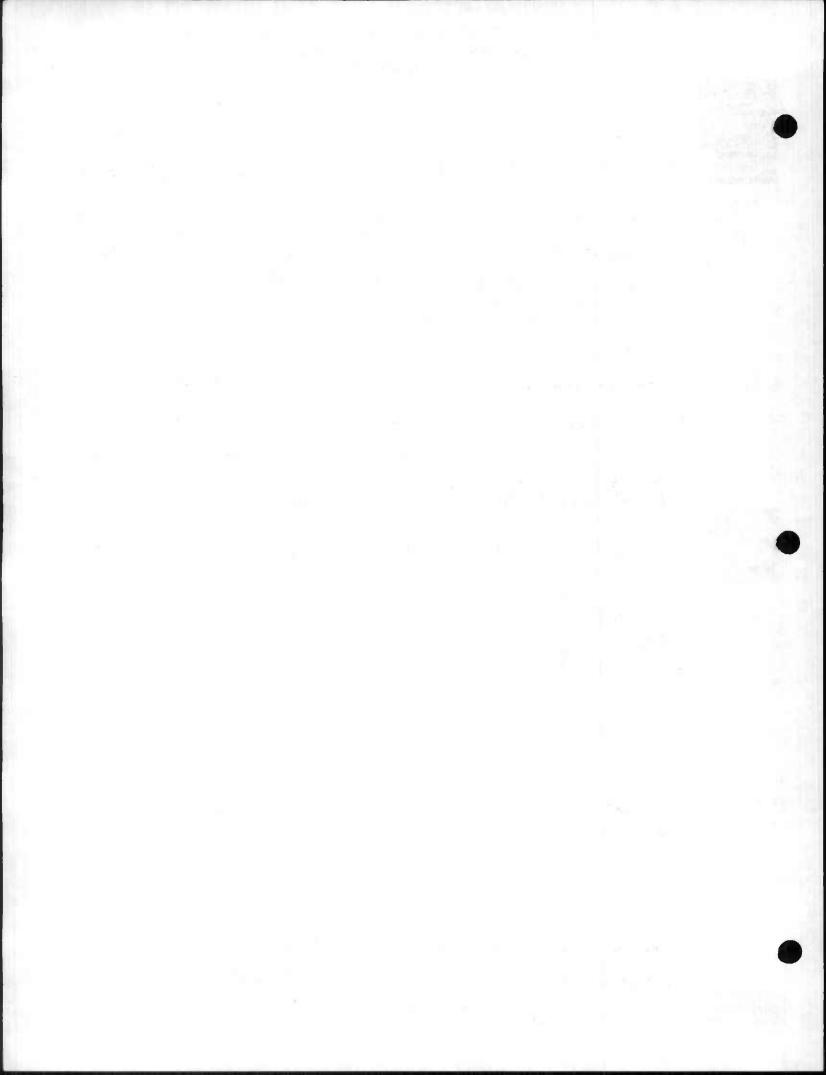
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month 19 Belva Isabel Barton April 1998 7:28PM /Medicai 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 9 Watersville Rd. Mt. Airy Carroll 8. Date of Birth (Month, Dey, Yes Apr. 2, 1 If Under 1 Year If Under 24 Hrs. | Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 ☐ M 2 🖾 F 82 212-03-3037 Yrs 1916 Maryland Director Usual Residence of Decedent permit. Pages 1 end 2 should be filed within 72 hours efter death with the Merylend Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Carroll Mt. Airy Maryland 10e. Street and Number 10q. Citizen of What Country? 10f. Zip Code U.S.A. 9 Watersville Rd. 21771 Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 Yes 2X No Specify: þ Specify: White 3 ☑ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) farm wife dairy 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Mollie Isabel Beard Charles Sumville Brown 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 7 Watersville Rd. Mt. Airy, MD 21771 Kenneth B. Barton/ son 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4/22/98 nr. Woodsboro, MD 4 ☐ Donation 5 ☐ Other (Specify) Rocky Hill Cemetery 22. Name and Address of Fecility Hartzler Funeral Home 21. Signature of Funeral Servica Licanses all Woodsboro, MD 21798 404 S. Main St. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each limit. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel Pancreatic Cancer YEAR disease or condition resulting in deeth) **Examiner** Examiner physician end the buriel-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760 Physician/Medical Due to (or as e consequence of) USB as been signed by the ettending should be deteched for use as Pert II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings evallable prior to 24a. Was an autopsy performed? Completed completion of cause of death? 1 Yes No 1 Yes 2 No Division of Vital To the Hospital or Attending Physiolan: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 PResidenca 6 ☐ Other (Specify) 1 Yes 2 No 2 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Certification: 1 Matural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical 29c. License number DY 1866 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier APRIL 20, 1998 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ( Kanan Hudbud 801 TOLLHOUSE AVENUE, D3 32. Registrar's Signature 31. Date filed (Month, Dev. Year) State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 3

DOROTHY	VTOTA	POONE

Certificate of Death 2. Date of Death 3. Time of Death 1. Decedant's Name (First, Middle, Last) APRIL **Physician** 14. 1998" Dorothy Viola Boone 8:20 PM /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not Institution, give street and number) 4c. County of Death **Examiner** WESTMINSTER CARROLL COUNTY GENERAL CARROLL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Months Days Hours 1 ☐ M 2 🖾 F 213-46-1613 Yrs. 1941 Maryland Nov. 11, Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 1 Yas 2 □ No Carroll Union Bridge Directo Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pagas 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiana.

ant: If item 27 is marked other than "natural", or flems 23e or ury or other traumatic event, the Modical Examines must be 307 Thomas St. 21791 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. 11. Marital Status Black, White, etc. 1 Yes 2 No If Yes, Giva Year or Dates: 1 Nevar Marriad 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 🗷 No Specify: Specify þ White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) seamstress clothing factory 10 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be Alice V. Hossler Benjamin F. Black I 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Richard L. Boone/ husband 307 Thomas St. Union Bridge, MD 21791 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition permit. Pagas Department of Important: If it any injury or o 1K Burial 2 Cremation 3 DRemoval from State Mountain View Cemetery 4/18/98 Union Bridge, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility Hartzler Funeral Home Funaçal Service Licenses 6 E. Broadway Union Bridge, MD 21791 Pairt. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each limit Marine Approximate Interval Between Onsat and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Arteriosclerotic Cardiovascular Disease Examiner Due to (or as a consequence of): Examiner physician and s the bunel-transit The law requires that the death cartificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) attanding pl signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 3 Probably 4∑ Unknown 1 ☐ Yes 2 ☐ No þ 24b. Were autopsy findings svailable prior to complation of cause of death? should t 24a. Was an sutopsy performed? Completed cartificata has b lirector, paga 2 sl INSPECTION 1 ☐ Yas 2 ☐ No 1 Yes 2 XNo or Attending Physician: Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient XXER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: Aftar 5 Pending investigation 1 Yes 2 No Director: A 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 3 To the Hospital or A within 24 hours after To the Funeral Directorn plately filled in b. 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) 29a. Certifier edical (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier

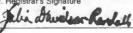
State Registrar

31. Date filed (Month, Day, Year)

David Fowler, M.D.

32. Registrar's Signature

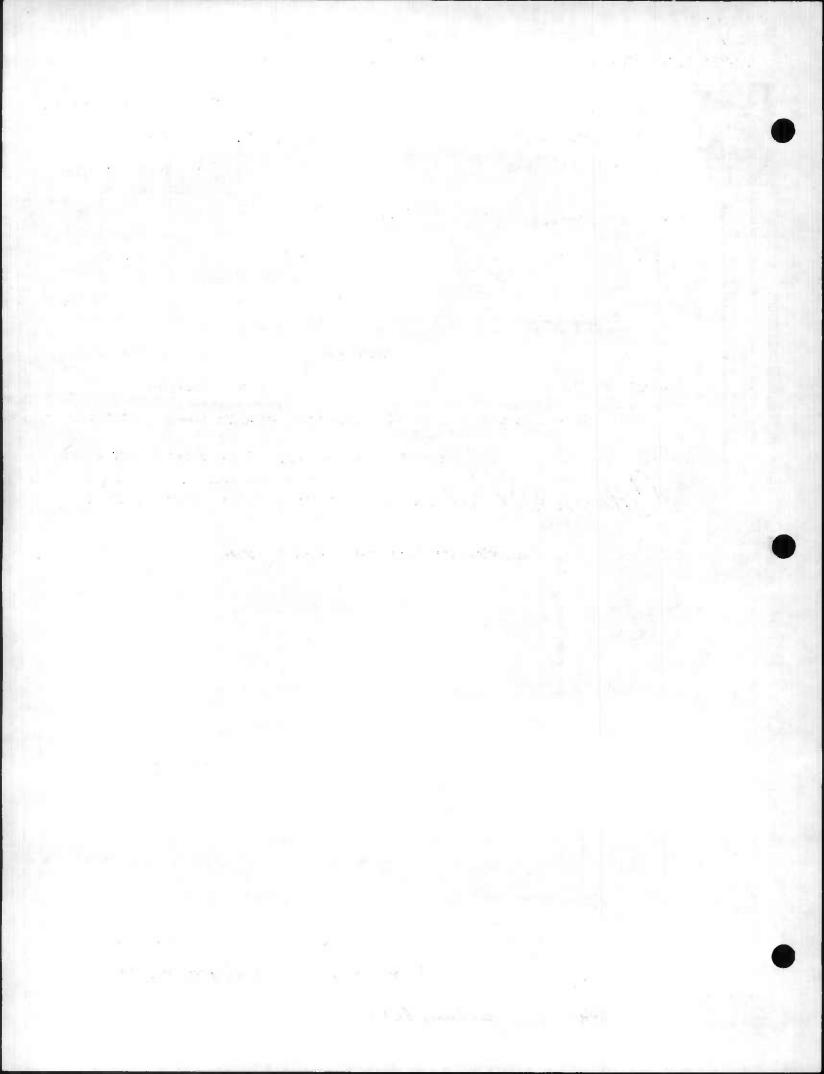
APR 21



30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Street, Baltimore, Maryland 21201

O.C.M.E

APRIL 16, 1998



		State of Maryland / Department of Certificate	of Death	Reg. No. 98   3869
Physic /Medi		1. Decedant's Nama (First, Middla, Last) HAZEL FRANCES BEAUCHAMP		26, 1998 Year 7:05 PM
Exami	ner	4e. Facility Name (If not Institution, give street and number)  THE MEMORIAL HOSPITAL	4b. City, Town, or Location of Do	TALBOT
Funeral Director		5. Social Sacurity Number  219-14-3343  G. Sex 1 Months  92 Yrs.  G. Months D  Usual Rasidenca of Decedant	yeer If Undar 24 Hrs. 8. Deta of American Min. Sept	Birth 9. Birthplaca (State or Foreign Country)  1.14,1905 Maryland
Manyland -f ahow	tor	10a. Stata 10b. County 10c. City, Town or Location Md. Queen Anne's Chester		10d. fnsida City Limit 1 □ Yas <b>20%</b>
th with the Marylan 23a or 28a-f ahow	Funeral Director	10e. Street and Number 10f. Zip Co	<sup>da</sup> 21619	10g. Citizen of What Country?
urs efter death	by Funera	1 ☐ Navar Marriad 2 ☐ Married	of Hispanic Origin? (Specify Yas or Cuben, Maxican, Puarto Rican, atc.) 짧X Specify:	No- 14. Raca - American Indian, Black, White, etc.  Specify: White
of yielling X IX 13-00.X0 should be filed within 72 hours efter death with the Maryland and Mental Hyglene. marked other than "natural", or items 23a or 28a-f ahow immitic avent, the Medical Examinet must be notified at	Completed	15. Dacadant's Education (Specify only highast grada complated)  Elementary/Secondary (0-12)  Collega (1-4or 5+)  Seamstre	one during most of working atired)	16b. Kind of Businass/Industry Clothing Ind.
Dallillore, Mal ylaing X I a semit. Pages 1 and 2 should be filled with epstement of Health and Mental Hygiene mportant: If flam 27 la markad other tha iny injury or other traumatic avent, Ital alos.	To Be C	17. Fathar's Nama (First, Middla, Last) William Maith	18. Mother's Name (First, Mid Sarah	
		Linda Armiger Grand- 156 Rive:	r Run Rd., Quee	mber, City or Town, Steta, Zip Coda) enstown, Md. 21658
permit. Pages 1 and 2 Department of Health a Important: if Itam 27 is any injury or other tra		20a. Method of Disposition  1	Prince) April 29, e Cemetery	1998 Stevensville, Md
permit. Pag Department Important: I any injury o		Fellow:	ddress of Fecility S,Helfenbein & namrock Rd., C	Newnam Funeral Hor Chester, Md. 21619
Physician /Medical		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of shock, or heart failure. List only one cause on each line.  Immediate Cause (Finel disease or condition		Intarvat Batween Onsat end Death
Examiner	er	rasulting in death)  a.  Dua to (or as a consequence of):		~24 hrs
icate be axecuted physician end is the burial-transit	al Examiner	Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Cause (Disease or injury that initielled avants  Due to (or as a consequence of):	112	TET ME
The law requires that the death certificate be assout the hes been signed by the ettending physician end bage 2 should be detached for use as the burial-tran	lan/Medical	rasulting in daeth) Last	id A. Stout,M.D.	,D.M.E.
ras that tha dea igned by the e be detached f	by Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause COrgnary are lery direct		old tobacco uss contributs to the cause of death
aw requiras s been sign 2 should be	Completed b	dementia	24a. W	/as an autopsy prormed? 24b. Ware autopsy findings available prior to complation of causa of death.
lcian: The lav certificate hes rector, page 2	Be Com	25. Was casa rafarrad to medical	1 26. Placa of Death (Check on	Yes 2 No 1 Yes 2 No
Physician: or this certific eral director,	T <sub>o</sub>	axaminer? 1 Pas 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA  27. Mennar of Deeth 28a. Data of Injury 28b. Tima of 28c.	Other: 4 Nursing Homa 5 R	asidance 8 Othar (Specify) be how injury occurred
To the Hospital or Attending Physician: The law requires the within 24 hours after death.  To the Funeral Director: After this certificate has been signed completely filled in by the funeral director, page 2 should be completely filled.	Certification:	1 Naturel 5 Pending Invastigation 3 Sulcida 4 Homicide 10 Action 1	lica 28f. Locatio	odking from bathroom on (Street and Number of Fyral Route Number, Town, Stete) 205 Armstrong
e Hospi 24 hou e Funer plataly fill	edical	29a. Cartifier (Check only one)  1 Certifying Physician: To the bast of my knowledge, death occurred at the control of the bast of examination and/or invastigetion, in and manner steted.	ne time, dete end pleca, and due to t my opinion, daath occurred at the tim	he ceuse(s) end menner as steted.
To th withir To th comp	Me	29c. Lie	cansa number	29d. Date signed (Month, Day, Year) 4, 28,98
		30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) PETER L. WHITESELL, M.D., 508 IDLEWILD AVENUE	E, EASTON, MD 216	501
Sta Registr	-	31. Data filad (Month, Dey, Yaar)  32. Registrar's Signetura		

DHMH 16 Rev 6/95

\$7

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death RAYMOND HOWARD BALTZ, Month Year **Physician** Kaymond 12:30 Pm 26 1998 /Medical 4c. County of Death 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Anne Arundel Medical center Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dev. Year) **Funeral** Hours Months Days 1**2**0 m 2□ F 217-18-5920 76 Director Oct. 27,1921 Maryland Usual Residence of Decedent the Meryland 10c. City, Town or Location 10a. State 10b. County 10d Inside City I Imits r than "natural", or items 23s or 28s-f show the Medical Examinat must be notified at Md. Oueen Anne's 1 Yes 2000 Stevensville Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 104 Congressional Dr. 21666 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? KGYes 2010c If Yes, Give WWII Year or Dates: Korean 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. Pages 1 and 2 should be filed within 72 hours after of ment of health end Mentel Hygiene.

Int. If Hem 27 is merked other than "natural", or files any or other treumatic event, the Medical Examines. 1 Never Married 20 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) & P Telephone Elementery/Secondary (0-12) College (1-4or 5+) Installer 12 17 Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William Frederick Baltz Mary Dietel 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Mildred Baltz (Wife) 104 Congressional Dr., Stevensville, Md. 21666 20b. Place of Disposition (Name of cametery, cremetory or other place) April 29, 1938 Location - City or Town, State 20a. Method of Disposition Important: If Its any Injury x № Burial 2 Cremation 3 Removal from State Stevensville Cemetery Stevensville, Md. 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility
Fellows, Helfenbein & Newnam Funeral Home 21. Signature of Feneral Service License 106 Shamrock Rd., Chester, Md. 21619 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical tmmediate Cause (Final Congestive mouths disease or condition resulting in deeth) Examiner Examiner Levio Scler ot physician end the buriel-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last P.O. Box 68760. Physician/Medicai Due to (or as a consequence of): 89 950 23b. Did tobacco usa contribute to the causs of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yss 2 No 3 Probably 4 Unknown Division of Vital Records, À 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Attending Physician: director, 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural Injury efter death. 1 Tyes 2 No 2 Accident 6 ☐ Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 6 filled in Hospital 24 hours 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and manner es stated. 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. (Check only one) within 2 the 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year)

coun

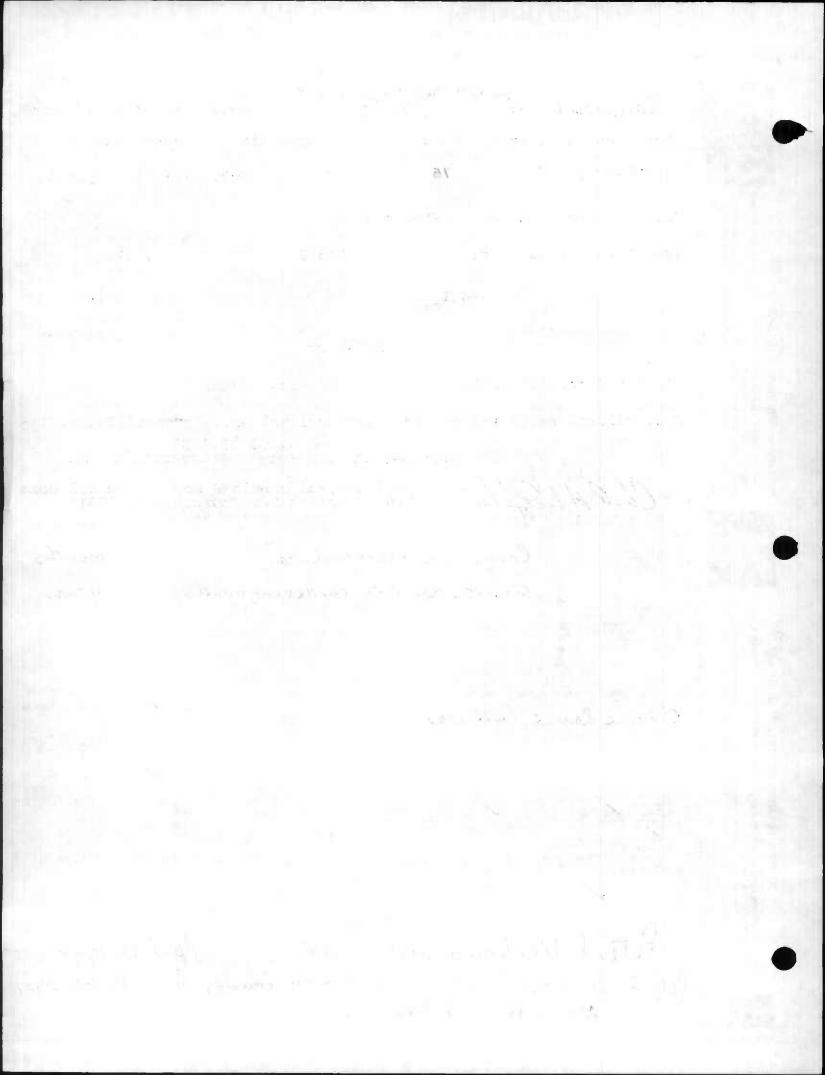
MD

PARKWAY, Annapstis,

MEDICAL

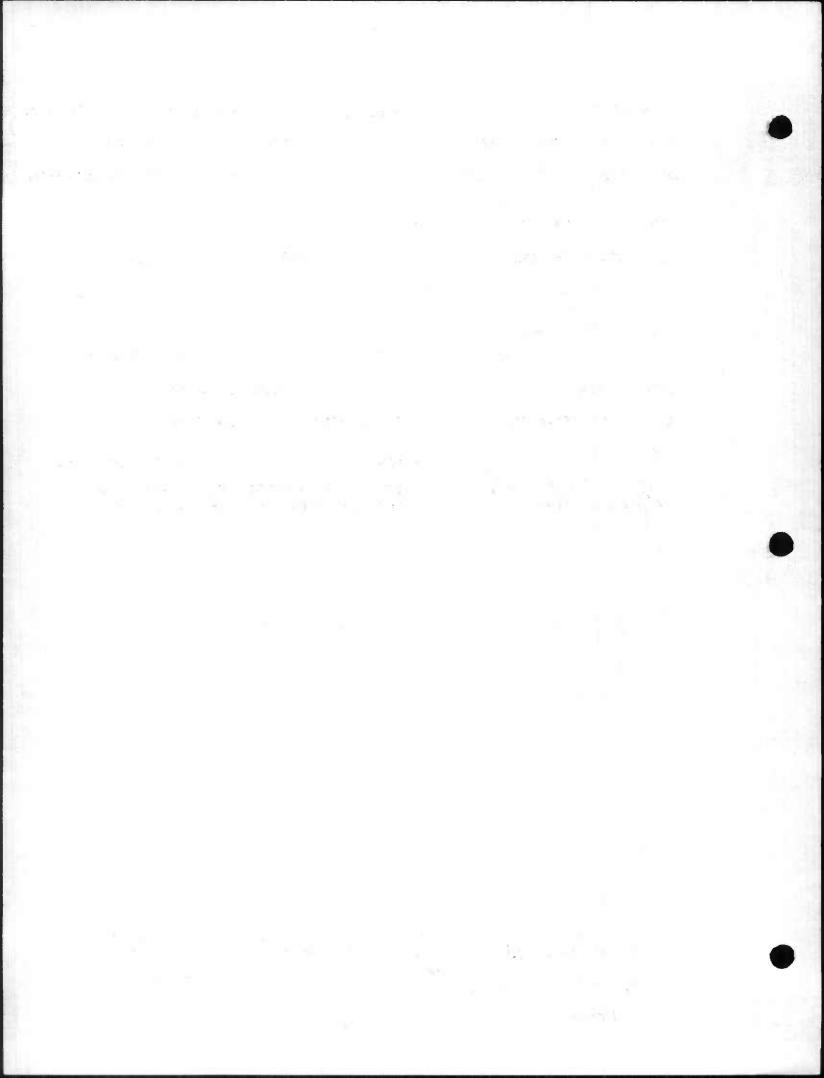
2003

30. Neme and address of person who completed cause of death (flem 23a) (Type, Print)



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				C	ertificate of			g. No.	13871
Physic	ian	Decedent'a Neme (First, Mid	die, Last)				2. Dete of Deeth Month		3. Time of Death
/Medi		STANLEY			gnacki		April	18, 19	98   10:25pm
Exami	ner	4e. Facility Name (If not institut	C. COLIC COLIC	er)		4b. City, Town, or Lo	ocation of Death	4c. County of	
		WILLIAM HILL			W Haday 4 Vans	EASTON		TALE	
Funeral Director		5. Social Security Number  081-05-9283  Usual Residence of Decedent	1XTM 2DE	Age (In yrs. lest birthde 90 Yrs.	y) If Under 1 Yeer Months Days		8. Dete of Birth (Month, Day, FEB. 27	Year) 9	Birthpleca (Stete or Foreign Country) PENNSYLVANIA
anyland ehow	2	10a. Stete 10b. Coun		10c. City, Town or	Location				10d. Inside City Limita 1)X Yes 2 □ No
Ne M	Director		TALBOT	EAS	TON				
Vith to	급	10e. Street and Number			10f. Zip Code		10	g. Citizen of Who	at Country?
ath 23	rai	501 DUTCHMAN				21601		USA	
72 hours efter death with the Maryland netural; or thems 23s or 28s-f show diges! Exercines must be notified at	by Funeral	11. Marital Status  1 Never Married 20XMs 3 Widowed 4 Divorce	If Yes Give	No No	3. Was Decedent of I If Yes, apecify Cub 1 ☐ Yes 2 ₩ No		ecity Yes or No- Rican, etc.)		American Indian, White, etc. WHITE
⊆ ≥	Completed		ent's Education est grade completed)  College (1-4	or 5+)	cedent's Usuel Occup ve kind of work done DO NOT use retire	pation during most of work od)		6b. Kind of Busin	
filed with Hygiene. rther than		17. Fether's Neme (First, Middle			UICHER	18. Mother's Nem		MEAT IND	JUSTRY
Mental Mental arked o	Be C	JOHN BOGNACKI				ALEXAN			
2 should it and Meniss marked surratice	0	19e. Informent's Neme/Reletion	ashin (Type Print)	19b Ma	illing Address (Street				ete. Zin Code)
end 2 : seith ar n 27 is		ANNA B. BOGNA			. BOX 176				
8 = 5		20e. Method of Disposition  XXBurial 2 □ Cremation		20b. Place of Discemetery, c	position (Neme of remetory or other pie	oce)	Date 2	20c. Location - Cit	
rtant		4 Donetion 5 Other		OXFORD C	EMETERY		-20-98	OXFORD,	MD 21654
permit. Pe Departmen Important: eny Injury		Jum 2	Man W		22. Name and Addre ELLOWS, H OO S. HAR	ELFENBEIN			L HOME, P.A.
Physician / Medical personned / Medical Examine the principle of the princ	in/Medical Examiner	Immediate Cause (Finel disease or condition resulting In death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Lest	e	Due to (or as a cons	ocuence of):  The property of the property of	wollow	)		Mondhs Years
the death cert y the ettendin ached for use	sicia	Part II. Other significant condit	lons contributing to deat	h but not resulting in the	underlying cause of	ven in Pert i.	23b. Did to	bacco use contri	bute to the cause of death?
es that the de igned by the be detached	by Physician/M						1 □ Ye	_/	☐ Probably 4☐ Unknow
aw requires see see see see see see see see see	Completed t						24a. Was er perform		24b. Were autopsy findings evailable prior to completion of cause of deeth?
Pa de	Co						1□ Ye	s 2 No	1 ☐ Yes 2 ☐ No
certificate	Be	25. Wes case referred to medic examiner?				26. Plece of Deet	h (Check only one	)	
2 000	10	1 ☐ Yes 2 ☐ No	Hospitel: 1 🗆 Inp		ent 3LI DOA		me 5 Reside	nce 6 Other	(Specify)
Aftar fune	atlon:	E C Producting	tigation	njury Dey Year) 28b. Time Injury	Wo	ryet rk? ]Yes 2 □ No	28d. Describe ho	w Injury occurred	
To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	Certification:	3 Suicide 6 Could 4 Homicide deter	mined 288. Piece of	injury - At home, ferm, etc. (Specify)	street, fectory, office		28f. Location (Str City or Town		or Rural Route Number,
To the Hospital within 24 hours To the Funeral completely filled	edical	29a. Certifier 1 ☐ Certify (Check only one)  1 ☐ Certify 2 ☐ Medica	ing Physician: To the be t Examiner: On the basis and manner	s of examinetion end/or	eth occurred et the ti investigetion, in my o	me, dete end plece, opinion, deeth occur	and due to the ca red et the time, de	use(s) end mann ite and pleca, and	er es stated. I due to the cause(s)
To the To the Comp	Σ	29b. Signeture and title of certif	er		29c. Licens	se number	29	d. Dete signed (/	Month, Dey, Year)
		> Welli	an Her	corl ) 14	1) 1)8	8715		4/20	198
		30. Neme end eddress of perso	m It Wo	of deeth (Item 23e) (Typ	e, Print)  PASTO	N MC	1 2	1601	
Sta Registr		31. Dete filed (Month, Dey, Yea APR 2	0 1998 32. Reg	strar's Signeture	B. 1 00				



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month escur 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE 5. Sociel Security Number If Under 1 Year | if Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Deys Hours 1 🕱 M 2 🗆 F 76 Yrs. 058-16-4281 Spain Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Maryland Caroline Denton 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21629 808 Market Street United States 12. Was Decedent Ever In U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. TSYes 2 No 1942— If Yes, Give Yeer or Detes: 1945 1 ☐ Never Married 2 ☑ Merried 1 ☐ Yes 2 XNo Specify: Specify 3 ☐ Widowed 4 ☐ Divorced Caucasian 15. Decedent's Educetion (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry State Elementery/Secondary (0-12) Coilege (1-4or 5+) Government Supervisor/accountant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Cesar Coalla, Sr. Carmen Fernandez 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Wife Anne B. Coalla 808 Market Street, Denton, Maryland 21629 20b. Plece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Wurlel 2 Cremetion 3 Removal from State Maryland Eastern Shore 4 ☐ Donetion 5 ☐ Other (Specify) Veterans' Cemetery 4/30/98 Beulah, Maryland 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Moore Funeral Home, P.A. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiretory errest, Approximate Approximate Immediate Ceuse (Finel disease or condition resulting in deeth) Due to (or es e consequence of) Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2. No

Physician /Medical Examiner

the buriel-transit

and

physician

ata has been signed by the ette pege 2 should be detached for

this certificata

After

24 hours eftar death.

Funeral Director: A

within 2 To the I

Hospital

The lew requires that the deeth certificete be executed

Box 68760.

P.0.

Records,

Division of Vital or Attending Physicien: **Physician** 

/Medical

Examiner

10e. State

Directo

Funeral

Completed by

Be

12

**Funeral** 

Director

permit. Peges 1 end 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "naturel", or Items 23e or 28e-f show any Injury or other treumatic event, in Medical Examiner must be notified at

Baltimore, Maryland 21215-0020

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Physician/Medicai

Completed by 24e. Wes an eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of ceuse of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☑ No 25. Wes cese referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28d. Describe how injury occurred 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 I Homicide 29a. Certitier Medical 🔯 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

(Check only one)

2 Madical Examiner: On the basis of examinetion end/or Investigation, In my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. 29b. Signature and title of certifiet

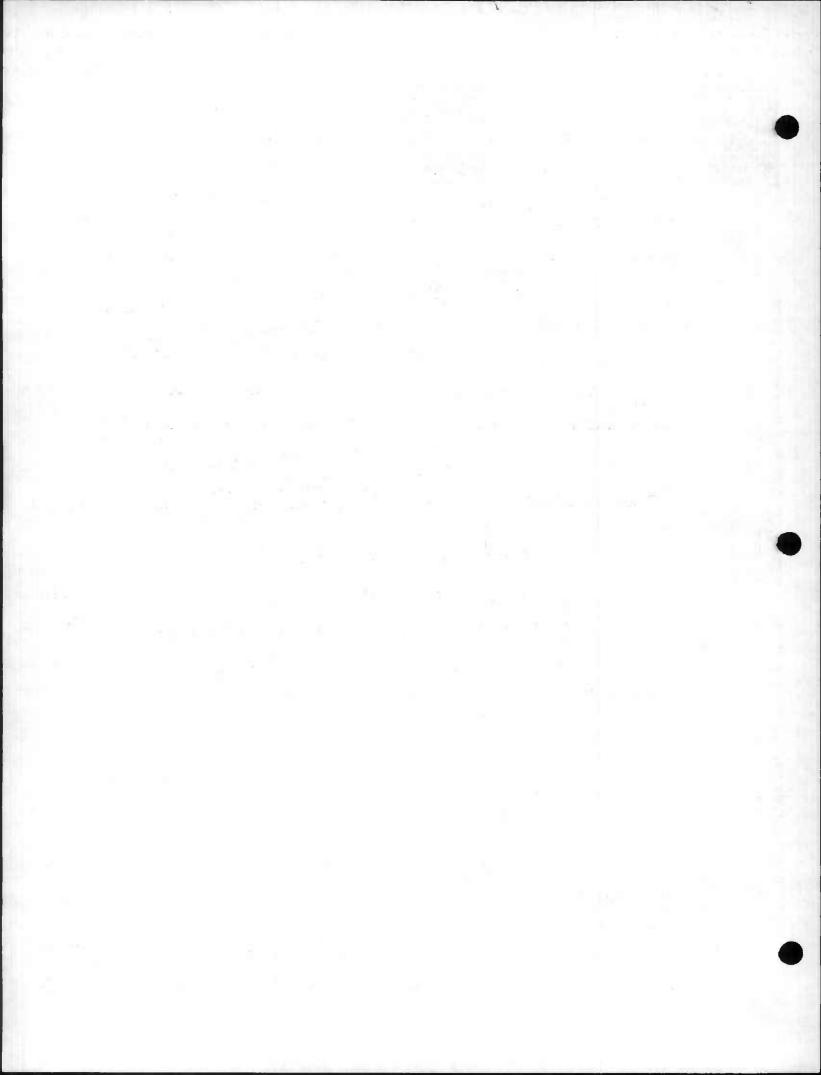
29c. License number 29d. Date signed (Month, Day, Year)

wie Waydson-Randall

30. Name and address of p who completed ceuse of deeth (Item 23e) (Type, Print)

98

Para filed (Month, Dey, Year) COCL 31. Dete filed (Month, Dey, 32. Registrer's Signeture



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Courth Month 00:45 04 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BERLIN GENERAL HOSPITAL NORCESTER ATLANTIC B. Date of Birth (Month, Dey, Year) July 3, 1939 Ridgley, MD. If Under 1 Yeer If Under 24 Hrs. Hours Min. 6. Sex 1 M 2 ☐ F Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthday) Days 218-34-8119 58 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Caroline Denton 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8926 Pealiquor Landing Road 21629 USA 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☐ No 3 ☐ Widowed 4 ☐ Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuai Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 4 Sales Sales-Tire 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Paul A. Croll Alice Reagan 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8926 Pealiquor Landing Dr. Denton, MD. 2162\$ Sarah E. Croll 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 Donation 5 □ Other (Specify) Concord Cemetery 4/29/98 Federalsburg, MD. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Williamson Funeral Home 23a. Part 1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in deeth) MYOCARDIAL INFARCTION FEW MINUTES Due to (or as a consequence of): SSENTIAL HYPERTENSION EN YEARS Due to (or as a consequence of): Due to (or as a consequence of) 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🔀 Unknown MELLITUS 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24a. Was an autopsy performed?

Physician /Medical Examine

þ

Completed

Be

Certification: To

edicai

page 2 s

director.

funeral

in by the

completely

this certificate

After

aftar death.

within 24 hours a To the Funeral D Hospital

**Physician** 

/Medical

Examiner

Director

by Funeral

Completed

Be

**Funeral** 

Director

2 should be filed within 72 hours after death with the Maryland n and Mental Hygiane.

Baltimore, Maryland

Jilliam Crol

Division of Vital Records.

or Attending Physician:

Pages 1 and 2 ment of Haalth Haalth a

or other t

Important: If any Injury o

th and Mental Hygiane.
7 is marked other than "natural", or frame 23a or 28a-f show transite event, the Mested Example must be notified at

Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting In death) Last Physician/Medical

Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

25. Was cese referred to medicel examiner? 26. Piece of Death (Check only one)

1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No

1 Yes 2 No 27. Menner of Death

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

203 SNOW ST. SNOW HILL, MD. 21863

1 Naturel 2 ☐ Accident 3 Sulcide

4 D Homicide

28a. Dete of Injury (Month, Day Year) 5 Pending Investigation 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner es stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated.

29b. Signature and title of certifier

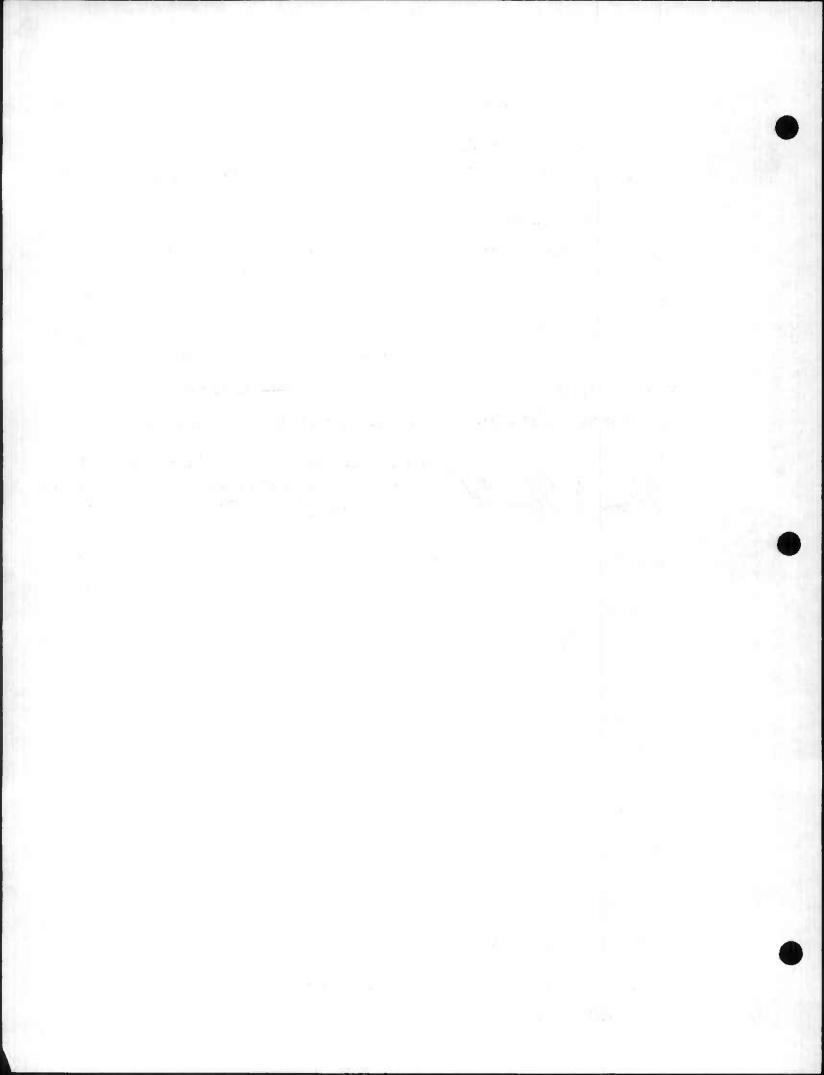
29c. License number 086241 29d. Date signed (Month, Dey, Year)

31. Date filed (Month, Dey, Year) APR

30

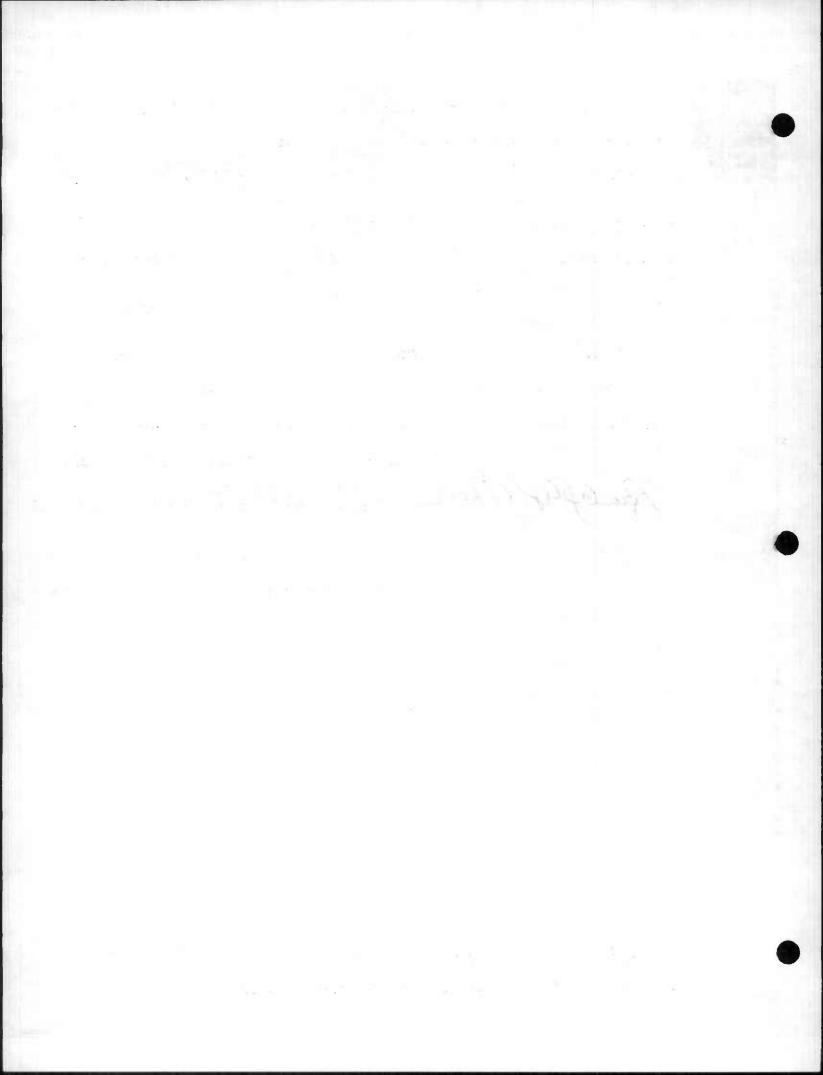
tOLZ WORTH 32. Registrar's Signature Was Davidson-Randell

		1	tem: 18 per F.H. G-760	State of Marylar	id / Depai	riment of H	ieaith an Death	іа мептаї ну	rgiene 9	3 1	3874
	100	mi	Decedent's Neme (First, Middle, Last)					2. Date of De			3. Time of Deeth
	Physici	an	STEPHEN WENDE	L CERNIK				Month	Day	Yaar	
	/Media		4a. Facility Name (If not institution, give s				Ib City Town	Apri or Location of Deed			10:57AM
	Examir	ner									
_	-	_		al Hospita		If Undar 1 Yaar	East	On Hrs. 8. Data of Bi	-41.	ralbo	
	uneral		10	7. Age (In yrs. 85	Yrs.	Months Days	Hours	Min. (Month, Di	ay, Year)	9. Birthpl	lace (Stete or Foraign try)
U	rector		Usual Residence of Decedent	. 65	113.			JUNE 2	9, 1912	NEV	YORK
and	ž		10a. State 10b. County	10c. Ci	ty, Town or Loca	ation				10	Od. Inside City Limits
Aary	abe	٥	MD OUEEN	ANNE'S	CHESTE	D					1 TYes 2 □ No
the A	288	Director	10e. Street and Number	MINE 5	OHLDIL				40- 03		41
with	0 8		110 KIRWANS LANDI	NC TANE		10f. Zip Code 21.6	19		10g. Citizen of USA	what Coun	try?
d 21215-0020 filed within 72 hours efter death with the Manyland thygiene.	r than "natural", or items 23a or 28a-f ahow the Modical Examinar must be notified at	Funeral						0.40			
ě d	Fee	un.		12. Was Decedent Ever in U Armed Forces?	,S. 13. W	Yes, specify Cuba	in, Mexicen, P	? (Specify Yas or No uerto Ricen, atc.)	Bla	ce - America ck, Whita, o	
20 % % %	9	by F	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2/1XNo If Yes, Give	1[	Yas 25 No	Specify:		Specia	v: Wi	HITE
9 P	ura!	d b		Year or Datas:							
72	The sales	Completed	15. Decedent's Educ (Specify only highast grade	cetion com <i>pleted)</i>	16e. Decede	nt's Usuel Occupi ind of work done of O NOT use retired	ation du <i>ring</i> most of	working	16b. Kind of E		
within ene.	han han	шр	Elementery/Secondary (0-12)	College (1-4or 5+)			"			RK CIT	TY FIRE
d 2 filled v	other t	ပိ	17. Fether's Name (First, Middle, Lest)		FIRE	MAN	45 44 11 1	all Consultations	DEPT.		
De f	0 2	Be						Name (First, Middle		ne)	
arylan should be	marked imatic ev	70	VENDELIN CERNIK					NA TAZAND			
E 0 0	7 is marke traumatic		19e. Informant's Name/Relationship (Ty)					r Rurel Route Numb	-		
	itam 27 othar t		CHRISTINE KARMOSK					STEVENSV			
Ore of H	- 5		20a. Method of Disposition 1    ■ Buriel 2 □ Cremation 3 □ Re	20b. F	Place of Disposi cemetery, creme	ition (Neme of etory or other plea	e)	Date	20c. Location	- City or To	wn, State
Pages Pages	ant: B		4 Donetion 5 Other (Specify)		VENSVIL	LE CEMET	ERY	4-23	STEVENS	VILLE,	MD
Baltimore, permit. Pages 1 ar Department of Hea	Important: i any injury c once.		21. Signalum of Funeral Sarvice License		22.	Name and Addres	s of Facility	ETN C MEN	NIANA THITTE	TDAT I	IOME D A
<b>n</b> 88	E e g		11/1 40	1 71							HOME, P.A.
			23a. Part1. Enter tha disease, or compile shock, or heart fallure. List only on	cations that caused the deat	h. Do not entar	tha moda of dyin	g, such as ce	ST., EAST	orrast.	21601	Approximate
Dhu	sician		shock, or heart fallure. List only on	e cause on each line.							Interval Between Onset and Death
	edical		Immediate Cause (Finai	100 1 .	1 6	1 Huling					. 40
	miner		disaasa or condition resulting in deeth) a	. Ventricus Due to (c	ar Fib	nllanon					1 minute
1		ē									110 leneur
petr	physician and the burief-transit	Examiner			cardion	1 -					40 MUUIS
) XBC	and el-tra	Xa	Sequentielly list conditions, if any, leading to immadiate	Due to (d	or es e consequ	ence of):				1	
8/50, ete be executed	buri	dical	cause. Enter Underlying Cause (Disease or injury that initiated events								
ficete	phy:	b	rasulting In death) Last	Due to (o	r as a consaque	ence of):					
O. BOX bette death certific	ettending p	Physician/Me	d							1	
BOX	for u	clar									
o §	signed by the e	ysi	Part II. Other significant conditions conf	ributing to death but not res	ulting in the und	lerlying ceuse give	en in Pert I.	23b. Did	tobacco usa co	ontributa to	the cause of death?
J. E	deta by		gneumonia					1 🗆	Yes 2 No	3 Prob	ably 4 Unknown
OrdS, P	sign d b	by								0.45 18/0	as automorphis discon
ecord ew require	s peen s	tec	backeremia						en eutopsy ormed?	ava	re eutopsy findings liable prior to apletion of causa
8 6	2 0	Completed					-	_		of c	leath?
<b>E</b> P	ate ha	Son						1 🗆	Yes 2 No	1□	Yes 2 No
VITAI	ls certificate director, pag	Be (	25. Wes cese referred to medical examiner?				26. Place of	Death (Check only	one)	1	
	o o	2	1 ☐ Yes 2 No	ospitel: 1 Inpatient 2	ER/Outpatient	3□ DOA Othe	er: 4 Nursi	ng Home 5 Res	Idence 6 🗆 Ot	ner (Specity	)
D 50	After the funeral		27. Menner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Yeer)	28b. Time of Injury	28c. Injury Work	at	28d. Describe	how injury occu	rred	
ath.	r: At	atic	2 Accident Invastigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		Yes 2□No				
UIVISION at or Attending F	Director: After that in by the funeral	ertification:	3 Suicide 8 Could not be determined	28e. Place of Injury - At he building, etc. (Specification)	ome, farm, stree	et, factory, office			(Street and Num wn, Stete)	ber or Rura	Route Number,
S at s	ed in	Ce		bonding, oto. (Opoon	,,			0.0, 0.70	, 0.0.0)		
To the Hospital o	To the Funeral Completely filled		29a. Certifier 1 Certifying Phyal	clan: To the best of my kno	wiedge, death o	occurred at the tim	e, date and p	lace, and due to the	cause(s) and m	enner es st	ated.
ne H	plete	edicai	one) 2 Medical Examin	er: On the basis of examina and manner stated.	tion end/or inve	stigetion, in my of	olnion, death o	occurred at the time,	date and plece,	end due to	the cause(s)
Vith t	Com	Σ	29b. Signetura and title of certifier	, ,		29c. License	number		29d. Data signe	ed (Month, I	Dey, Year)
			Matthew Jorg	wh Finder	MD	Door	52251		April 1	19,1998	
		1	30. Name end address of person who cor				00-1		,		
			MATTHEW JOSEPH F				LANE	EASTON.	MD 2160	1	
	Sta	te						THE LOW !	2.100	-	
F	Registra		APR 2 0 1	32. Registra Signa	Devidson-1	Pandall.					



					Cei	tificate o	f Death		Reg. No.		
Dhyeid	ion	1. Decedent's Neme (First, Middle,	Last)					2. Dete of De Month	eth Dey	Yaar 3	Time of Deeth
Physic /Med		Berth	a Eliz	abeth	Col.	lison		April		998	9:50 PI
Exam		4a. Facility Neme (If not institution,	giva street and num	ber)			4b. City, Town, or	Location of Deeth	4c. County	of Deeth	
		The Taylor Ho	use Ret	iremen	t Ho	me	Denton	l	Ca	arolir	e
Funera		5. Sociel Security Number 6	3. Sex 7 1 □ M 2X F	'. Age (In yrs. la		if Under 1 Year Months Dey			h v. Year)	9. Birthpleca	(Steta or Foreign
Director		220-01-7664	10 W 201	9	2 Yrs.			July 1		Maryl	
<b>*</b>		Usual Rasidenca of Decedant  10a. Stete 10b. County		10c City	Town or Lo	cation				104	la a lata Cita I imita
lural', or items 23a or 28a-f show al Examiner must be notified at	5			700.0							Inside City Limits Yes 2 No
288 M	Director	Maryland Caro	line		Den	10f. Zip Code			40= Ohi41		
"natural", or items 23a or 28a-f show									10g. Citizen of V		
18 23	Funeral	Randolph Street	12 Was Doord	lent Ever in U,S	12.1	216		200 olf - 240 o o o 210	United	State	
He H	5	1 Never Merried 2 Married	Armed Ford	as?	. 13. t	Yes, specify Cu	Hispanic Origin? ( ben, Mexican, Pue	to Rican, atc.)	Bied	ck, White, etc.	iden,
1, 0	by	3 □ Widowed 4 □ Divorced	If Yes, Give			□ Yes 2 🔣 N	Specify:		Specify		
all a	B	15. Decedent's			16e Decec	lent's Usual Occ	upation		16b. Kind of Bu	asian	v
60	olet	(Specify only highest	grede completed)		(Giva	kind of work don OO NOT use retii	e during most of we	orking	TOD. TAING OF DA	23110331110030	,
r than "natur the Med cal	Completed	Elamentery/Secondery (0-12) 11 HS Grad.	College (1-	4or 5+)	Cle	rk			Retail	Store	
ent,	BeC	17. Fether's Neme (First, Middle, La	ist)		010	- 7%	18. Mother's Ne	me (First, Middle,			
= D •	To B	Martin	Bates H	enry			Ada	Carroll			
Tam.	-	19e. Informent's Name/Reletionship		id.	19b. Meilin	g Address (Stree	et end Number or R	-	er, City or Town,	State, Zip Coo	(e)
r Health end Mer tem 27 is marke other traumatic		Eugene E. Collis	son				ville Roa				
Department of Health e Important: If Item 27 Is any Injury or other tra 2003.		20e. Mathod of Disposition			ce of Dispo	sition (Neme of		Dete	20c. Location -		
nent of i		1 N Buriai 2 □ Crametion 3 4 □ Donetion 5 □ Other (Spe		tate		natory or other p. emetery	ece)	4/25/98	Dontor	Manuel	1
Important: any injury		21. Signeture of Funeral Sarvica Lic		20		. Name end Add	rass of Facility	4/23/90	Delicol	, Mary	Land
Depar Import	1 2	1 01	0. [//	have	7	foore Fr	noral Hor	ne, P.A.			
		23e. Pert1. Enter the disease, or co shock, or heert feilure List on	empticetions thet cau	used the deeth.	Do not ente	L2 South	Second S	Street, I	Denton,	Maryla	nd_21629 proximete
nysician		shock, or heert feilure List on	ily one ceuse on ee	ch line.						Inti On	ervei Between set and Death
Medical		Immediate Ceuse (Finat		0		1.	1004	· 1	,		4 000
aminer		disaase or condition resulting in death)	θ	Con	se conseq		teart t	-01111	•	14	LOVS
	je.			Due to (or t		uenca or):	msiun				and
ensile	Examiner	Sequentially list conditions	b	Due to (or 4	es a conseq	1 1 1	MSIUM			7	COLZ
an en rial-tr	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		200 10 (01 (	33 4 0011304	action ory.					
physician end the burial-trensit	dicai	thet initieted events	c	Due to (or e	e a coneagi	ience of):				+	
as th	ed	resulting In deeth) Lest		500 10 (01 0	o a consequ	301100 017.				i	
ed by the attanding p datached for use as	Physician/Me		■ d								
d for	icia	Part II. Other significent conditions	contributing to dea	th but not result	ing in the ur	deriving cause of	ivan in Part I	23h Did i	obacco usa cor	atribute to the	cause of death?
by the	hys	)	_				ivairii reitt.				✓ 4 Unknown
pe dal	by P	nip.	tractu.	16	1976				20110	O_ I TODADI	, 4 Dilkilowi
S D	pa	· ·						24e. Wes	en eutopsy	24b. Were a	utopsy findings
2 3	1 48							репо	med?		te prior to
should !	=										tion of cause
has ya 2	omple							40.	(aa 0 🗆 N=		h?
ate has paga 2	e Completed	25 Was case referred to medical					00 Div. 15		res 2□No		tion of cause
ate has page 2	Be	25. Wes case referred to medical examiner?	Hospital:		210		thor	eth (Check only o	ne)	1 🗆 Ye	h?
s certificate has director, paga 2	To Be	examiner? 1 Yes 2 No	1 U Inp	patient 2 El		3LI DOA	ther: 4 Nursing I	eth (Check only o	ne) lenca 6 □Oth	1 □ Ye	h?
s certificate has director, paga 2	To Be	examiner? 1 Ves 2 No  27. Menner of Deeth 1 Neturel 5 Pending	28e. Dete of (Month,	-	R/Outpatien 8b. Time of Injury	28c. inj	ther: 4 Nursing I ury et ork?	eth (Check only o	ne)	1 □ Ye	h?
s certificate has director, paga 2	To Be	examiner?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending 2 Accident investiget 3 Suicide 6 Could not	28e. Dete of (Month,	Injury 2 Day Year)	8b. Time of injury	28c. Inj W M 1[	ther: 4 Nursing I ury et ork? Yes 2 No	eth (Check only of Home 5 - Resto 28d. Describe h	ne) fenca 6 □Oth- now injury occurr	1 □ Ye er (Specify) red	n? s 2□No
arer deam.  Sirector: After this certificate has in by the funerel director, page 2.	To Be	examiner?  1 Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investiget	28e. Dete of (Month,	Injury 2 Day Year)	8b. Time of injury	28c. inj	ther: 4 Nursing I ury et ork? Yes 2 No	eth (Check only of Home 5 - Resto 28d. Describe h	ne)  Jenca 6 Oth- now Injury occuri	1 □ Ye er (Specify) red	n? s 2□No
orector: After this certificate has in by the funerel director, page 2	Certification: To Be	examiner?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investiget  3 Suicide 6 Could not determine	28e. Dete of (Month, be ad 28a. Placa o building	Injury Day Year)  Injury - At hom atc. (Specify)	8b. Time of Injury	28c. Inj W M 1[	ther: 4 Nursing I ury et ork? Yes 2 No	eth (Check only of Home 5 - Restained Programme 5 - Restained Programme 1 281. Location (5 City or Town	ne)  lenca 6 □Oth- now injury occurr  Street end Numb m, Steta)	1 □ Ye er (Specify) red er or Rure/ Ro	n? s 2□ No ute Number,
orector: After this certificate has in by the funerel director, page 2	Certification: To Be	examiner?  1 Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending investiget 3 Suicide 6 Could not determine  2 Homicide 6 Could not determine	28e. Dete of (Month,	Injury Day Year)  Injury - At home, atc. (Specify)  est of my knowt is of exeminetio	8b. Time of Injury	28c. inj W M 1[ nat, factory, office	ther: 4 Nursing I	eth (Check only a  Home 5 Resta  28d. Describe to  28f. Location (5  City or Tow  a, end due to the	ne)  lenca 6 □Oth- now injury occurs  Street end Numb m, Steta)	1 □ Ye er (Specify) red er or Rurel Ro	n? s 2□ No
orector: After this certificate has in by the funerel director, page 2	To Be	examiner?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investiget  3 Suicide 6 Could not determine  29a. Certifier 1 Certifying I (Check only 2 Medical Ex	28a. Placa o building  Physician: To the baminer: On the ba	Injury Day Year)  Injury - At home, atc. (Specify)  est of my knowt is of exeminetio	8b. Time of Injury	28c. Inj W M 1[ nat, factory, office occurred et the estigetion, in my	ther: 4 Nursing I	eth (Check only of the control of th	ne)  lenca 6 □Oth- now injury occurs  Street end Numb m, Steta)	1 □ Ye er (Specify) red er or Rure! Ro	n? s 2□ No  ute Number, cause(s)
arer deam.  Sirector: After this certificate has in by the funerel director, page 2.	edical Certification: To Be	examiner?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investiget  3 Suicide 6 Could not determine  29a. Certifier (Check only one)  1 Certifying I Medical Examine	28a. Placa o building  Physician: To the baminer: On the ba	Injury Day Year)  Injury - At home, atc. (Specify)  est of my knowt is of exeminetio	8b. Time of Injury	28c. Inj W M 1[ nat, factory, office occurred et the estigetion, in my	ther: 4 Nursing I	eth (Check only of the control of th	ne)  lenca 6 □Oth- now injury occurr  Street end Numb m, Steta)  ceuse(s) and me dete end pteca, (	1 □ Ye er (Specify) red er or Rure! Ro	n? s 2□ No  ute Number, cause(s)
after death.  Director: After this certification by the funerel director,	edical Certification: To Be	examiner?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investiget  3 Suicide 6 Could not determine  29a. Certifier (Check only one)  29b. Signature end title of certifier	28e. Dete of (Month, be ad 28a. Placa o building 28a. Placa o building 28a. Placa o building 28a. Physician: To the basend menne	Injury Day Year)  Injury - At hom In, atc. (Specify)  est of my knowt is of exeminetion stated.	8b. Time of Injury se, farm, stra edge, deeth n end/or inv	28c. Inj W 1[ nat, factory, office occurred et the estigetion, in my	ther: 4 Nursing I	eth (Check only of the control of th	ne)  lenca 6 □Oth- now injury occurr  Street end Numb m, Steta)  ceuse(s) and me dete end pteca, (	1 □ Ye er (Specify) red er or Rure! Ro	n? s 2□ No  ute Number, cause(s)
ysician: The lay s certificate has director, paga 2	edical Certification: To Be	examiner?  1 Yes 2 No  27. Menner of Deeth  1 Neturel 5 Pending investiget  3 Suicide 6 Could not determine  29a. Certifier (Check only one)  1 Certifying I Medical Examine	28a. Placa o building  28a. Placa o building  Physician: To the basend menne	Injury Day Year) 2  If Injury - At hom, atc. (Specify) est of my know is of exeminetion of stated.	8b. Time of injury  ie, farm, stra  edge, deeth on end/or inv	28c. Inj W 1[ nat, factory, office coccurred et the estigetion, in my 29c. Licer D 7	ther: 4 Nursing I	eth (Check only a  Home 5 Resta  28d. Describe to  28f. Location (5  City or Tow  a, end due to the curred et the time,	ne)  lenca 6 □Oth- now injury occurr  Street end Numb m, Steta)  ceuse(s) and me dete end pteca, (	1 □ Ye er (Specify) red er or Rure! Ro	n? s 2□ No  ute Number, cause(s)

Registrar



1. Decedent's Name (First Middle Last)

4a. Facility Name (If not institution, give street and number)

Memorial

ETTA

**Physician** 

/Medical

Examiner

5. Social Security Number yrs. last birthday) **Funeral** 1□ M 2K F Days 218-34-9582 80 Yrs. Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, it a Wed cal Examinar must be notified at MD Caroline Preston Director 10f. Zip Code 10g. Citizen of What Country? with 3396 Poplar Neck Road 21655 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ※ No If Yes, Give Year or Dafes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: Specify: þ 3 XWidowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. int: If item 27 is marked other than " Elementery/Secondary (0-12) Preston News & College (1-4or 5+) Manager Farmer Newspaper 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Joshua Porter Lizzie Trice 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21632 19a. Informant's Name/Relationship (Type, Print) Department of Health ar Important: If item 27 is any injury or other trau Carlton M. Dukes, Jr. 7071 Federalsburg Highway, Federalsburg, MD 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State Junior Order Cem. 4/25/98 Preston, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Framptom-Hawkins-Eskow Funeral Home Eskow PO Box 43, Federalsburg, MD 21632 when 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical immediate Cause (Final Arrhythmisdisease or condition resulting In death) Examiner Due to (or es a consequence of) ettending physician and for use as the burial-transit that the death certificate be executed Exam Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760, Physician/Medical Due to (or as a consequence of): P.O. Part II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ been si 24e. Wes en eutopsy performed? Completed page 2 s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death

If Under 1 Year

DUKES

Hospital

2. Date of Death

20

1998

4c. County of Death

10/007

8:37PM

9. Birthplace (State or Foreign

Maryland

White

10d. Inside City Limits

Onset and Death

un known

24b. Were autopsy tindings aveilable prior to completion of ceuse of death?

1 ☐ Yes 2 ☐ No

1 ☐ Yes 2 DPNo

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

26. Piece of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

1 ☐ Yes 2€ No

4b. City, Town, or Location of Death

Easton
If Under 24 Hrs. 8.

State Registrar

certificate

Be

To

Certification:

Medical

25. Was case referred to medical

5 Pending investigation

6 Could not be determined

1 Yes 2 No

27. Menner of Deeth

1 Netural

2 Accident 3 Suicide

4 Homicide

29a. Certifier

- Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director,

To the Hospital or within 24 hours aft To the Funeral DI completely filled in

Division of Vital

29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 05 rson who completed cause of death (Item 23a) (Type, Print) 5. Washington St. Easton, MD 21601 effre Greenwood 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature '98 1 rightson APR 22

28c. Injury et Work?

2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) and manner stated.

🗽 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated

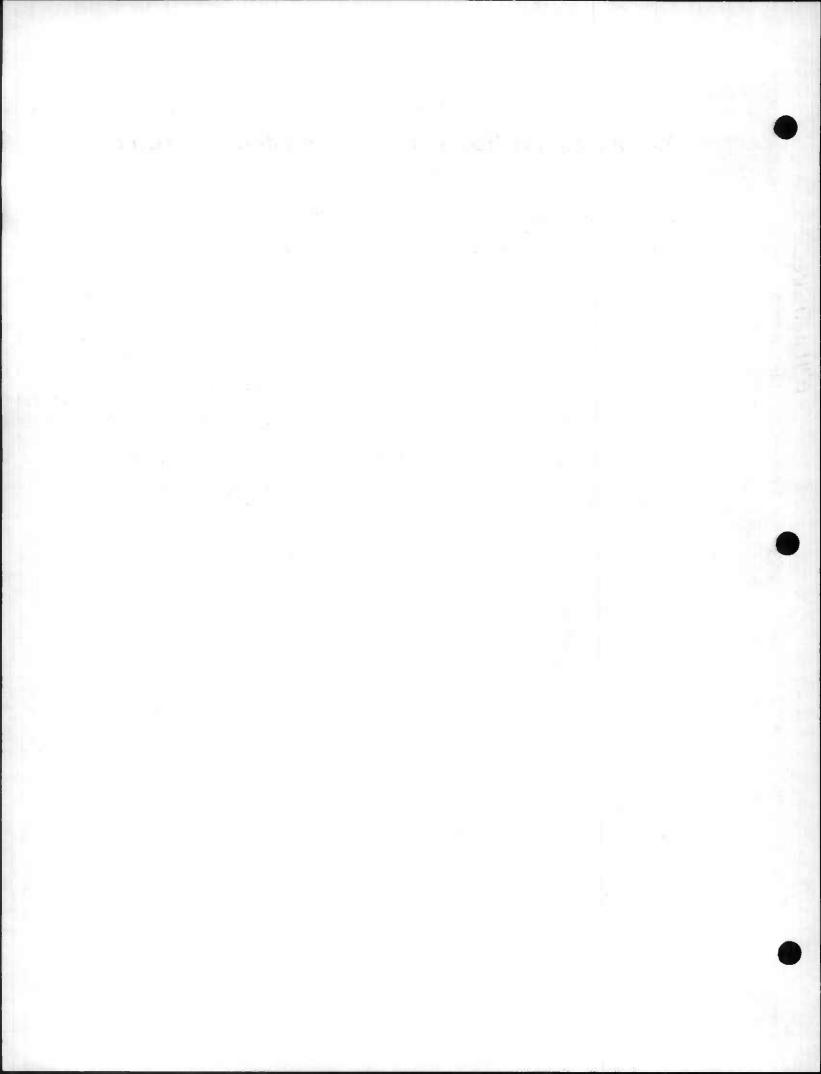
1 ☐ Yes 2 ☐ No

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Place of Injury - Al home, farm, street, factory, office building, etc. (Specify)

28b. Time of

28a. Date of Injury (Month, Day Year)



State of Maryland / Department of Health and Mental Hygiene O

1	0	0	-7	7
ł	J	O		1

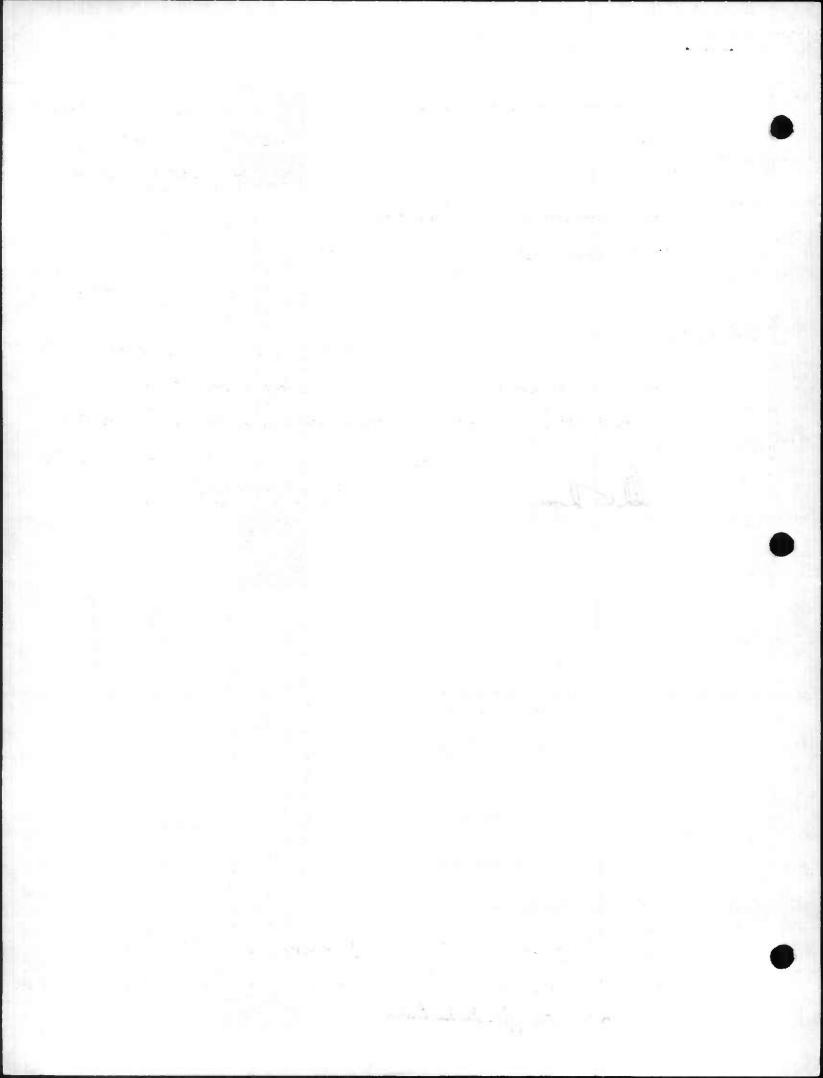
						Ce	rtificate	e of				Reg. No.	90	131	3//
	Physic /Medi		1. Decedant's Nama (First, Middle, Las Dorothy Ric	•	n Fucl	ns					2. Date of De Month	eth Day	1998	ear	Time f the
	Exami		4a. Fecility Nema (If not Institution, give					4			ation of Deat	h 4c.	County of I		
			Dorchester Gene				F 2416-2-		Camb	_				heste	
ł	Funeral Director		219-05-9156	x □MX2X□F	7. Aga (In yrs. )	last birthday) Yrs.	If Undar Months	Days	If Under 2 Hours	Min.	B. Data of Bir (Month, Da March	1h 128, 19	910	Birthplaca Country) Mary L	(Stata or Foraign
	pue *		Usual Rasidance of Decedant  10a. Stata 10b. County		10c. City	y, Town or Lo	ocation				-			10d I	nsida City Limits
	h the Merylan r 28a-f ahow	ctor	Maryland Dorchest	er		ambrid									☐ Yes XX No
	th with th	Funeral Director	10e. Street and Number 5833 Richardson R	load			10f. Zip	Coda 2161	.3			-	zen of Whe JS	t Country?	
020	hours after death with the Meryland ural; or flams 23s or 28s-f show at Examiner must be notified at	by	11. Maritai Stetus  1 Never Married 2 Married  **XXWidowed 4 Divorced	12. Was Deced Armed Ford 1  Yes 2 If Yas, Giva Yaar or Dat	ces? 2XXNo		Wes Deced If Yes, spec 1 ☐ Yas 2		lispenic Orig an, Mexicen Specify:	in? (Spec Puerto P	cify Yas or No lican, etc.)			American In White, atc. White	
21215-0020	in 72 ho n *natur	Be Completed	15. Decedant's Ed (Specify only highast grad	da completed)		16a. Dece (Giva lifa.	dant's Usua kind of wor DO NOT us	l Occup k dona a ratired	ation during most	of workin	g	16b. Kir	nd of Busin	ass/industr	у
	il Hyglena.	Com	Elemantery/Secondery (0-12)  11  17. Fathar's Nama (First, Middla, Last)	Collega (1-	4or 5+)		Demor		ation	Age	nt			nsion	Service
Maryland	o d a o	To Be	James Monroe Ric	hardson							(First, Middle arren	124574			
	nd 2 should lith and Mer 27 is marke r traumatic		19e. Informant's Name/Raiationship (7 James D. Wheatley		Son		_				Route Numb				
Baltimore,	ages 1 and of Hee tr. If Item y or othe		20a. Mathod of Disposition  1 🕅 Buriel 2 🗆 Cramation 3 🗆  4 🗆 Donakion 5 🗀 Other (Specify		tate	lace of Dispo ematery, cra chards				4.1	Data 27/98			y or Town,	Stata ryland
3altii	permit. Pa Departmen Important: any injury		21. Signature of Funeral Service Licens		KIC			-			, P.A.	Cami	or rug	e, na	1 y Land
			23a. Pari 1/ Entar tha disaasa, or comp shock, or heert failura. List only o	lications thet ca ona ceusa on ea	usad tha daath ch line.	7	00 Lo	cust	Stre	et C	ambrid	ge, N	Maryl	App	1613 proximete prval Between set and Death
7	Physician /Medicai Examiner		Immediata Cause (Final diseasa or condition resulting in deeth)	Car	dig	uln	m	ar	y a	ree	ハー			m	cin
L	pg ijs	iner		h	HTN Due to (0	ras a conse	quance of):							4	eary.
68760,	tificate be executed g physician and as the buriel-trensit	al Examiner	Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated evants	c. \square	win	ras a consec	aril	ジ	de	ne	nie	i		4	leary
Box 687	seth certificate attending phys for use as the	n/Medical	rasulting in death) Last	d	CA10	resectised	quence of):							4	eny.
.O. B	requires that the death carti een signed by the attending hould be deteched for use a	by Physician/	Part II. Other significant conditions co	ntributing to dea	ith but not rasu	ulting in tha u	indarlying ce	usa giv	an in Part I.		23b. Did	tobacco	uee contri	bute to the	cause of death
0	8 64	by Ph	multiple	刀十							10	Yee 2	No 3	Probabl	y 4 🗆 Unknow
Records,	2 S S W	Completed	Fraeline	07	lt	In	ip (	.01	ed)	) -	24a. Was perfe	an autop rmed?	sy 2	avallab	utopsy findings le prior to ition of cause h?
	는 음물										10	Yas 2	ANO.	1 ☐ Ya	s 271 No
VIII.	Physician: The this certificate ral director, pag	Be	25. Was cesa rafarred to medicel axaminer?	Hospital:	_			Oth	or		(Check only				
o	this al di	5 T	1 Yes 2 No 27. Menner of Death	1 ☐ In		ER/Outpatle		A	4 ⊡ Nui	- 1	e 5 Resi			(Specify)	
on	ding Phy th. After thi funeral	tlon	1 ✓ Naturel 5 ☐ Panding invastigation	(Month	, Day Year)	Injury	м	3c. injur Wor 1 □	k? Yas 2⊡h			,,,,,,,,	,		
Division of Vital	or Attend after death Director:	ertifica	3 Suicida 6 Could not be datarmined	209. PIECE C	of Injury - At ho g, etc. (Specify	oma, farm, st	reet, fectory,				Bf. Location ( City or To	Street and wn, Stata)	d Number (	or Rural Ro	uta Number,
	To the Hospital or Attending Is within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edical Certification:	29a. Certiflar (Check only one)  Certifying Phy 2 Medical Exam	aiclan: To the b iner: On tha bas and manns	is of axaminat	wladga, deat ion and/or In	h occurred a vestigetion,	t tha tin in my o	ne, data and pinion, deet	place, er	nd dua to the d at tha tima,	cause(s) data and	and manni place, and	ar as stated I due to tha	i. ceusa(s)
	To the To the	Me	29b. Signeture end title of certifiar		mo	)	29c.	Licens	e numbar			29d. Det	e signed (M	Month, Day,	Year)

State Registrar

Arrow Street

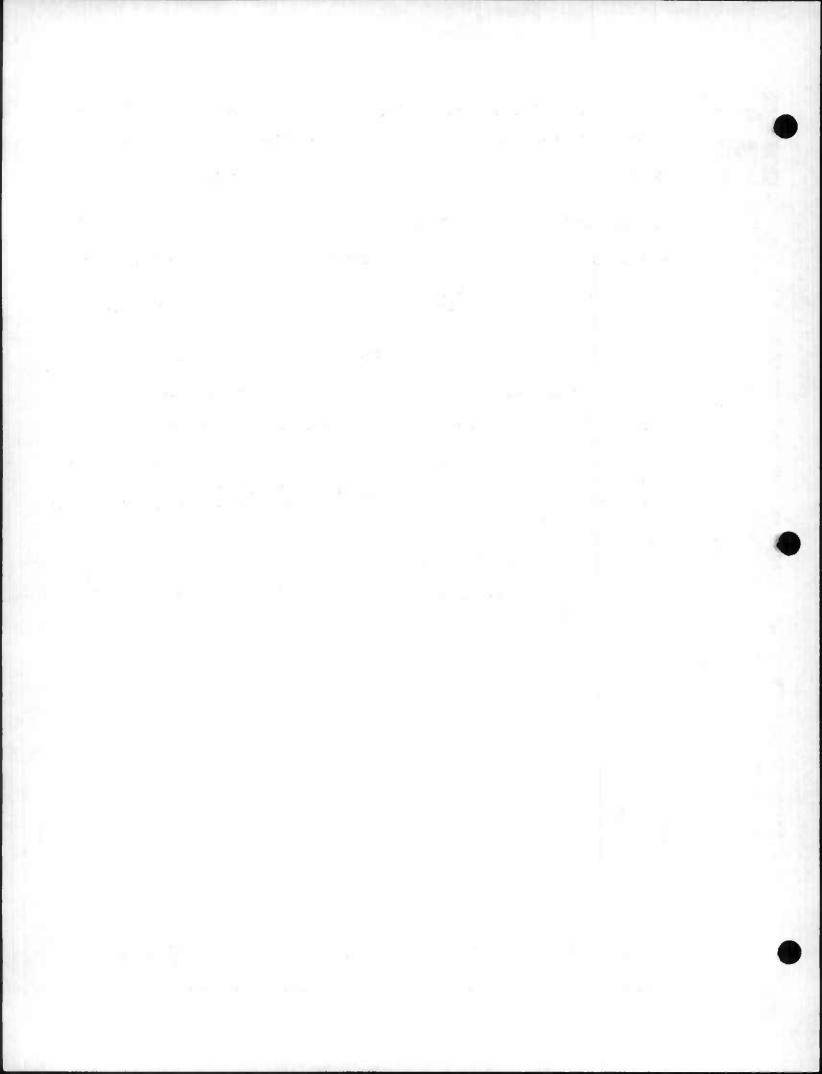
30. Nama and addrass of person who completed ceusa of daath (Itam 23a) (Type, Print)

D0050987



State of Maryland / Department of Health and Mental Hygiene 9 8 1 3 8 7 8

					001		011	Death		He	g. No.		
		1. Decedent's Name (First, Middle,	, Last)						1	2. Date of Death	1	Year	3. Time of De
ysich Aedic		Raymond	Frank	F1a	ck, Sr				1	April	25	1998	5:40
amin		4a. Fecility Neme (If not institution,	give street and nun	n <i>ber)</i>			4		or Loc	ation of Death	4c. County		
		The Memori	.al Hosp	ital				Easto	n		Tall	bot	
eral		5. Social Security Number	6. Sex 1 <b>∑X</b> M 2 ☐ F	7. Age (In yrs.	. last birthday)	If Under 1 Months	1 Year Days		Hrs. {	B. Date of Birth (Month, Day,	Year)	9. Birthpl	ace (State or Fo
ctor		214-34-9032	TESW 201		88 Yrs.				1	March 7	, 1910	Tex	as
_		Usuai Residence of Decedent  10a. Stete 10b. County		10c. Ci	ity, Town or Loc	cation						14	0d. Inaide City L
200	5	Manual Consol	4	~									12 Yes 2[
Potts	ect	Maryland Carol  10e. Street end Number	.ine	L	enton	10f. Zip (	Code			10	og. Citizen of	What Coun	to/2
8	0					,							•
III.	era	703 Camp Road	12. Was Dece	dent Ever in U	J.S. 13 W		629	ispanic Origin	7 (Spec	ify Yes or No-	Unite	d_Sta	tes an Indien
idical Examiner must be notified at	Funeral Director	1 Never Married 2 Marrie	Armed For	rces?	If				uerto R	ify Yes or No- ican, etc.)		ck, White,	
Total Control	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv Year or Da	2 1933- ates: 195	50	☐ Yes 2	No D	Specify:			Specif	y: casia	n
cal	be	15. Decedent's	s Education	1,70		ent's Usual	Occupa	ation			16b. Kind of B		
	Completed	(Specify only highest Elementery/Secondary (0-12)	college (1	-4or 5+)	(Give k	kind of work OO NOT use	k done d e retired	ation during most of ()	working	7			
8	No.	12			]	Dispa	itche	er			Poultr	y Fee	d Truck
New N	Be (	17. Father's Name (First, Middle, L	ast)					18. Mother's	Name (	First, Middle, M	fa <i>iden Surna</i> r	ne)	
atic .	2	Fra	ink Calek	Flac	k			Est	ella	a A.	(unkn	own)	
E D		19e. Informant's Name/Relationsh	lp (Type, Print)		19b. Mailing	g Address (	(Street	a <i>nd N</i> um <i>ber</i> o	r Rurai	Route Number,			Code)
ior tr		Raymond F. Flac	k, Jr.	son	PO Box	k 872	, Sc	lomon'	s I	sland,	Maryla	nd 20	688
any injury or other traumatic event, tra M once.		20a. Method of Disposition 1 □ Burial 2 □ Cremation	3 □Removal from 5		Place of Dispos cemetery, crem	sition (Name atory or oth	e of ther plac	Θ)	1	Date 2	Oc. Location	- City or To	wn, State
nux		4 Donation 5 Other (Sp			enton Ce	emeter	ry		4,	/28/98	Dento	n, Ma	ryland
any in		21. Signature of Funeral Service L	censee					s of Facility		•			•
e 9		Kandoply.	Moore		MC 1.2	ore b	tune	ral Ho	me,	P.A.	nton 1	Maxiel:	and 216
		23e, Part1, Enter the disease, or o				- DOG						TOTT A TE	allu ZIO
		shock or heart failure. List o	complications that ca	aused the dear	th. Do not ente	r the mode	of dyin	g, such as car	diac or	respiratory arre	st,		Approximete
ian		23e. Part1. Enter the disease, or o shock, or heart failure. List o	omplications that ci inly one cause on e	aused the dea ech line.	th. Do not ente	r the mode	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Between
ical		Immediate Cause (Final	complications that ci	aused the dea ech line.	th. Do not ente	er the mode	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Between
		Immediate Cause (Final	a. pnf	CUMO Due to (	th. Do not ente	er the mode	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Betwee Onset end Dee
ical ner	iner	Immediate Cause (Final	a. pnf	CUMO Due to (	th. Do not ente	er the mode	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Between
ical ner	xaminer	Immediate Cause (Final disease or condition resulting In death)	a. pnf	eumo Due to (i	th. Do not ente	uenca of):	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Betwee Onset end Dee
ical ner	al Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	a. pnf	eumo Due to (i	th. Do not ente	uenca of):	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Betwee Onset end Dee
ical ner		Immediate Cause (Final	a. pnf	Due to (c	th. Do not ente	uenca of):	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Betwee Onset end Dee
ner transit	Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	a. pnf	Due to (c	th. Do not ente	uenca of):	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Betwee Onset end Dec
ner transit	Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	a. pnf	Due to (c	th. Do not ente	uenca of):	e of dyin	g, such as car	diac or	respiratory arre	st,		Approximete Interval Betwee Onset end Dee
ner transit	Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	a. pn:	Due to (c	or es e consequence es	uence of):	of dyin	g, such as car	diac or	respiratory arre	archi	<i>x</i>	Approximete Interval Betwee Onset end Dee  2 da  2 dau  4
ner transit	Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	a. pn:	Due to (c	or es e consequence es	uence of):	of dyin	g, such as car	diac or	23b. Dld tol	archi	nontribute to	Approximete Interval Betwee Onset and Dee 2 da. 2 da. 4 da.
be datached for use as the bunal-transit	by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	a. pn:	Due to (c	or es e consequence es	uence of):	of dyin	g, such as car	diac or	23b. Did tol	oecco uee co	ontribute to	Approximete Interval Betwee Onset and Dee 2 da. 2 da. 4 da.
be datached for use as the bunal-transit	by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	a. pn:	Due to (c	or es e consequence es	uence of):	of dyin	g, such as car	diac or	23b. Dld tol	pacco uee co	ontribute to 3 Prob  24b. Wa	Approximete Interval Betwee Onset end Dee  2 day  the cause of deably 4 Unit  ure autopsy findilable prior to poletion of caus
2 should be datached for use as the bunal-transit as a	by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	a. pn:	Due to (c	or es e consequence es	uence of):	of dyin	g, such as car	diac or	23b. Dld tot 1 Ye  24e. Was ar	pacco uee co	ontribute to 3 □ Prob  24b. Wa eve cor of c	Approximete Interval Betwee Onset end Dee 2 da. 2 da. 4 da.
2 should be datached for use as the bunal-transit as a	Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last  Part II. Other eignificant condition	a. pn:	Due to (c	or es e consequence es	uence of):	of dyin	( a C d )	diac or	23b. Did tot 1 Ye  24e. Was arr	Dacco uee co	ontribute to 3 □ Prob  24b. Wa eve cor of c	Approximete Interval Betwee Onset end Dee  2 day  the cause of deably 4 Unit  ure autopsy findilable prior to poletion of caus
2 should be datached for use as the bunal-transit as a	Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?	a. PO	Due to (c	or es e consequence es	uence of): uence of): uence of):	Oth	(ard) en in Part I.	Deeth	23b. Did tot 1 Ye  24e. Was ar perform	pacco uee cons 2 No	ontribute to 3 Prob  24b. Wa eve cor of c	Approximete Interval Betwee Onset end Dee 2 daw 4 daw
al director, pege 2 should be datached for use as the bunal-transit  a policy	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1  Yes 2 No	a. DO	Due to (c	or es e consequent es e consequent es e consequent es e consequent es es es es es es es es es es es es es	uence of):  uence of):  uence of):	A Other	g, such as call  ( C C C C C C C C C C C C C C C C C C	Deeth on	23b. Did tot 1 Ye  24e. Was ar perform 1 Ye  Check only one 5 Reside	pacco uee cons 2 No	ontribute to 3 Prob  24b. Wa eve cor of c	Approximete Interval Betwee Onset end Dee 2 daw 4 daw
al director, pege 2 should be datached for use as the bunal-transit  a policy	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth  1 Naturel 5 Pending	a. Dollar contributing to de Montri	Due to (c	or es e consequence es	uence of):  deriving car  3 □ DOA	ause give	g, such as call  ( C C C C C C C C C C C C C C C C C C	Deeth on	23b. Did tot 1 Ye  24e. Was ar perform	pacco uee cons 2 No	ontribute to 3 Prob  24b. Wa eve cor of c	Approximete Interval Betwee Onset end Dee 2 daw 4 daw
al director, pege 2 should be datached for use as the bunal-transit  a policy	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth  1 Naturel 5 Pending investigate 13 Sulcide 6 Could not condition.	a. Do	Due to (c  Due to (c  Due to (c)	or es e conseque or es	uence of):  uence of):  uence of):  derlying car  28	A Other	g, such as call  ( C C C C C C C C C C C C C C C C C C	Deeth (28	23b. Dld tot 1 Ye  24e. Was ar perform 1 Ye  Check only one e 5 Reside id. Describe ho	pacco uee co s 2 No n autopsy s 2 No nnce 6 Ott w injury occur	ontribute to 3 Prob  24b. Wa eve cor of c 1 C	Approximate Interval Betwee Onset and Dee 2 clauded Approximate 2
by the funeral director, page 2 should be datached for use as the bunat-transit	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth  1 Naturel 5 Pending investigal envestigal investigal investigal processing investigal investi	a	Due to (c  Due to (c  Due to (c)	or es a consequence es a consequence es e consequence es	uence of):  uence of):  uence of):  derlying car  28	A Other	g, such as call  ( C C C C C C C C C C C C C C C C C C	Deeth (28	23b. Dld tot 1 Ye  24e. Was ar perform 1 Ye  Check only one e 5 Reside id. Describe ho	pacco uee cons 2 No nautopsy ned? s 2 No noce 6 Ott	ontribute to 3 Prob  24b. Wa eve cor of c 1 C	Approximete Interval Betwee Onset end Dee 2 daw 4 daw
by the funeral director, page 2 should be datached for use as the bunat-transit	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth  1 Naturel 5 Pending investigate 1 Naturel 2 Accident investigate 1 Naturel 2 Naturel 3 Suicide 4 Homicide	a	Due to (c  Due to (c  Due to (c  Due to (c)	or es a consequence es a consequence es e consequence es	uence of):  uence of):  derlying car  3 □ DOA  28  M	A Other	g, such as call  (COCC)  en In Part I.  26. Place of er: 4   Nursin rat (?) Yes 2   No	Deeth or 28	23b. Did tol 1 Ye  24e. Was ar perform 1 Ye  Check only one 5 Reside id. Describe ho  if. Location (Str. City or Town)	pacco uee cons 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?	ontribute to 3 Prob  24b. Wa eve cor of c  1 —  mer (Specify) rred  ber or Aural	Approximete Interval Betwee Onset end Dee 2 Cl Cu 2 Cl Cu 4 Cu 4 Cu 4 Cu 4 Cu 4 Cu 5 Cu 5 Cu 5
by the funeral director, page 2 should be datached for use as the bunat-transit	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1	a	Due to (c  Due to (c  Due to (c  Due to (c)  Due to (c	or es a consequence es a consequence es e consequence es	uence of):  uence of):  uence of):  derlying car  all DOA  A  A  A  A  A  A  A  A  A  A  A  A	A Other Sc. Injury Work	en In Part I.  26. Place of er: 4 \( \text{Nursin} \) ves 2 \( \text{No} \)	Deeth Deeth 28	23b. Did tot 1 Ye  24e. Was ar perform 1 Ye  Check only one 5 S Reside id. Describe ho  if. Location (Str. City or Town.	Dacco uee co	ontribute to 3 Prob 24b. Wa eve cor of c 1 C ner (Specify) rred anner as st	Approximete Interval Betwee Onset end Dee 2 Cl Cu 2 Cl Cu 3 Cl Cu 4 Cl Cu 4 Cl Cu 4 Cl Cu 4 Cl Cu 5 Cl Cu 5 Cl Cu 5 Cl Cu 5 Cl Cu 6 Cl
by the funeral director, page 2 should be datached for use as the bunat-transit	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Naturel 5 Pending investigation investigati	a	Due to (c  Due to (c  Due to (c  Due to (c)  Due to (c	or es a consequence es a consequence es e consequence es	uence of):  Jence	A Other Sc. Injury Work	en In Part I.  26. Place of er: 4 \( \text{Nursin} \) ves 2 \( \text{No} \)	Deeth 1 28 28 accepted accepte	23b. Did tot 1 Ye  24e. Was ar perform 1 Ye  Check only one a 5 Reside to the ce of the control of the ce	Dacco uee co	ontribute to 3 Prob 24b. Wa eve cor of c 1 I	Approximete Interval Betwee Onset end Dee 2 Cl CL 2 Cl CL 2 Cl CL 3 Cl CL 4 Cl CL 4 Cl CL 4 Cl CL 4 Cl CL 6 Cl
pietely filled in by the funeral director, pege 2 should be datached for use as the bunal-transit	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Naturel   5 Pending investige   2 Accident   3 Suicide   4 Homicide   4 Homicide   2 Medical Exemptions   2 Medical Exemptions   2 Medical Exemptions   4 Medical Exempt	a	Due to (c  Due to (c  Due to (c  Due to (c)  Due to (c	or es a consequence es a consequence es e consequence es	uence of):  Jence	A Other Sc. Injury Worff of the time in my op.	en In Part I.  26. Place of er: 4 \( \) Nursing (2)  Yes 2 \( \) No  ne, date end pointon, death of enumber	Deeth and Home 28	23b. Did tot 1 Ye  24e. Was ar perform 1 Ye  Check only one a 5 Reside to the ce of the control of the ce	pacco uee conse 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?	ontribute to 3 Prob 24b. Wa eve cor of c 1 I	Approximete Interval Betwee Onset end Dee 2 Cl CL 2 Cl CL 2 Cl CL 3 Cl CL 4 Cl CL 4 Cl CL 4 Cl CL 4 Cl CL 6 Cl
by the funeral director, page 2 should be datached for use as the bunat-transit	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieled events resulting in death) Last  Part II. Other eignificant condition  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Naturel 5 Pending investige investige 1 Could not determine 2 Accident 3 Suicide 4 Homicide 1 Certifying 2 Medical Exemples 1 Certifier (Check only one)  29b. Signeture and title of certifier 1	a	Due to (c)  Due to	or es a consequence es a consequence es e consequence es	uence of):  uence of):  derlying car  all DOA  M  occurred et estigation, ii	A Other Sc. Injury Worff of the time in my op.	g, such as car  (CCC)  en In Part I.  26. Place of er: 4   Nursin of the continuous	Deeth and Home 28	23b. Did tot 1 Ye  24e. Was ar perform 1 Ye  Check only one a 5 Reside to the ce of the control of the ce	pacco uee conse 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?  s 2 No nautopsy ned?	ontribute to 3 Prob 24b. Wa eve cor of c 1 I	Approximete Interval Betwee Onset end Dee 2 Cl CL 2 Cl CL 2 Cl CL 3 Cl CL 4 Cl CL 4 Cl CL 4 Cl CL 4 Cl CL 6 Cl



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death Month DORIS VIRGINIA FRYE 23,1998 April 7:15AM 4a. Fecliity Nama (If not Institution, give streat end number) 4b. City, Town, or Location of Daath 4c. County of Death 420 Romancoke Road Stevensville Queen Anne's If Undar 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiece (State or Foraign Country) 1□M 2⊠K 220-14-5778 70 Yrs. June 14,1927 Maryland Usuei Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits Queen Anne's Stevensville 1 ☐ Yes 2 No 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 420 Romancoke Road 21666 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indien, Black. Whita, atc 1 ☐ Yas ②☐No If Yes, Give Yaer or Datas: 1 ☐ Never Merried 2 ☑ ★ arried specify: White 1 Yes XXNo Specify: 3 ☐ Widowed 4 ☐ Divorced Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Md. National Bank Elementery/Secondery (0-12) Coilege (1-4or 5+) Bank Employee-Consumer Credit 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumeme) Reese Smith Lillian Carev 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mr. Leonard Frye Husband 420 Romancoke Rd., Stevensville, Md. 21666 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c Location - City or Town, Steta 20e. Mathod of Disposition Apr. 25, XXBuriei 2 Crametion 3 Removei from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn Memorial Park Easton, Md. 22. Nema and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Hom 106 Shamrock Rd., Chester, Md. 23a. Pert1. Entar tha disease, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in deeth) e. Congestive heart failure Due to (or es e consequence of): Coronery futer A3case Due of (or es e consequence of): Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Diebeter mellitus 24b. Were autopsy findings aveilable prior to compiation of cause of death? 24e. Wes an autopsy performed? Cerebrarables accident with hemislegis 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? 26. Pleca of Deeth (Check only one) Hospitel: Other: 4 ☐ Nursing Homa 5 Residence 6 ☐ Other (Specify) 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation

Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. attending physician and for use as the burial-transit Division of Vital Records, P.O. Box 68760, been signed by the should be detached page 2 s certificate director After this funeral dii within 24 hours after death To the Funeral Director: / completely filled in by the

3 ☐ Suicide 4 Homicide

Physician/Medical þ Completed Be Certification: To Medical

**Physician** 

/Medical

**Examiner** 

Md.

Directo

Funeral

þ

Completed

2

Examine

any ir

Physician

/Medical

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If item 23 a or 28-4 show any important: If item 27 is marked other than 'natural', or items 23a or 28-4 show any injury or other traumatic event, I'm Medical Experiment man be notified at

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinal must be notified at

29b. Signetura and title of cartifian

29e. Cartifiar

6 Could not be determined

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Excitifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the ceuse(s) end manner as steted. 2 Madical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

41339

29c. Licanse number

21666

29d. Data signed (Month, Day, Year)

30. Name engl eddress of person who completed cause of deeth (Item 23e) (Type, Print) STEVENSVILLE

102 E. MAIN ST 31. Dete filed (Month, Dey, Year)



DHMH 16 Rev 6/95

State

Registrar

4-24-88

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Ore

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Dacedant's Neme (First, Middle, Last) 2, Dete of Deeth 3 Time of Death **Physician** PAUL 230 pm FRENDACH FRANCIS APRIL 1998 21 /Medical 4e. Fecility Name (If not institution, give street and numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner C--201 3555 Floating Leaf Lane Prince George's Laure1 7. Aga (In yrs. lest birthday) If Under 1 Year If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number 6. Sax 8. Data of Birth (Month, Day, ) July 28 Birthpleca (State or Foraign
Country) Year) 1941 1√2 M 2□ F 579-54-5119 Washington, DC 56 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Prince George's Direct 10e, Street end Number 10f. Zio Code 10g. Citizen of Whet Country? 3555 Floating Leaf Lane C-201 20707 USA Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No
If Yas, Give
Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - American Indien. 1 Never Merriad Married 1 ☐ Yes 2 No Specify: White by Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) School Teacher Public Schools 4+ 17. Father's Nema (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumame) Stephen Frendach Mabel Thompson Frendach 19a. Informent's Neme/Reletionship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Stephen F. Frendach (Son) 4011 Chaney Cove Ct. Dunkirk, MD 20754 20b. Plece of Disposition (Neme of cematery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Metropolitan Crematory 4-22-98 4 ☐ Domation 5 ☐ Other (Specify) Alexandria, VA of Furnial Sarvice Licensee 22. Name and Addrass of Facility M00173 J.H. Eberwein Mortuary 4433 White Pls La White Pls., MD 20695 the the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, heart feilure. List only one ceuse on each line. Approximate Intervel Between Onsat and Deeth disease or condition resulting in deeth) 2 TRS & METASTATIC MACIENAMI Dua to (or es a consequença of) Sequentially list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequença of): Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? CENTRAL 1 Yes 2 Probably 4 Unknown NEWOUS 275 Pm 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Wes en autopsy parformed? METASTATIC DISEASE 1 Yas 2 No 1 ☐ Yas 20 No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpetlent 3 | DOA Other: 4 ☐ Nursing Homa 5 Residence 6 ☐ Other (Specify) 146375 € € € Injury et 28d. Describe how injury occurred 1 ☐ Yes 2 ₹ No 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Pending Investigation 1 Neturel 2 Accident 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner as steted.

| Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29a, Certifier 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D 25452 21,1998

BATMOSE

LAVER, MD

AVE

20707

The law requires that the death certificate be executed Records, this certificate Division of Vital spital or Attanding Physician: The hours after death. Inversi Director: After this certificate y lilled in by the funerel director, pa To the Hospital of within 24 hours a To the Funeral Completely lilled I

P.O. Box 68760,

**Funeral** 

**Director** 

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Miscipal Examinar must be notified at

Important: If item 27 any injury or other 1

**Physician** 

/Medical

Examiner

the buriel-trensit

USB BS

be detached

signed by

physician

Physician/Medical Examiner

þ

Completed

Be

Certification: To

Medical

Be

Peges 1 and 2 should be filed within 72 hours effer onent of Health end Mental Hygiene. Int: If item 27 is marked other than "natural", or ites

FRENOACH

31. Dete filed (Month, Dey, Year) State Registrar

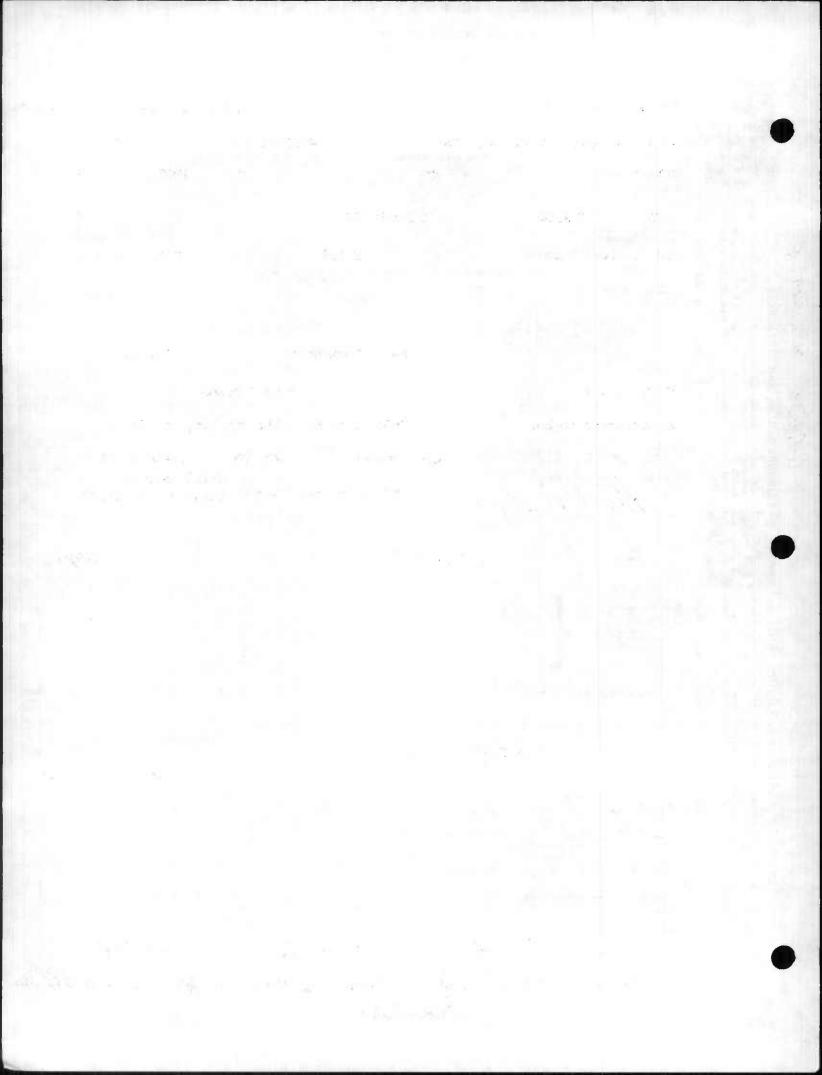
APR 2 4 1998

ROBENT

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

mar6612, 32. Registrar's Signeture Adia Davidson Rordall

		State of	wai yiai iu		tificate			iliu ivi		gieneg 8		3881
	1. Decedent's Name (First, Middle,	Last)							2. Dete of De Month	ath Dey	Yeer	3. Time of Death
ian cal	MIRIAM EDNA GRU	BE							APRIL	21, 199		11:00 a.m.
er	4s To allike Manne (If not institution aire atmet and pumber)							wn, or Lo	cation of Deetl	h 4c. County	of Deeth	
	CARROLL COUNTY G	SPITAL				WESTM		ER	CARR	ROLL		
	5. Sociel Security Number 180–03–4558	i. Sex 7. 1 ☐ M 2区 F	7. Age (In yrs. last birthdey) If Under 1 Months 1			Deys	If Under:	24 Hrs. Min.	8. Date of Bir (Month, De Oct. 1	y, Year)	9. Birthp Coun	elece (Stete or Foreign htry)
•	Usuel Residence of Decedent								500. 1	,1505		1
	10a. Stete 10b. County			Town or Lo							1	0d. Inside City Limits
cto	MD CAR	ROLL	V	VESTMI	NSTER							12 Yes 2 No
Funeral Director	10e. Street end Number				10f. Zip C	Code				10g. Citizen of \	What Coun	ntry?
0	200 St. Luke Ci	cle			21:	158				United	Stat	tes
-	11. Maritel Status  1. Never Married 2 Marrie  3 Widowed 4 Divorced	12. Wes Deceded Armed Force 1 Tyes 2 If Yes, Give Year or Dete	es? X No	ΩNo 1□ Yes 2⊠No				f Hispanic Origin? (Specify Yes or No- uben, Mexican, Puerto Rican, etc.)  Specify:			ck, White, Wh	
Ted	15. Decedent's (Specify only highest	Education		16e. Deced	ent's Usuel kind of work	Occup	etion	t of worki	20	16b. Kind of B	usiness/inc	dustry
Completed	Elementary/Secondery (0-12)	Coilege (1-4	or 5+)	life. L	OO NOT use	retired	1)	OF FUINE	-9			
;	8				Sea	amst	ress	4.61	deta de	Clot		
0	17. Fether's Neme (First, Middle, La	est)					18. Mothe	rs Neme	(First, Middle	, Melden Sumen	ne)	
2	Samuel Grube								ohnson			
		19a. Informent's Name/Reletionship (Type, Print)								er, City or Town,		Code)
or other traumatic		Dennis Grube/nephew					Rd. E	llic		y, MD 2		Charles
	20a. Method of Disposition 1    Buriel 2 □ Cremetion 3	☐Removel from Ste	ete cer	netery, crem	netory or oth	ner plac		10 1	Date	20c. Location		
	4 Donetion 5 Other (Spe	cify)	Hope C					/24/9		Hecktown		
any Injury or	21. Signature of Fidneral Service Li	A Meer	-		Name end			ome 1	91 Will Westmin	is Streets. M	et D 211	57
	23e. Pert1. Enter the diseese, or c shock, or heart feilure. List or	omplicetions thet cau ily one ceuse on eed	used the deeth. ch line.	Do not ente	er the mode	of dyin	g, such es	cardiac o	r respiretory a	rrest,		Approximate Interval Between Onset end Deeth
	Immediate Cause (Final disease or condition		VROSE	PCIC								DAVC
	resulting in deeth)	es e conseq	uence of):				140					
Ine		- b										
dicai Examiner	Ceuse (Disease or injury that initiated events Due to (or es e consequence of):											
by Physician/Med	68.4	■ d										
SICE	Pert II. Other significant condition	contributing to deet	th but not resulting in the underlying cause given in Pert 1.						23b. Did tobacco usa contributa to ti			o the cause of death?
		CHF		but not resouring in the underlying cause given in 1 on 1.								bebly 4 d hknown
		MTN	/							en eutopsy ormed?	ev	ere eutopsy findings eileble prior to impletion of cause deeth?
ĺ									1□	Yes 25 No		☐Yes 2☐-No
3000	25. Wes case referred to medical						26 Place	of Deet	(Check only			
0 00	exeminer?	Hospitel:	patient 2 🗆 E	R/Outpetien	1 3 DOA	Oth	or.			denca 6 Oth	ner (Specif	(v)
tion: To	27. Menner of Deeth  1 Naturel 5 Pending 2 Accident investiga	28e. Dete of (Month,		28b. Tima of Injury		c. Injur				how injury occur		"
edical Certification:	3 Suicide 6 Could no determin	Zoe. Pieca or	f Injury - At hom , etc. (Specify)	ne, ferm, stre	eet, factory,	office				(Street end Numi wn, Stete)	ber or Rure	al Route Number,
dical C		Physician: To the be aminer; On the basi end menne	is of examinetic									
Me	29b. Signeture end title of certifier	4.0			29c.	Licens	e number			29d. Dete signe	ed (Month,	Day, Year)
	Namman /	Yalala M	1)		D	44	206	,		4/21	190	
	30. Name and address of person w	HALABI	of death (Item 2	C	Drint)				orial,	NE. WI	ESTM	INSTERMO
State istrar	31. Date filed (Month, Dey, Year) APR 2	2 1998 M	nietrer's Signetu	lear Re	dell							



State of Maryland / Department of Health and Mental Hygiene

	1	. Decedant's Nama	(First, Middla, L	.ast)							2. Data of Dea			3. Tima of Death	
sician edical		DONALD	BU	RNHAM	HASKE	LL					Month APRIL	20 1	998	1:59 PM	1
miner	4	a. Facility Nama (If	not institution, g	iva straat and num	ber)			1.5	4b. City, To	wn, or Lo	cation of Death	4c. County	of Death		
			AL HOSP							STON		TAL	ВОТ		
eral tor	0	Social Security Nu 019-16-74	84	Sax 1XIM 2□F	7. Aga (In yrs. 78	last birthda Yrs	Months		If Undar:	Min.	8. Data of Birt (Month, Da NOV • 19	v. Yaar)	9. Birthp Coun HAMI	laca (Stata or Forai try) LTON, MA	מק
rector	-	sual Rasidance of I	10b. County		10c. Cit	v. Town or	Location						1	0d. Insida City Limit	e
Į.		MD	CAR	OLINE		DEN	ON							1 ☐ Yas XXN	
Director	1	0e. Street and Num	ber				10f. Zip	Coda				10g. Citizan of	What Coun	itry?	_
aiD		24213 WI	LLOW PO	ND ROAD				216	29			USA			
by Funeral	1	1. Marital Status 1 Nevar Marrie 3 Widowed 4		12. Was Deced Armed Ford 1 X Was 2 If Yas, Give Yaar or Da	2 □ No	,S. 1			lispanic Orig an, Maxican Specify:	gin? (Spa , Puarto i				Amarican Indian, Whita, atc. WHITE	
P	-		15. Decedant's I		ias:	16a De	cedant's Usua	al Occur	nation			16b. Kind of B	Ruelnees/Industry		_
Completed	-	(Special Elamantary/Second	fy only highast g	rada complated)  Collaga (1-	40r 54)	(G.	cedant's Usua va kind of wo. DO NOT us	rk dona sa ratire	during most d)	of worki	ng			,	
Com		12	, (0 12)	Conaga (1-			CARETAKER			SELF-EM		EMPLO	YED		
Be	1	7. Fathar's Nama (F										Meiden Sumen	na)		
10	L		T HASKE			CATHERINE Mac									_
	1	19a. Informant's Name/Ralationship (Type, Print) PATRICIA WEBBER				19b. Mailing Addrass (Straat and Number or Rural Routa Numbe 4 KNOB HILL, GREAT BARRINGTON								Coda)	
		Da. Mathod of Dispo	osition	□Ramoval from S		Placa of Dis	position (Nameramatory or of AKE CRI	na of thar pla	ce)	1	Data	20c. Location CHESTER	City or To	wn, Stata	
ODC6.	2	1. Signature Fun Gran 23a. Part 1. Enter the shock, or haart	a disaasa, or co	Im W	usad tha daat		200 S.	S, H HAR	ELFEN! RISON	BEIN ST.	. EASTO	N, MD 2		Approximate Interval Batween	
an al er	l d	mmediata Causa (F lisaasa or condition esulting in daath)	Final	a. SEPT	CEMIA								2	Onsat and Death	
<b>a</b>	Dua to (or as a consequer														
mimi		Sequentially liet con-	ditions	b. RUPTI		OLON (CECUM) or as a consequanca of):							1 2	6 HOURS	
Aedicai Examiner	if oC th	equantially list con- any, laading to imr ausa. Entar Underl ause (Disease or Ir at Initiated avants asulting in death) La	ontons, madiata lylng njury	c. ISCHI	EMIC CO	LITI							SE	EVERAL DAY	75
Physician/N				d											-
vsic	P	art II. Other signific	ant conditions	contributing to dea	th but not res	ulting in the	undarlying c	ausa giv	an In Part I.		23b. Dld 1	obacco usa co	ntribute to	the cause of deat	1?
P.		CHRONIC	RENAL F	AILURE							10	Yes 2 No	3 Prof	abiy 4 Unkno	wr
Completed by		MANAGED	BY PERI	TONEAL D	IALYSIS	5					24a. Was parfo	an autopsy rmed?	avi	ara autopsy findings allabla prior to mpletion of causa	
Completed											_	300-1	of	deeth?	
	-	E Man once who	d to modical	T							101		10	Yas 2 No	
o Be	2	<ol> <li>Was casa rafarre axaminar?</li> <li>1 ☐ Yas 2 ☒ N</li> </ol>		Hospitel: 4XX	nation: 0	ED/O: 1-	look of the	Oth	100		(Check only o		/0- "	.)	-
tion: To	2	7. Manner of Death 1 🖾 Natural	5 Pending	28a. Data of (Month	patient 2 Injury , Day Year)	28b. Time Injur	of 2	8c. Injui Woi	y at	12		dence 6 Oth		//	
ertifica		2 ☐ Accidant 3 ☐ Suicida 4 ☐ Homicide	6 Could not determine	be 28a. Place o	of Injury - At he g, etc. (Specif	ome, farm,					28f. Location (5 City or Tox	Street and Numi vn, Stete)	ber or Rura	l Routa Number,	
edical Certification: To	2	2 Accidant 3 Suicida 4 Homicide	Invastigati 6 Could not determine	be 28a. Place of	of Injury - At he g, etc. (Specif	ome, farm,	M straat, factory ath occurred	1 □ /, office et tha til	Yes 2 1	d place, a	City or Tow	vn, Stete) cause(s) and m	annar as si	tated.	ΘΓ,

Withir To th

on who completed causa of daath (Itam 23a) (Type, Print) LAWRENCE D. BOHAN, M.D., 606 DUTCHMAN'S LANE, EASTON, MD 21601 31. Data filad (Month, Day, Year) APR 2 2 1998

State Registrar

32. Ragistrar's Signatura

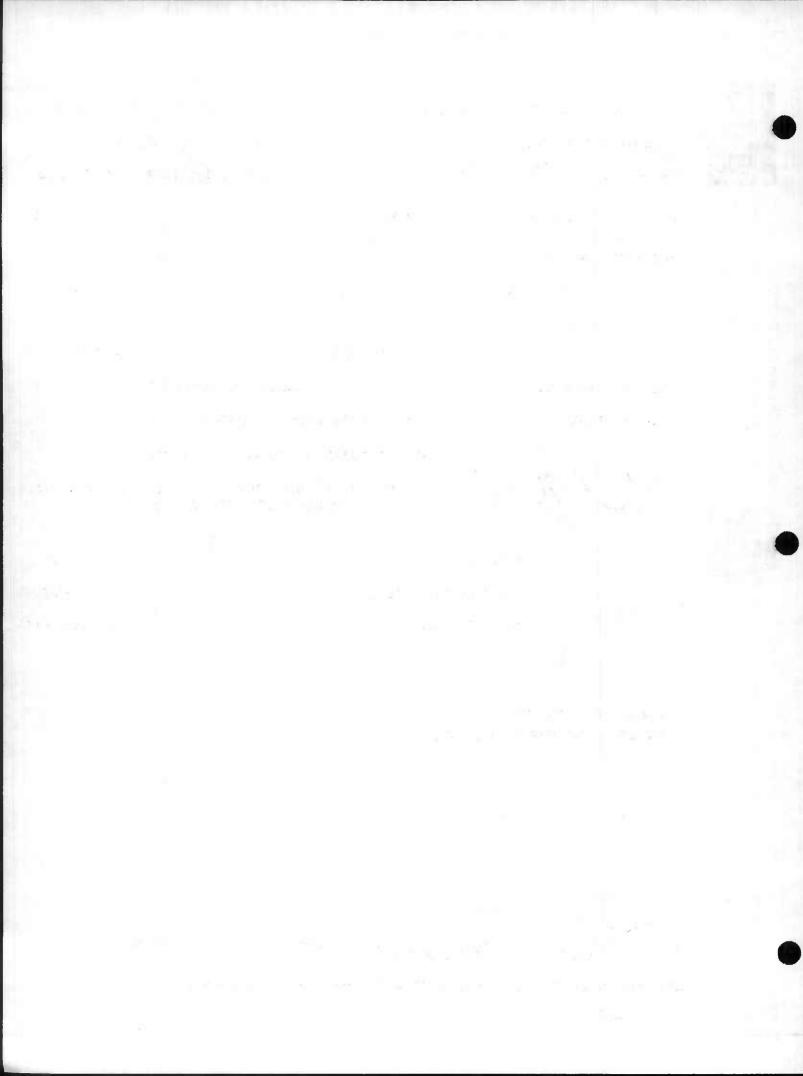
Julia Davidson-Randalle

29c. Licansa number

D27409

29d. Data signed (Month, Day, Year)

4-20-98

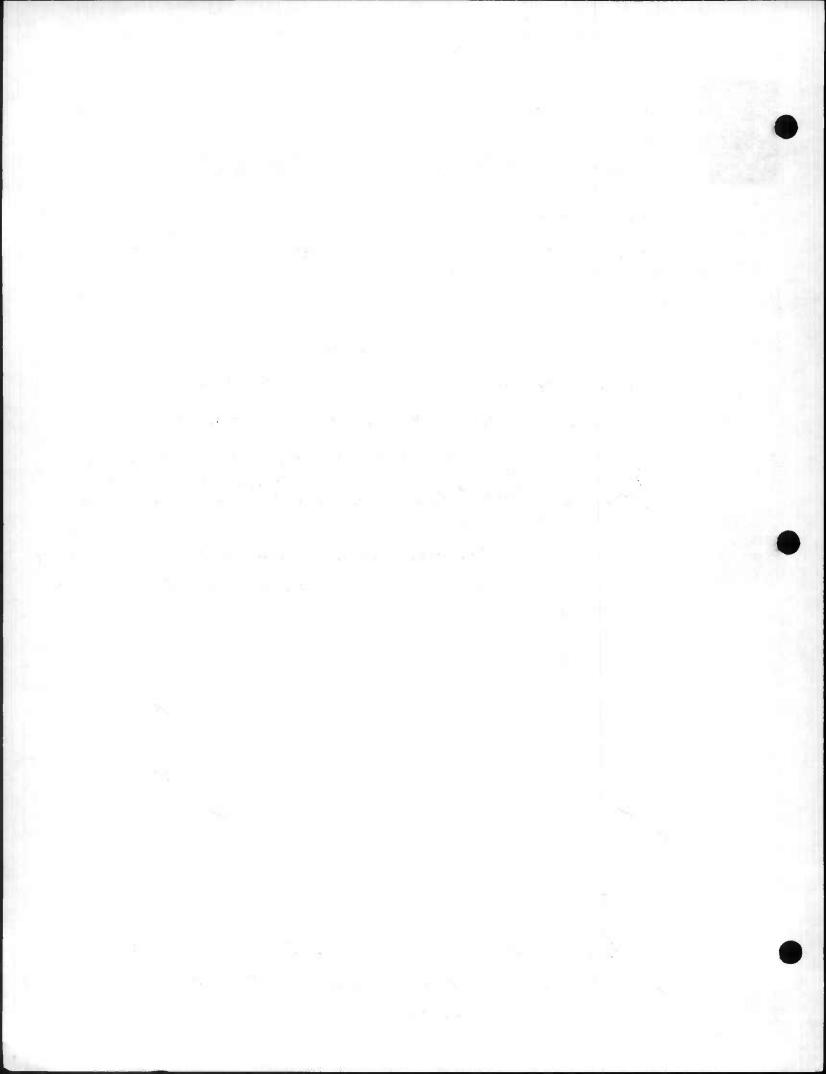


State of Maryland / Department of Health and Mental Hygiene |

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** April 1998 7:22PM Lucy Jaures Mary /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Frederick 9507 Woodsboro Rd. Frederick 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Apr. 29, 1903 9. Birthplace (State or Foreign Country) Mar yland 7. Age (In yrs. last birthday) **Funeral** 1 M 201 F Months Deys Hours 217-28-9012 Yrs. Director Usuel Residence of Decedent the Maryland 10a. State 10h County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Expression must be notified at 1 Yes 2 No Director Marvland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? With U.S.A. 9507 Woodsboro Rd. 21701 death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specity Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status filed within 72 hours after 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 ☒ No Specify: þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) nit. Pages 1 and 2 should be filed within sartment of Health and Mental Hygiena. ortant: If item 27 ia marked other than Injury or other traumstic event, the Me Elementery/Secondary (0-12) College (1-4or 5+) 10 dressmaker retail store 17 Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) Sebastian Adam Grabenstein Anna Luke 19a. Informant's Name/Relationship (Type, Pnint) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9507 Woodsboro Rd. Frederick, MD 21701 Joseph S. Grabenstein/ brother 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State permit. Page Department of important: If any Injury or once. Carroll Cremation, Inc. 4/20/98 Hampstead, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility Hartzler Funeral Home 21. Signature Funeral Servica Licanses Libertytown, MD 21762 11802 Liberty Rd. 23a. Part1. Enter the disease, or complications that caused the heath. Do not enter the mode of dying, such as cardlac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Onset end Death **Physician** /Medical Immediate Cause (Final Cerebroyaicular accident disease or condition resulting in death) Examiner Cardie vascular Ningin Examiner physician and the bunal-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760 Physician/Medical Due to (or es e consequenca of): attending p signed by the a d be datached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was en autopsy performed? peeu has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: after death. Director: After this certifica Be 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Ossidenca 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA No 2 1 Yes funaral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Atte within 24 hours after de To the Funeral Directo complately filled in by the 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifier 29c. License number 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 10200 Copperming Rd- Woodsburg and 31. Date filed (Month, Day, Year) 32 Registrar's Signature State APR 2 1 1998 Juli Studier Radall Registrar

**DHMH 16 Rev 6/95** 



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3 Time of Death Clyde 25-Jeffries 03-1998 11:20 P.M. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Chesapeake Wood Center Cambridge Dorchester 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1 Q M 2 □ F Months Hours 240-07-5/09 Usuel Residence of Decedent 84 N.C. 11-12-13 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Md. Dorchester Chesapeake Wood Center 525 Glenburn Ave. 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 525 Glenburn Ave. 21613 U.S. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritel Status 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced Black 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10 Bay Shore Foods Food Processing 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Sally Jeffries unknown 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1324 West Pratt Street Baltimore, Md 21223 Jennifer Dashiell White 20b. Plece of Disposition (Neme of cemetery, cremetory or other 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 MCremation 3 ☐ Removel from State 4 □ Donetion 5 □ Other (Specify) SALISTURI 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediete Ceuse (Final rost ion diseese or condition resulting in death) Alzheimer 5 Due to (or es a consequence of) Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or Injury that initioted events resulting in deeth) Lest Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 700 3 Probably 4 Unknown FREQUENT 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed?

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

**Director** 

28a-f show

23a or

or items

natural',

al Hygiene.

permit. Pages 1 and 2 should be filt Department of Health end Mental th Important: If Item 27 is marked oth any liquy or other traumatic eventables.

the Medical Examiner must be notified at

Director

Funeral

þ

Completed

Be

2

filed within 72 hours efter death with the Maryland

Baltimore, Maryland 21215-0020

pue the burief-trer ettending physician for use es the burie ed by the el sate hes been signed by page 2 should be detect this certificate To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this cartificatompletely filled in by the funeral director, to

Physician/Medical

Be Completed by

Certification: To

Medical

29b. Signeture and title of certifier

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital

Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

26. Piece of Death (Check only one)

25. Wes case referred to medical			2	26. Plece of Death (C	check only one)	
exeminer?	Hospital: 1 ☐ Inpatient	2 ☐ ER/Outpetient	3□ DOA Other:	Nursing Home	5 Residence	6 □Other (Specify)
27. Menner of Deeth	28e. Dete of Injury		28c. Injury a		. Describe how Inj	ury occurred

1 Maturel 5 Pending (Month, Dey Year) Work? 1 Tes 2 Accident investigation 3 Suicide 6 Could not be Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

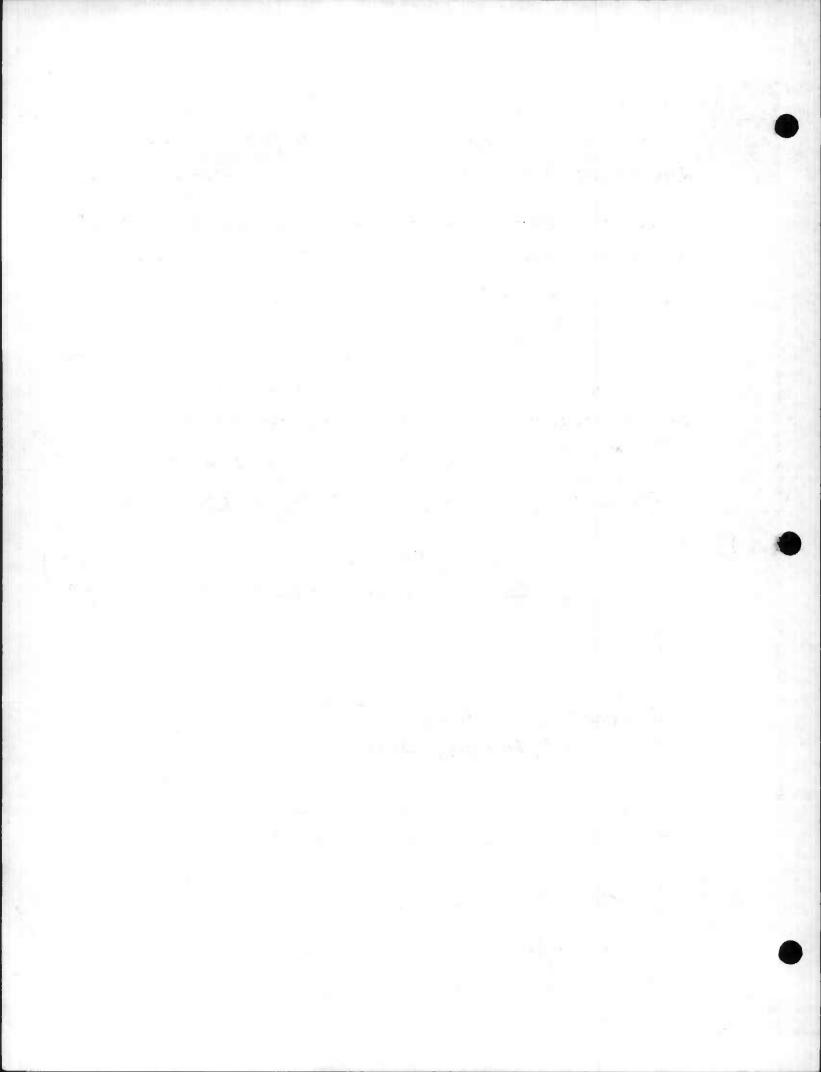
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29c. License number 29d. Date signed (Month, Day, Year)

eddress of person who ompleted cause of deeth (Item 23e) (Type, Print)

Lois L. Narr D.O.

302 Collins Ave. Hurlock, Maryland 21643

State Registrar 31 Dine filed (Month, Day, Year) 32. Registra s Signeture APR 17 whia Davidson



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Wilson Bennett Jones April 20, 1998 /Medical 1642 4e. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Dorchester General Hospital Cambridge Dorchester If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 1 → M 2 □ F If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Funeral Days Yrs Director 213-12-5431 83 Oct. 21, 1914 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 □ No Director Maryland Dorchester Cambridge 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 503 Muir St., Apt. 205 U.S.A. 21613 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No if Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indlen, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: À 3 Widowed 4 NDivorcad White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Waterman Shellfish 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Willie Force Jones Norma Bramble 19a. Informant's Name/Relationship (Type, Print) Daughter 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joyce Jones Bromwell 414 Linden Ave., Cambridge, MD 21613 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Dorchester Mem. Pk. 4-23-98 Cambridge, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Curran-Bromwell Funeral Home, 308 High St., Cambridge, MD P.A. 21613 Part. Enter the dispess or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth immediate Cause (Finel monos disease or condition resulting in death) Usmanor Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or es a consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the causa of death? 1 Yss 2□ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings evelleble prior to completion of cause of death? Completed Himice cardio vascula 24a. Was an autopsy performed? disease 1 ☐ Yes 1□Yes 2□ No Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1□ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1 Naturel 5 Pending Investigation 1 □ Yes 2 □ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end placa, and due to the ceuse(s) end manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Certifler Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) mo DO0 50987 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Aurora Street Combolidge MD 21615 105 Naura

52. Registrar's Signature

State Registrar

31. Date filed (Month, Day, Year) APR 2 3

7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examinar must be notilied at

"natural", or

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: If item 27 Is marked other than '

Physician /Medical

Examiner

The law requires that the death certificate be executed

signed by t

certificate

al or Attending Physicien: The safter death.

I Director: After this certificate od in by the funeral director, pa

To the Hospital within 24 hours a To the Funeral Completely filled Hospital

Box 68760,

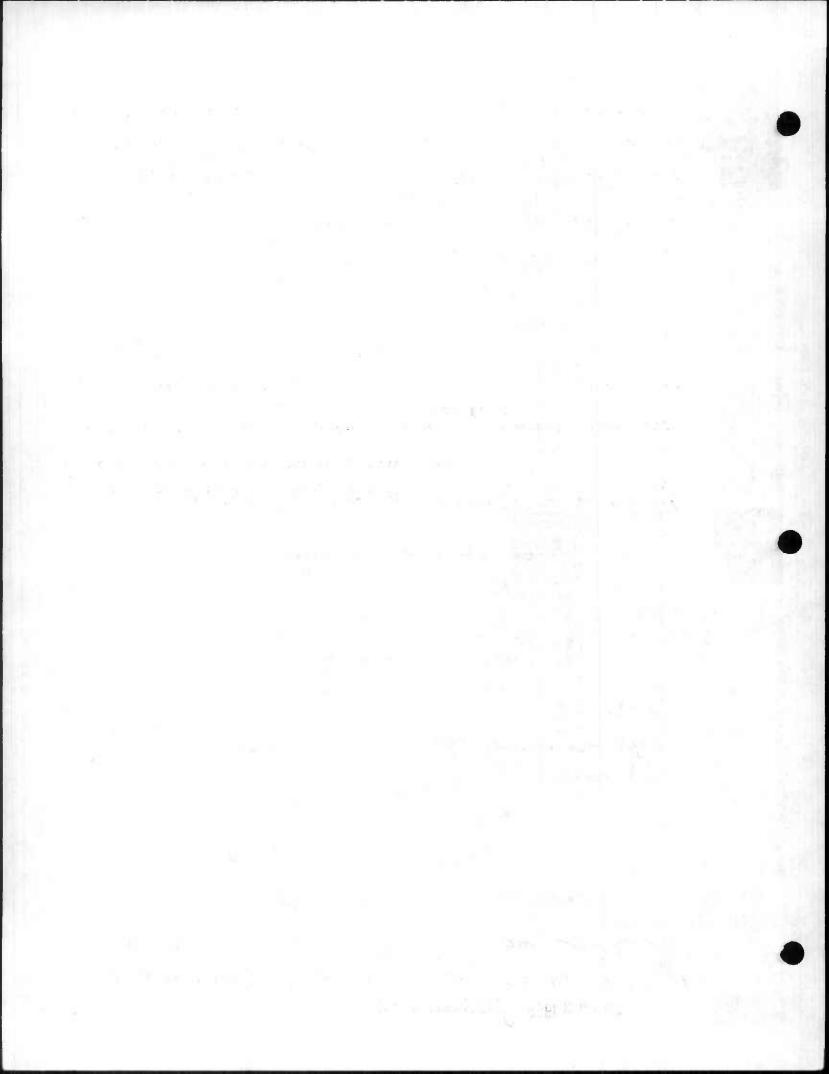
P.O. |

Records,

Division of Vital

altimore, Maryland 21215-0020

Wilson



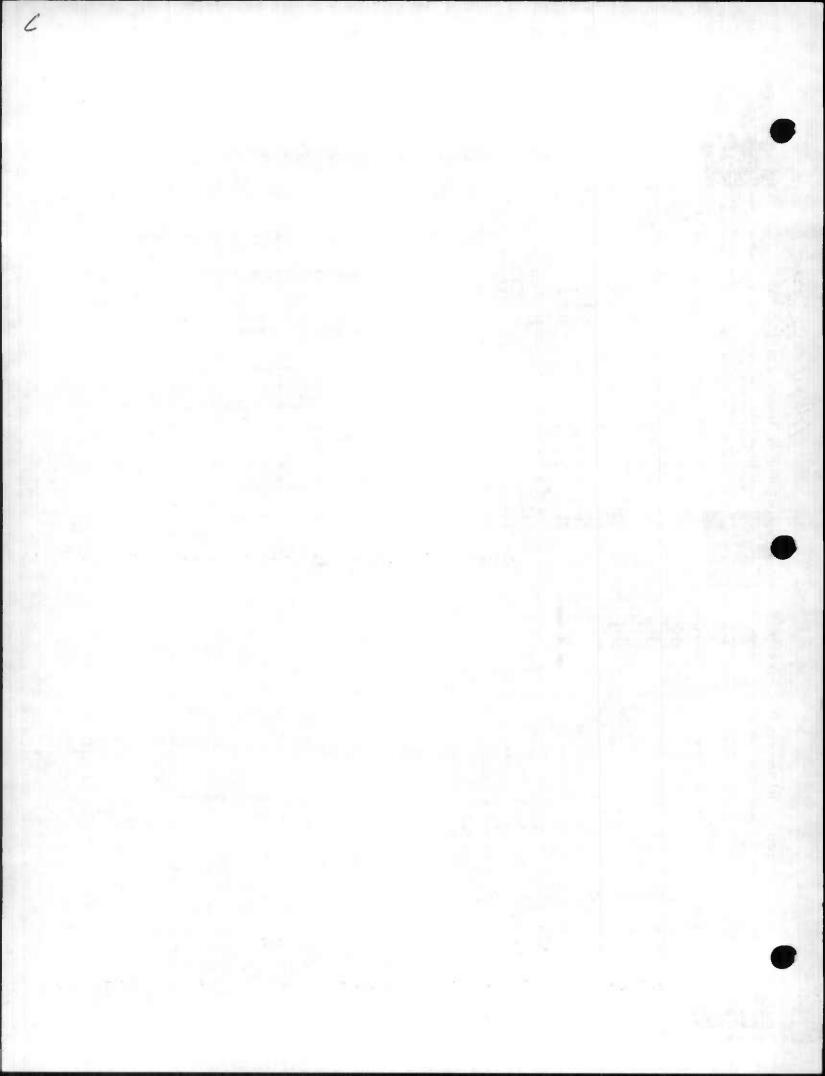
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Reg. No. 9 Certificate of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) APRIL 23 Day 1998 Year **Physician** 4:45 AM WAYNE A. KEYS /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4a Facility Name (If not institution, give street end number) Examiner Mariner Health Care of Southern Maryland Prince George's Clinton 7. Age (In yrs. lest birthday) If Under 1 Year | If Under 24 Hrs 8. Date of Birth (Month, Dey, Year) MAR 15, 19 Birthplace (State or Foreign Country) 5. Sociel Security Number **Funeral №** M 2□ F Months Days Hours Min 213-58-9617 Yrs 48 Washington, DC Director Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits ?? is marked other than "nature?, or items 23s or 28s-f show traumstic event, the Medical Examinations in the notified at 1 Yes 2 No Directo Maryland Prince George's Clinton 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? with 9211 Stewart Lane 20735 USA Funeral 72 hours after death 12. Wes Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Race - American Indian 11. Maritel Status Bleck, White, etc. 1 Yes 2 No If Yes, Give Year or Detes: 1 X Never Married 2 ☐ Married 1 Yes 2 No Specify Specify: White P 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 5 Department of Health and Mental Hygiena. Important: If item 27 is marked other than 17 Cottege (1-4or 5+) Elementery/Secondary (0-12) None None 18. Mother's Neme (First, Middle, Meiden Surneme) 17. Fether's Name (First, Middle, Last) Otis L. Keys Laura A. Auvil Keys 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) Rebecca A. Enzor (Sister) 392 Stanford Ct. Arnold, Maryland 21012 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 M Cremation 3 ☐ Removal from State 6 4 □ Donation 5 □ Other (Specify) Metropolitan Crematory 4-23-98 Injury Alexandria, VA 22. Name and Address of Facility any ir M00173 J.H. Eberwein Mortuary les 4433 White Pls Ia White Pls., MD 20695 n or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, List only one cause on each line. Approximate Intervel Between Onset and Deeth heert tailure. Physician /Medical tmmediate Ceuse (Finet disease or condition resulting in death) Immuno defración sundame Examiner Due to (or as a consequence ot): Physician/Medical Examiner attending physician and for use as the bunal-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or thiury that initiated events resulting in deeth) Lest Due to (or as a consequenca ot): Box 68760. Due to (or as e consequença of): use as t ed by the a 23b. Did tobacco use contribute to the ceuee of death? Division of Vital Records, P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part t. 3 ☐ Probably 4 ∰Unknown 1 Yee 2 No þ 24b. Were eutopsy tindings available prior to 24e. Wes en eutopsy performed? Completed been s completion of cause of deeth? page 2 s certificate has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case reterred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 do 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA sins After this 28a. Date of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Death 28b. Time of 28c. Injury at Work? Certification: 1 Maturel 5 Pending s after death.

i Director: After bed in by the fur 1 Tyes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, tarm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide within 24 hours a
To the Funerel C
completely filled 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date end placa, end due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end placa, and due to the cause(s) and manner stated. 29a. Certifie edical (Check only 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number D46478 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Registrar

31. Dete tited (Month, Dey, Yeer) APR 2 4 1998

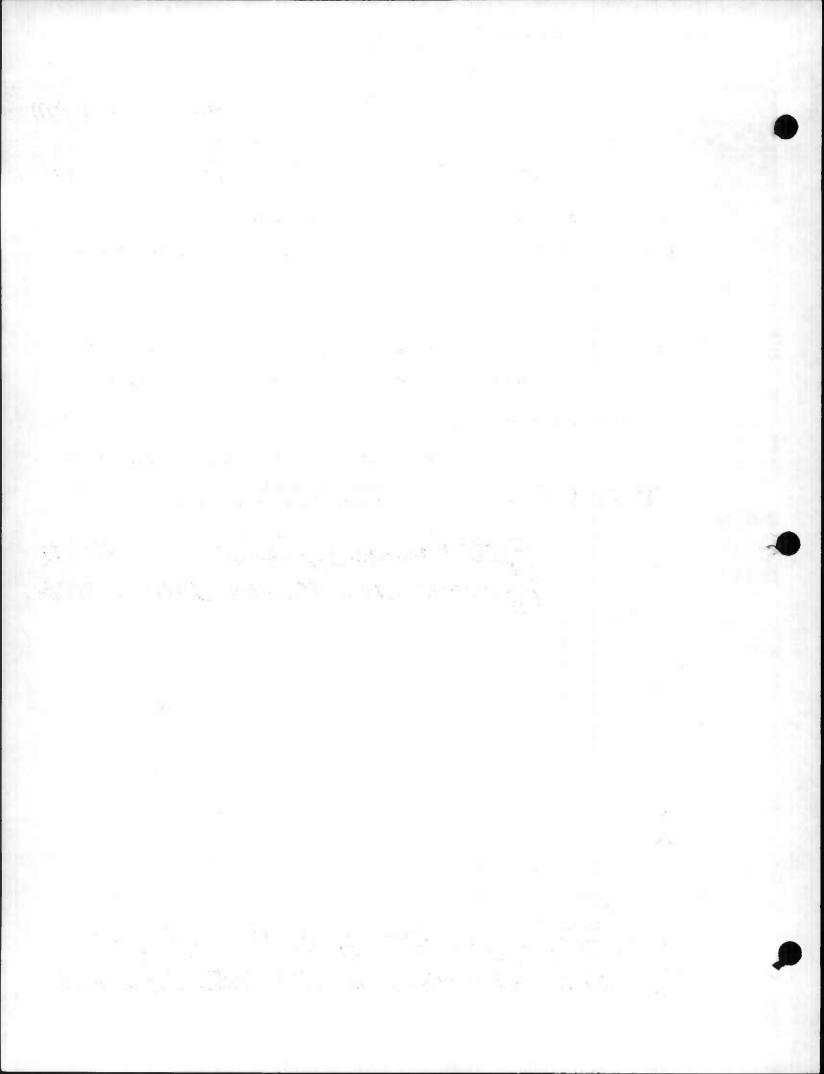
7501 Surratts Rel #307. clinton-mp 20735 Suresh A. Patel m. D. 32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene 98 | 3887

					-	JUIL	iicale o	Dealli		Reg. No.			
Physicia /Medic	_	Decedent's Neme (First, Middle	Ma	abel	Todo	i i	Kelley		2. Dete of I	0R 78	1998	6AM	
Examin	er	4e. Fecility Neme (If not institution 4040 Pepper		m <i>ber)</i>				4b. City, Town, Federa	or Location of 0% 1sburg		of Deeth Coline		
Funeral Director		5. Sociel Security Number 220-03-6599	6. Sex 1 □ M 2√2 F	7. Age (In y	93 Y		If Under 1 Year Months Dey			Birth Pay, Year) 2/04	9. Birthpiece Country) Mary	(State or Foreign land	
pu *		Usuel Residence of Decedent 10a. Stete 10b. County		100	City, Town	or Loon	tion				104	In ald - O'h - I le- 'h	
ith with the Marylar 23s or 28s-f show ust be nothed at	tor		roline	100.	Ony, Town	01 2000		ralsbu	rg			Inside City Limits 1 ☐ Yes 2√ No	
vith the	Funeral Director	10e. Street and Number 4040 Pepper	Poad				10f. Zip Code	21632		10g. Citizen of United			
leath v	eral	11. Maritel Status	12. Wes Dec	edent Ever is	n U.S.	13. Wa	s Decedent of		(Specify Yes or I		ce - American II		
72 hours efter death with the Maryland natural; or ferms 23a or 28a-f show lical Examiner must be nothined at		1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorcad	Armed Fo	orces? 2 ZNo ve	., 0,0.		es, specify Cu		(Specify Yes or I Jerto Rican, etc.)	Ble Specif	ck, White, etc.		
72 hours "natural", adical Ex	eted	15. Decaden	t's Education st grede completed)		16e. E	Deceder	nt's Usuel Occ	upation ne during most of red)	working	16b. Kind of B	usiness/Industr	ry	
d within 72 hours ef giene. r than "natural", or	Be Completed by	Elementery/Secondery (0-12)	College (	1-4or 5+)				red) Crainer		Race	Race Horses		
Deficiency (Mary Viding & 1.2.1.3-to permit. Pages 1 end 2 should be filled within 72 ho Deperment of Health end Mental Hydjene. Important: If flem 27 is marked other than "naturany injury or other traumatic event, tra Medical once.	To Be C	17. Fether's Neme (First, Middle,	John	C.	Tod	dd		18. Mother's Eff		lle, Meiden Sumer Le Coll			
1 end 2 shou Health end N em 27 is man		19e. Informent's Neme/Relationship (Type, Print)  Shirley T. Cheesman/Dau.  19b. Mailing Address (Street and Number or Rural Rou 4044 Pepper Rd., Fee											
ages 1 e ant of He t: If Item y or othe		20e. Method of Disposition  X⊠Buriel 2 □ Cremetion  4 □ Donetion 5 □ Other (S		State	cem etery.	, creme	ion (Name of tory or other p		Dete 20c. Location - City or Town, Ste 4/21/98 Cambridge, M				
permit. Pages 1 end 2 s Depertment of Health er Important: If item 27 is any injury or other trau		21. Signeture of Funerel Service		,	50101	22. F	lame end Add	ress of Fecility m-Hawk	ins-Esk deralsb	ome			
Physician // Medicate pe executed publicate properties of the parties of the part	n/Medical Examiner	Immediate Ceuse (Finel disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	. Hp.	Due to	CAT (or as a co NTVE o (or as a co	onseque onseque	(lessenti)	sche	MAR.	Disea	se ch	rope	
	Physician	Pert If. Other algnificant condition	ns contributing to d	ontributing to death but not resulting In the underlying cause given in Pert I.						23b. Did tobacco use contributa to the cause of dea			
that the ned by a detect	by Ph								1[	☐ Yes 2 No	3 Probebl	y 4 Unknowr	
	Completed b								24e. W.	as en eutopsy normed?	eveileb	autopsy findings ble prior to etion of cause th?	
	E O								1[	Yes 2 No	1 □ Ye	es 2 No	
sician: Tr certificate lirector, pa	Be	25. Wes case referred to medice exeminer?							Deeth (Check onl	y one)			
> 00 0	2	10 Yes 2□ No		-	ER/Out		3LI DOA	Other: 4 Nursin		sidenca 6 🗆 Oti			
ding P. After funer	tion	27. Manner of Deeth  1 Naturel 5 Pendin 2 Accident investig	3	of Injury th, Dey Year	28b. Tir Inj	me of jury	28c. In W	juryet /ork? □Yes 2□No	28d. Describ	e how Injury occu	rred		
To the Hospital or Attanding Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Sulcide 6 Could determ	not be 28e. Place	of Injury - A	t home, farr	n, stree	t, factory, offic		28f. Location City or 1	(Street end Num Fown, Stete)	ber or Rural Ro	ute Number,	
Hospital 24 hours Funeral etely filled	edical C		g Physician: To the Examiner: On the b										
To the within 7 To the comple	Mec	29b. Single And 18th And 18th	Den	AU	1 M	9	> 29c. Lice	nse number 466	4	29d. Date signed 4/25	ed (Month, Dey	, Yeer)	
•		Christian a	E Jel	SEN	ML	rip	6 Box	(690).	Dente	n Mi	216	29	
Sta Registr		31. Date filed (Month, Day, Year)	8 32. F	legistrafs Si	pdature_	ande	12	00/					

Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Physicia /Medic			1. Decedant's Nama (First, Middle,			Certificate	, or Dea	aur	2. Date of De		-Yaar	3. Tima of Death
P	/Medi	cai	Craig Wil  4e. Facility Nama (If not institution,		oney		4b Ci	hi Town orli	April  ocation of Deat	15 <sup>Day</sup> 199		6:00 pm
à	Examir	ner	13451 Forsythe					esville		Howar		
	Funeral Director		224-24-5539	S. Sax 7. Aga 1X M 2□ F	(In yrs. last birti	hday) If Under 1 Months		Inder 24 Hrs. ours Min.	8. Data of Bir Month, De May 5	th 1923	9. Birthe Cour Virg	olaca (State or Foraign ntry) inia
	Maryland -f show	tor	Usual Rasidanca of Decedant  10a. Stata  10b. County  Md.  Howard		10c. City, Town						1	0d. Insida City Limits
	h with the	Funeral Director	10e. Street and Number 13451 Forsythe F	toad		10f. Zip 0 2178	Code 34			10g. Citizen of USA	What Cour	ntry?
	ours after death with the Marylan 'ai', or items 23s or 28s-f show Examiner mail be notified at	by	11. Maritel Status  1 Navar Married 2 Marrie  3 Widowad 4 Divorced	12. Wes Dacedant Et Armed Forces? d 1% Yas 2 No if ?as, Giva Yaar or Datas:	10/11	13. Was Daceda If Yas, specif	ly Cuban, Ma	ic Origin? (Sp axican, Puerto ecify:	ecify Yes or No Rican, atc.)	Bla	ce - Americ ck, Whita, www.whita	atc.
	生工 を と	Completed	15. Dacadant's (Spacify only highast Elementary/Secondary (0-12)	Education grada completed) Collaga (1-4or 5+	)	Decedant's Usual (Giva kind of work life. DO NOT usa	Occupation dona during ratired)	nost of work	ring		of Businass/Industry	
		Be Co	17. Fathar's Nama (First, Middla, L	nst)		werder	18. 1	Mother's Nam	a (First, Middla	Maiden Sumai	_	OLS
		ToB	Bernie Looney				Do	vie Ta	ylor			
	d 2 s		19a. Informant's Name/Relationship		P.O. Box 25 New Windsor, Md. 21776						own, State, Zip Coda)	
			20a. Mathod of Disposition  1 Burial 2 Cramation 3 4 Donation 5 Othar (Spe	Ramoval from Steta	cematary	Disposition (Name v. cramatory or oth Lawn Memo	nar placa)	4	Data -20-98	20c. Location		le, Md.
	permit. Pages Department of Important: If it any injury or		21. Signature of Funaral Sarvica Licensaa  Pluge Haight Funeral Home & C  P.O. Box 195 Sykesville, Md. 21784									
F	Physician	8 3	23a. Part1. Entar tha disaasa, or c shock, or haart fallure. List o	omplications that caused the caused the cause on each linate the cause on each linate the cause on each linate the cause on each linate the cause of	ha daeth. Do n							Approximata Interval Batwaen Onset end Daath
	/Medical Examiner		Immediata Cause (Final diseasa or condition rasulting in daath)	a. No	n - 5ma	onsaquanca of):	Concu	Lun	5			18 months
	0 %	iner			Sacre 1						1	60 years
	certificate be executed ding physician and se as the burial-transit	/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting In death) Last	D	ua to (or as a c	onsaquanca of):						
	death cert e ettending d for use a	Physician/N	Part II. Other significant condition	contributing to death but	not resulting in	the underlying car	use given in	Part I	23h Did	tohacco usa co	ntribute to	the cause of death
	requires that the death cer been signed by the ettendin should be deteched for use	by Phys		o data voc	THE TUSTICH OF THE	tha directlying out	usa givair iir	T GYL I.				bably 4 Unknow
	2 5 2	Completed b							24a. Was	an autopsy rmad?	ev	ere autopsy findings ailabla prior to mpletion of causa death?
I	Pa at a	e Con							10		1[	Yas 2□ No
		To B	25. Was case rafarrad to medical examinar?  1 □ Yes 2 ☒ No  27. Menner of Death  1 ☒ Naturel 5 □ Panding	28a. Data of Injury (Month, Day	28b. Ti		Othar: 4 c. Injury at Work?	☐ Nursing Ho		ona) danca 6 □Oti how injury occu		y)
	of or Attending Physics after death.  I Director: After this ed in by the funeral d	Certification:	2 Accidant Invastiga 3 Sulcida 6 Could no 4 Homicida datarmin	t be Ose Disco of Isius	y - At homa, far (Spacify)		M 1 Yas 2 No		28f. Location (Street and Number or Rural I City or Town, State)		I Route Number,	
- 0010	In the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical (		Physician: To the bast of saminer: On the basis of e and manner state	xamination and							
-	To the Comp	Me	29b. Signature and titla of cartifier			1	Licansa num			29d. Date signe	ed (Month,	Day, Year)
			) see	mo		m	1d# 0	045570 4/16/98				
		ı [	30. Nama and address of person w			Pros-ces						

Harmon and the second s Will Asset

State of Maryland / Department of Health and Mental Hygiene Q

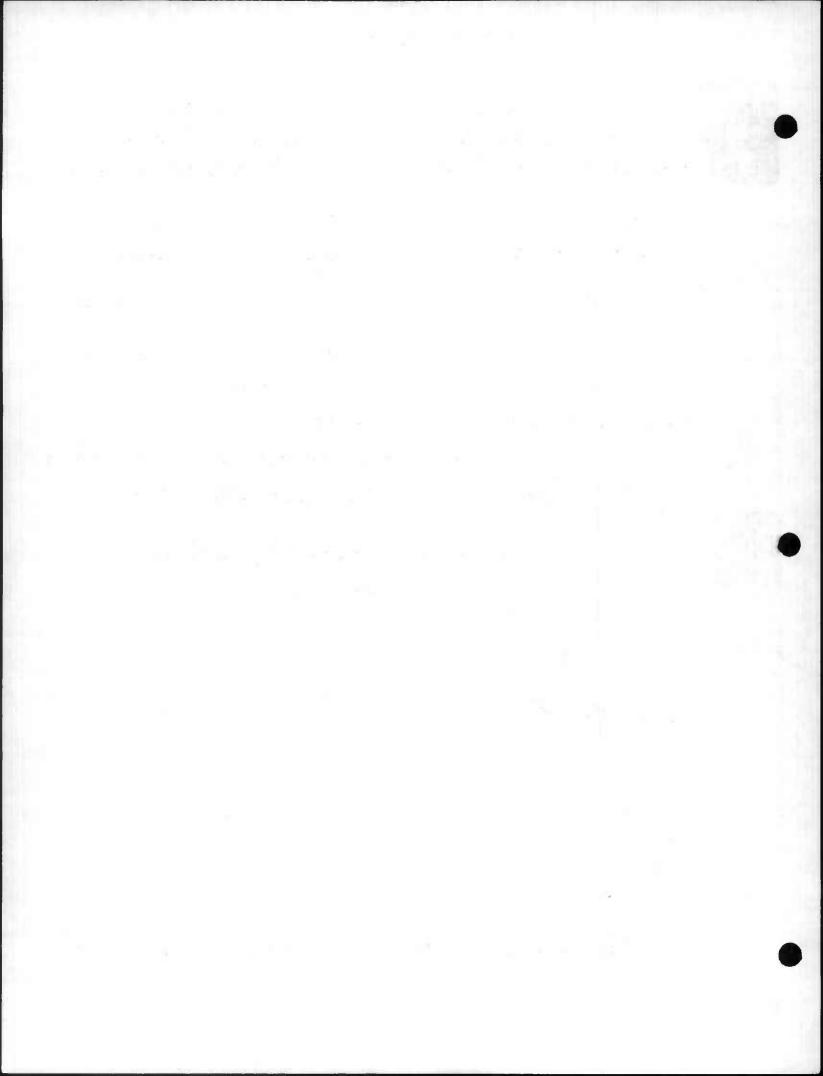
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month 23,1998 AYA N/M/NLUCIUS APRIL 4:15P.M. /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 15100 CARRIAGE CIRCLE ISSUE CHARLES | If Under 1 Yaar | if Under 24 Hrs. | 8. Date of Birth (Month, Dey. Year) | Min. | MARCH 3, 1924 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** 1 M 2 F 571-54-4641 74 Yrs. Director JAPAN Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location must be notitied at 10d. Inside City Limits Director CHARLES ISSUE 1 ☐ Yes 2 X No MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 15100 CARRIAGE CIRCLE U.S.A. 20645 Funeral Hems 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indian, Biack, White, etc. filled within 72 hours efter 1 Never Married 2 Married X 1 ☐ Yes 2 ☐ No If Yes, Give X Yaar or Dates: 21215-0020 ò 1□ Yas 2□No ρ Specify: 3 ☐ Widowed 4 ☐ Divorced "natural". ASAIN Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME permit. Pages 1 and 2 should be files.
Depenment of Health and Mental Hygis
Important: if item 27 is marked
any injury or other— 7 is marked other treumatic event, to Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be UNKNOWN UNKNOWN 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) BERNARD R. LUCIUS-SPOUSE SAME AS #10 20b. Piace of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METROPOLITAN CREMATORY 4-28-98 ALEXANDRIA, VA. 21. Signature of Fuperal Servica Licensee 22. Name and Address of Facility RAYMOND FUNERAL SERVICE, P.A. LA PLATA, MARYLAND 20646 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shook, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finei disease or condition rasulting in death) **Examiner** The lew requires that the death certificate be executed the bunel-transit Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury that initieted events resulting in death) Last and Due to (or as e consequence of): P.O. Box 68760 physician Physician/Medical Due to (or as a consequence of) use es signed by the at Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by 24a. Was en eutopsy performed? 24b. Were autopsy findings available prior to completion of causa of death? page 2 certificate has 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: director, Be 25. Was case referred to medical 26. Piece of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4□ Nursing Home 5 Residenca 6 □ Other (Specify) 2 1 Yas 2 No this al or Attending Physics efter deeth.

I Director: After this eth by the funeral d 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of Certification: 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ne Hospital on 24 hours ef 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner es stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete and place, and due to the cause(s) and mannar stated. 29a. Certifier Medical To the I within 2 29b. Signature and the of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dr. Paul Pritchett, La Grange Avenue, La Plata, Maryland 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

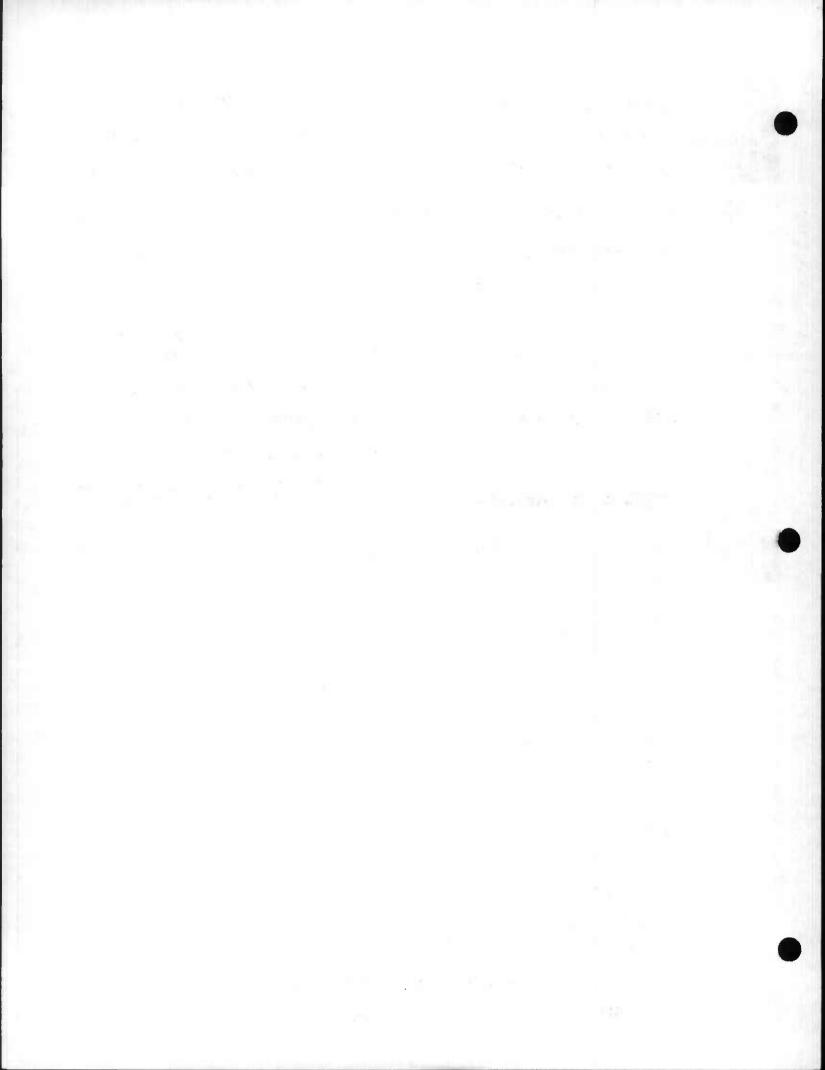
Registrar

APR 2 4 1998



State of Maryland / Department of Health and Mental Hygiene

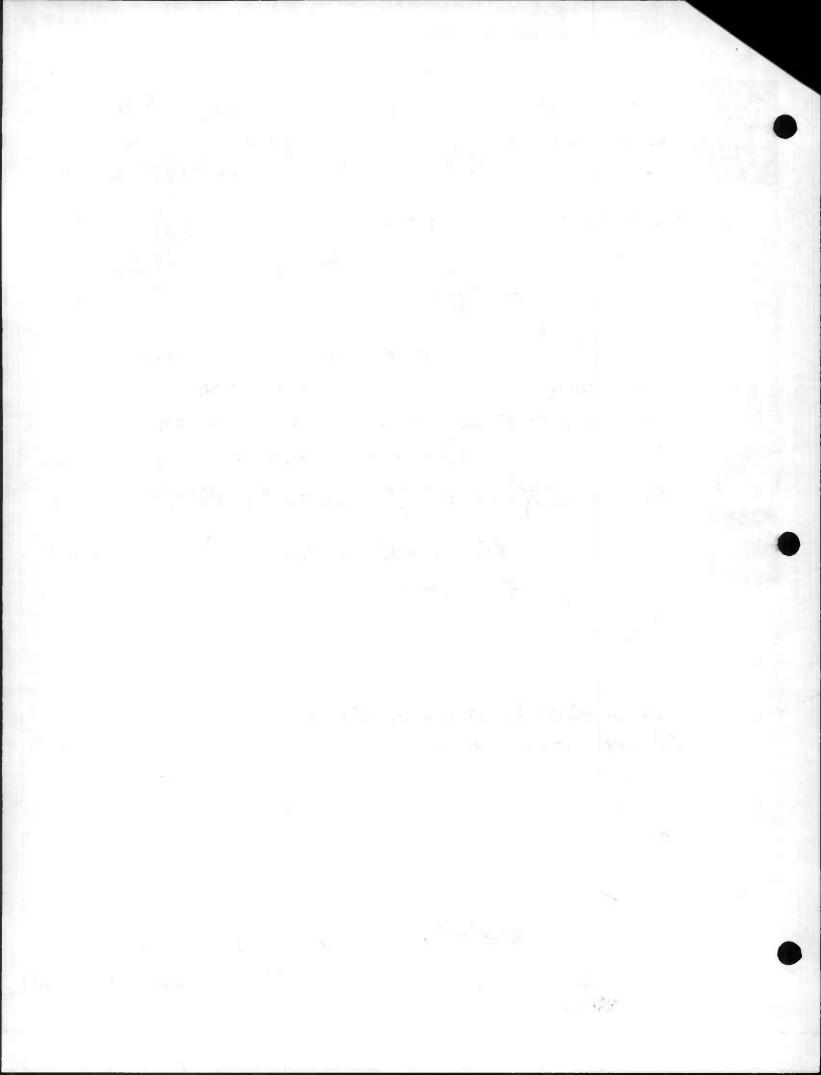
			-		•	Certificate o	f Death	R	leg. No.		3890
	Physici		Decedent's Name (First, Middle, Last)     VIRGINIA CADE	LUBY				2. Dete of Dee Month APRIL	2 2 ay 199		3. Time of Death $10:37AM$
	/Medic Examir		4a. Fecility Neme (If not institution, give s	street end number)			4b. City, Town, or L	ocation of Deeth	4c. County of		
		Ш	MEMORIAL HC  5. Social Security Number 6. Sex		(In yrs. last birth	EASTON s. last birthday) If Under 1 Year If Under 24 Hr			TAL		
	Funeral Director			80 80	V	Months Dey		8. Date of Birth (Month, Dey NOV • 24	, Year)	Country ILLI	ce (State or Foreign y) NOIS
	death with the Maryland ms 23a or 28a-f show	Director	MD 10b. County TALBO				100	d. Inside City Limits Yes 2 No			
	with th	Dire	10e. Street end Number			10f. Zip Code		1	0g. Citizen of Wh	y?	
0	in 72 hours after death with the Marylan in 72 hours after death with the Marylan "naturel", or items 23s or 28s-f show to can Examiner must be notined at	Funeral	200 GOLDSBOROUGH S  11. Maritel Status  1 Never Merried 2 Married	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give		13. Was Decedent o	601 f Hispenic Origin? (Spuben, Mexican, Puerto	ecify Yes or No- Rican, etc.)	USA 14. Race Bleck,	- Americer White, et	
200	hours aftar tural', or ite	d by	3   Widowed 4 □ Divorced	If Yes, Give 11 Year or Dates:		1□ Yes 2∏ N			Specity:	Ţ	WHITE
-61212	within 72 ho iena. than "natur fre Medical	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondary (0-12)	cetion completed) College (1-4or 5+)	)	Decedent's Usuel Occ Give kind of work dor life. DO NOT use reti	upetion ne during most of work red)		16b. Kind of Busi FLORAL—A GLET SHO	NTIQU	
/land	be filed tal Hygid d other event,		17. Fether's Neme (First, Middle, Lest)			OHILDIC	18. Mother's Nam				
yla	2 should be and Mental is marked of aumatic ev	To Be	HARRY W. CADE	MARY VIR							
Ma	nd 2 si lith an 27 is r		19a. Informent's Name/Relationship (Ty) JEFFREY C. LUBY /	SON			N AVENUE,			wn, State, Zip Code)	
nore,	8 2 3 0		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Re	emovel from Stete	20b. Place of I cemetery	Disposition (Name of , cremetory or other p	lace)	Dete	20c. Location - C	ity or Tow	n, Stete
Dallimor	permit. Page Department of Important: If any Injury or once.		4 ☐ Donation 5 ☐ Other (Specify)  21. Signeture of Funeral Service License	e	CHESAPE	22. Name end Add	TION CTR.	4-23	CHESTER,	MD	
ă —	Dem Depa Impo		JOHN R. M	PERLER	$C_{c}$	200 S. HA	HELFENBEIN RRISON ST.	, EASTO	N, MD 21	AL HO 601	ME,P.A.
	Physician /Medical Examiner		23a. Pert i. Enter the disease, or complications, or heart failure. List only on Immediate Ceuse (Finel disease or condition resulting in death)	e cause on each line	•		ying, such as cerdiac		est,	10	Approximete Intervel Between Conset end Deeth  MONTHS
		ner		, D	ue to (or es e co	onsequence of):					
Š,	tificate be axecuted g physician and as tha bunal-transit	i Examiner	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	Di	ue to (or es e co	onsequence of):					
x po/on,	artificate to ding physic sa as tha b	/Medicai	that initiated events resulting in deeth) Lest		ue to (or es e co	nsequence of):					
200	attand	cian									
5	requires that the death car been signed by tha attandin hould be datached for usa	Physician/N	Pertil Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i.  PRINCYTO RENTA, MARROW APLASIA  1 Yes 20 No 3 P  24a. Wes en eutopsy performed?  24b.								he cause of death?
2,5	res tha signed I be de	by	Thought	2	1,000	WALK	519				
1	law requi	Completed	DILATED	CADDIDI	700	DPYY		24a. Wes e perfor		eveil	e eutopsy findings eble prior to pletion of cause eeth?
VIIAI	n: Tha ficate h or, page	e Col		OSLUZ-	2 No	CLASN		1 □ Y		1 🗆 '	Yes 2□ No
	ysicia s carti directo	0	25. Was case referred to medical exeminer?  1 Yes 2 No	ospital:	2 □ ER/Out	petient 3 DOA	26. Plece of Deet Other: 4 Nursing Ho		ne) ence 6 □Other	(Specify)	
JIVISION OF	To the Hospital or Attending Physician: Tha law requires that the death cartificate be assected within 45 hours after death.  To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunel-transit	Certification: T	27. Manner of Death  1 Proturel 5 Pending investigation	28a. Dete of injury (Month, Day )	28b. Ti	me of uny 28c. In			ow injury occurred		
Š	al or Atten s after daal i Director		3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Injury building, etc.	y - At home, farr (Specify)	n, street, factory, offic	ө	28f. Location (S City or Town	treet end Number n, State)	or Rurel F	Route Number,
	n 24 hour n Funer.	edicai	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	Iclan: To the best of e er: On the besis of e and manner state	xamination and	deeth occurred at the or investigation, in my	time, date end plece, opinion, death occur	end due to the c red at the time, d	ause(s) and mani late end place, an	ner as stat id due to ti	ed. he ceuse(s)
	To the Vithin To the comp	Me	29b. Signature and title of certifier	Fre	Le		nse number ) 2 3 5 6		9d. Date signed		
			30. Neme end eddress of person who con								
	Sta	te_	SCOTT FRIEDMAN, M. J 31. Date filed (Month, Day, Year)	32. Registrer	s Signature		ON, MD 216	0.1		-	
	Registr	_	APR 2.3 190	10 Del	a Nounday	70 e an					



# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

4		R		C	ertificate	e of D	eath	F	Reg. No.		3891	
<b>D</b>		1. Decedent's Nema (First, Middle, Last)						2. Data of Daa	ith	W.	3. Time of Death	
Physic /Med		Ellis Clayton	Lednum	9	ir.			Mar	23 <sup>ey</sup> 19	998	1:25 PM	
Exami		4a. Fecility Neme (If not institution, giva	street end number)			4b.	City, Town, or Lo	cation of Death	4c. County	of Death		
	M)	Genesis Elder	are - The Pi	ine	S		Easto	n	Tal	lbot		
Funera Director		5. Social Sacurity Number  218-16-8453  Usuel Residance of Dacadent	7. Aga (In yrs. las	t birtha Yrs	Months		f Under 24 Hrs. Hours Min.	8. Deta of Birth (Month, Dey Feb. 5,	7. Year) 1924	9. Birthpl Count Mary		
and **		10a. State 10b. County 10c. City, Town or Location										
Mary	ō	Maryland Talbot	Q+	n.n	ichaels				10d. Inside City L 1 X Yes 2			
the 128	Director	10e. Street end Number	St	• 141	10f. Zip				Iog. Citizen of N	Whet Count	In?	
3a O		111 Gloria Ave.				1663						
death	Funeral		12. Wes Decedent Ever in U,S.	T			anic Origin? (Spe			ca - America		
Datumore, Maryland ZIZI3-00Z0 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health end Mental Hygiene. Important: if item 27 is marked other than "natural; or items 23s or 28s-f show any injury or other traumatic event, the Medical Exerciting mant to notified as any blucks.	þ	1 ☐ Never Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas?  1 Nes 2 No Army If Yes, Give Yeer or Datas: WWII		13. Was Decedent of Hispanic Origin? (If Yas, specify Cuban, Mexican, Pual  1 ☐ Yes 2 ☐ Yeo Specify:			Rican, etc.)	Specify	ck, White, a	ite	
2-U	Completed	15. Decedant's Educ (Specify only highast grade	cation	16e. De	cedent's Usua	al Occupation	on	20	16b. Kind of B	usiness/Ind	lustry	
La in the late of	nple	Elamantary/Secondary (0-12)	College (1-4or 5+)	lif	e. DO NOT us	se retired)	ing most of workli	""9				
ygier r	S	5		Hat	chery W				Con Ag			
be fill dot	Be	17. Fether's Neme (First, Middle, Last)					8. Mothar's Name			ne)		
1 Mer neark	ို	Henry Williams					Mollie V					
Mal 12 st h end h end r la n traun		19a. Informent's Name/Raletionship (Ty)	WITE				d Number or Rura					
Haalt Ther ther		Dorothy Gertrude Jo 20a. Mathod of Disposition			sposition (Nam		St. Mic				1663	
L. Pages 1 artment of Haa tant: if Nem Jury or other		1 \( \times \) Burial 2 \( \times \) Cremation 3 \( \times \) R: 4 \( \times \) Donetion 5 \( \times \) Othar (Specify)	cam	etery,	crametory or of	ther place)	emetery		20c. Location -		Maryland	
Demit Dependent Import		21. Signature of Funeral Service License	. 0		22. Name en			_				
405 4 9		Dawin 60	Leonard	1	arriso 312 S.	n E. Talbo	Leonard	Funeral	l Home	arvla	nd 21663	
		23a. Part1. Enter tha diseese, or complice shock, or haart failure. List only on	cetions that caused the deeth.	Do not	enter the mode	e of dying,	such es cardiec o	r respiretory err	rest,	42.5.200	Approximete Intervel Between	
Physician										1	Onset end Deeth	
/Medical Examiner		Immediete Ceuse (Finel disaase or condition	Myoca	2ds	ulm	tona	ion			1	nrudes	
Examine		resulting in daeth) e	Due to (or e	s e con	sequence of):							
be the	Examiner	_ b	Askerosas	ero	513					i i		
end end	xan	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to (or es	s a con	sequanca of):							
auth certificate be axecuted attending physician end for use as the burial-trensit		Ceusa (Diseese or Injury										
ficate be a physician to the buni	edical	thet initiated events resulting in death) Lest	Due to (or es	s e con	sequence of):							
onding use a	≥	L a								Ì		
after after	ciar									1		
the dy the	Physician/	Pert II. Other significant conditions conf								,	the cause of death'	
s that se that gned be deta	by Pl	Chronic obstr	udive pulm	one	eny de	Blase	2	1 U Y	'es 2□ No	3 Prob	eably 4 Unknow	
The law requires that the death ce the law requires that the death ce the has been signed by the attendings 2 should be detached for use	D D	Chronic obstra Peripheral vas	- De dicent					24e. Wes a	in autopsy	24b. We	re eutopsy findings	
e law require has been si ge 2 should	Completed	1 suspierar vas	auer asses					perfor	med?	con	elleble prior to impletion of causa death?	
he law le has age 2	E							1 🗆 Y	es 20 No		Yes 2 No	
	BeC	25. Wes case referred to medical				2	6. Plece of Deeth				1165 20 140	
Physician: r this certific and director,	To B	exeminar?	ospitei: 1 ☐ Inpatient 2 ☐ ER	2/Outpe	tient 3 DO	Other	4 Nursing Hon			er (Snecify	()	
) £ 5 @		27. Menner of Death	28e. Dete of Injury 28	b. Time	e of 2	8c. Injury et Work?		28d. Describe h			/	
Attending For death.	atio	Naturel 5 ☐ Panding 2 ☐ Accident investigation	(Month, Dey Year)	Injur	м		s 2 No					
or Attendi after death Director: A	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Injury - At home	e, farm,	street, factory	, offica	2			per or Rural	Route Number,	
s after at Direct of in Direct	Cert	4 LI HOMIOGE	building, etc. (Specify)					City or Tow	n, State)			
To the Hospital of within 24 hours at To the Funeral D completely filled it	edical	29a. Certifier  (Check only 2 Medical Examin	icien: To the best of my knowle er: On the basis of examination	dga, da	ath occurred e	et the time,	dete end place, e	nd due to the c	ause(s) end me	ennar as ste	eted.	
the H the F the F		one)	and manner stated	1 GHOZOI								
To To To	Σ	29b. Signatura end title of certifier	Melion	7	290.	. License no	umber	7	9d. Date signe	d (Month, E	Dey, Year)	
		P	/	eri		ン	レンノン	)	3.7	-5.7	8	
		30. Nema and address of person who cor		3a) (Ty		11-	. 0.		1=0-	= M	0 0.0	
		MINITAGE CROWL	בי מויו אים	UX	TOLL	EWIL	0 1746	NUC	45/	(n 1.1	0 9180	
St: Regist	ate rar	31. Dete filed (MontMAR' 2' 5 19	98 32. Ragistrar's Signature	idso/	-Randel	2				/		

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene () Amended Item #18, Per F.D. 4/20/98, Carroll County, wil Certificate of Death 1. Decedent'a Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month Physician Massey 10:21 pm Jane Brooke APRIL 15 /Medicai 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Hospital British.

If Under 1 Year If Under 24 Hrs.

Alonths Days Hours Min. Hopkins Johns BALTIMORE CITY The 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2 F Director 2 April 13 1998 Maryland none
Usual Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location rai, or items 23a or 28a-f show Examiner must be notified at 10d. Inside City Limits MD Carroll Eldersburg 1 ☐ Yes 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5337 Wendy Road 21784 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11 Marital Status pemit. Pages 1 and 2 should be filed within 72 hours effer I Department of Health and Mentel Hyglene. Important: If item 27 is merked other than "natural", or iter any injury or other traumatic event, the Medical Examinat Black, White, etc. 1 ☐ Yes 2 【XNo If Yes, Give Year or Dates: 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 XNo Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 0 none none 18. Mother's Name (First, Middle, Maiden Surname) CHERI JANE 17. Fathar's Name (First, Middle, Last) Be Robert Mark Massey Cheri Jane Massey HOPKINS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) Robert Mark Massey (father) 5337 Wendy Road Eldersburg MD 21784 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from State Liberty Baptist Cemetery 4/19/98 Lisbon MD 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funaral Servica Licansee 22. Name and Address of Facility Haight Funeral Home Man Hay OX Wi P.O. Box 195 Sykesville MD 21784 23a. Part1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onaet and Death **Physician** Immediate Cause (Final diseasa or condition resulting in daath) /Medicai Multiple Congenital Anomalies hrs Examiner Due to (or as a consequence of): Physician/Medical Examiner hypertension Mrs Palmonary certificate be executed attending physician and for use es the burial-transit Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Diseasa or injury Due to (or as a consequence of) Box 68760. that initiated events resulting in death) Last Due to (or as a consequence of): P.O. ed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Records, à Completed 24a. Was an autopsy 24b. Wara autopsy findings available prior to completion of causa of death? performad? page 1 Kes 2 □ No 1 Yas 2 No of Vital Be 25. Was case raterrad to medical examiner? 26. Place of Death (Check only one) 1 ☐ Yas 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 28c. Injury at Work? 27. Manner of Death 28d. Describe how Injury occurred After Division Attanding 1 Natural 5 Panding invastigation s effer dea. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homlcide 5 To the Hospital or within 24 hours eft To the Funeral Di completely filled in

\*\*Cartifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Cartifiar (Check only one) 29c. I Icansa numbar 29d. Data signad (Month, Day, Year) 29b. Signatura and titla of certifier

Res - 000

MD, PhD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

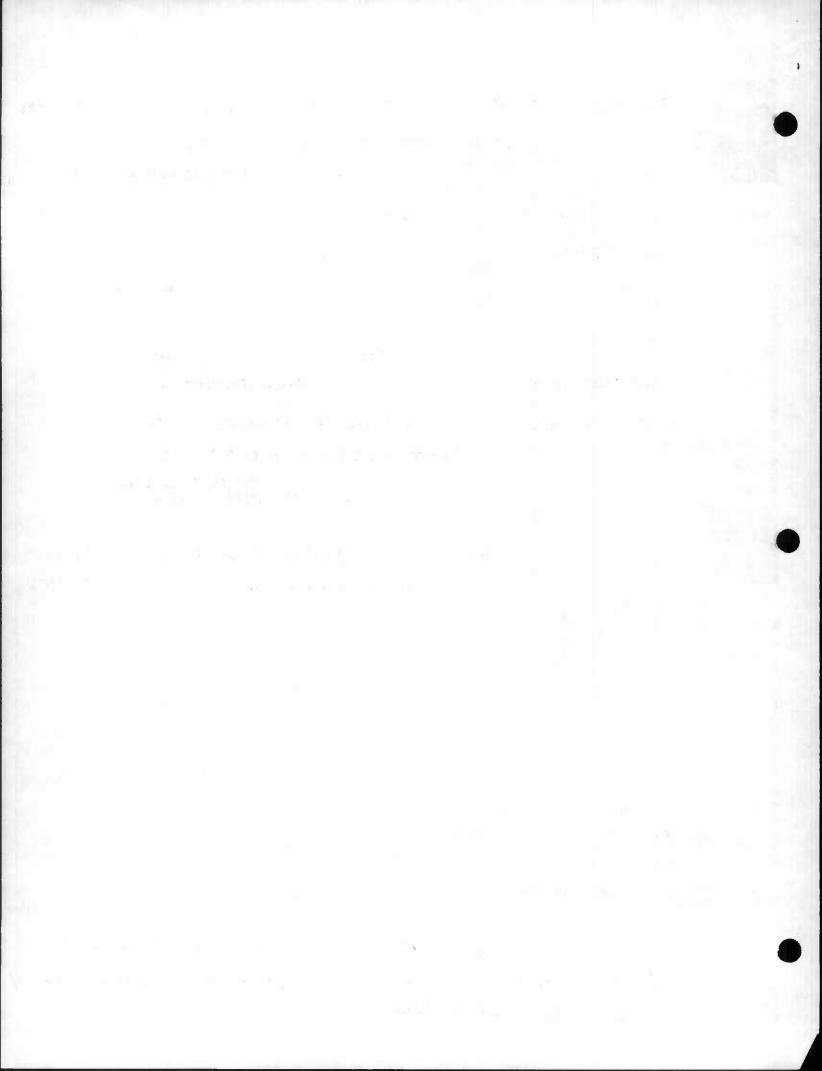
Y. HUANG

600 N. Wolfe Street / NICH-CMSC 2 Bactimore MD 2/287

State Registrar

Medical

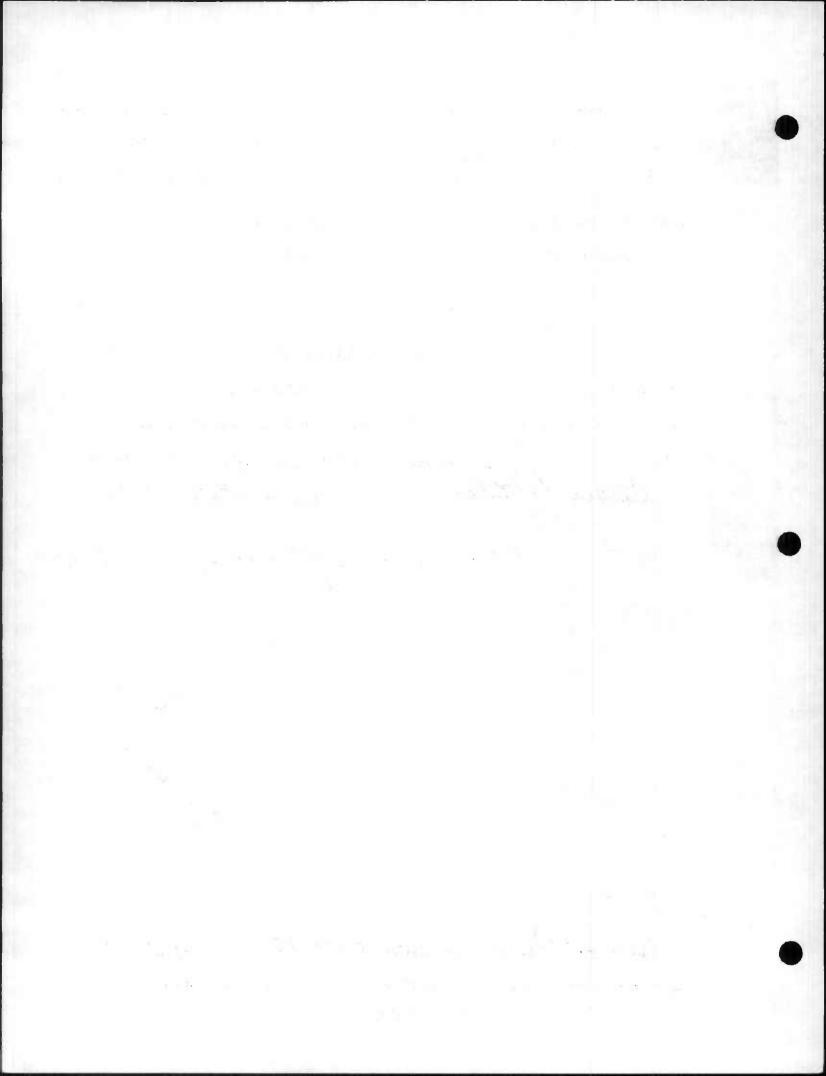
31. Data filed (Month, Day, Year) 32. Registrar's Signatura alk obwiden Radall APR 2 0 1998



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** CHARLES DWIGHT MOOSE 19, 1998 APRIL 3:00 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 4709 Pleasant Grove Rd Reisterstown Baltimore 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 6 Sex 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Months Days Hours Yrs. Director 188-26-6676 66 DEC 28,1931 PENNSYLVANIA Usual Residence of Decedent with the Marylend 10a State 10b County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, if a Maxical Experient must be notified at 10d. Inside City Limits 1 Yes 2 No Director MARYT AND BALTIMORE REISTERSTOWN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4709 PLEASANT GROVE ROAD 21136 USA death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 72 hours efter 1 ☑ Yes 2 ☐ No
If Yes, Give
Year or Dates: KOREA 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specity: P Specify WHITE 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) nd Mental Hygiene. marked other than College (1-4or 5+) Elementary/Secondary (0-12) EXEC VICE PRESIDENT **INSURANCE** permit. Peges 1 and 2 should be file Depertment of Heelth and Mental Hy Important: if item 27 is merked other any injury or other traumatic event. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be ROY N. MOOSE ELSIE LIGO 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) AUDREY D. MOOSE, WIFE 4709 PLEASANT GROVE RD, REISTERSTOWN, MD 21136 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) DULANEY VALLEY MEM GARD 4/23 TIMONIUM, MD 21. Signature of Funeral Service Libensee 22. Name and Address of Facility ELINE FUNERAL HOME 934 SOUTH MAIN ST, HAMPSTEAD, MD 21074 23e. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760. physician 90 Physician/Medical the Due to (or as a consequence of): 80 ettending p P.O. I ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records. p 24b. Were eutopsy findings available prior to Completed 24a. Was an autopsy peeu performed? completion of cause of death? page 2 certificate hes 1 Yes 2 No 1 TYes 2 TNo Division of Vital Attending Physician: 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Presidence 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 ☐Other (Specify) After this 27. Manne of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No e Hospital or Attendi 24 hours effer death. e Funeral Director: A 2 Accident in by the 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier (Check only one) within 2 the 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) D01325 ms 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) George T. Gilmore, M.D. E. TIMONIUM RD. TIMONIUM 32. Registrar's Signature 31. Date filed (Month, Dey, Year) State APR 2 2 1998 Registra

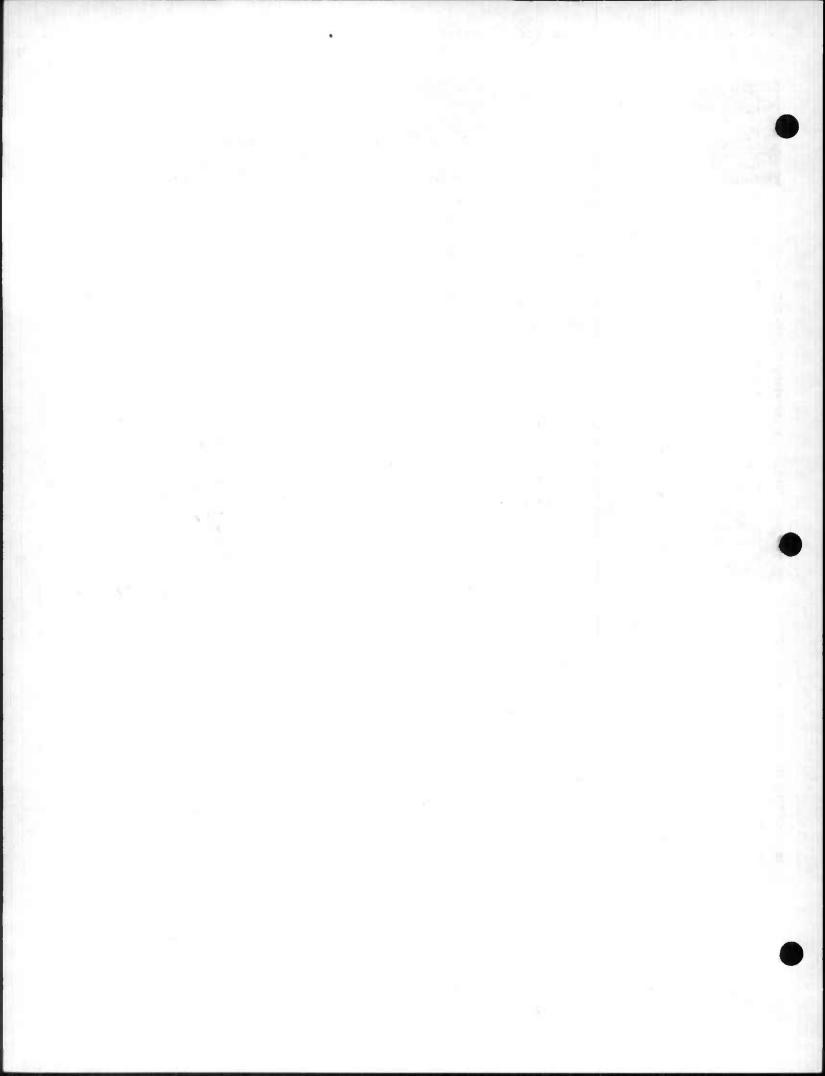


State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** NORRIS ETHEL MUIR 30,1998 8:18 PM April /Medical 4e. Fecility Name (If not institution, give street and number) Meredian-4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Corsica Hills of Genesis Eldercare Centreville Queen Anne's 7. Age (In yrs. last birthday) If Under 1 Year Months Deys If Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Hours 1 M M XXF 220-30-1056 Director 86 July 8,1911 Maryland Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limits "natural", or items 23a or 28a-f shor Director Queen Anne's Md. Centreville 1 Tyes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 115 Wharf Lane 21617 U.S.A. Completed by Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Pages 1 and 2 should be filed within 72 hours efter of and of Health and Mental Hygione.
It: If fem 27 is marked other than "natural", or item yor other traumatic event, the Modific Engine by or other traumatic event, the Modific Engine Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify. Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be Susan Ann Muir Robert Haron Hanna 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 115 Wharf Lane, Centreville, Md. 21617 Russell G. Norris Date 4, 1998 Location - City or Town, State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition May XSBurlal 2 ☐ Cremetion 3 ☐ Removal from State important: If any injury o once. Chesterfield Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Centreville, Md. 22. Name and Address of Fecility
Fellows, Helfenbein & Newnam Funeral Home
408 S. Liberty St., Centreville, Md. 21617 21. Signature of Funeral Service Licegus Ò e death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, **Physician** audiac Hovest /Medical Immediate Ceuse (Final Smiller disease or condition resulting in death) Examiner Examiner The law requires that the deeth certificate be executed the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last P.O. Box 68760, physician Physician/Medical Due to (or as a consequenca of): use been signed by the a should be detached f Part II. Other significant conditions, contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. Š Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? . page 2 1 ☐ Yes 2 ₽ No 1 Yes 2 PNo of Vital Hospital or Attending Physician: filled in by the funeral director, Be 25. Was case referred to medical 26. Piece of Death (Check only one) Other: 4 Universing Home 5 Residence 6 Other (Specify) 1 Yes 2 -NO 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To After this 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident efter death Director: 3 ☐ Suicide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 ☐ Homicide within 24 hours of To the Funeral I 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner es steted. 29a. Certifier Medical completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. To the 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) May 1, 1998 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Schilling, M

M.D.; 2540 Centreville Rd., Centreville, Md.

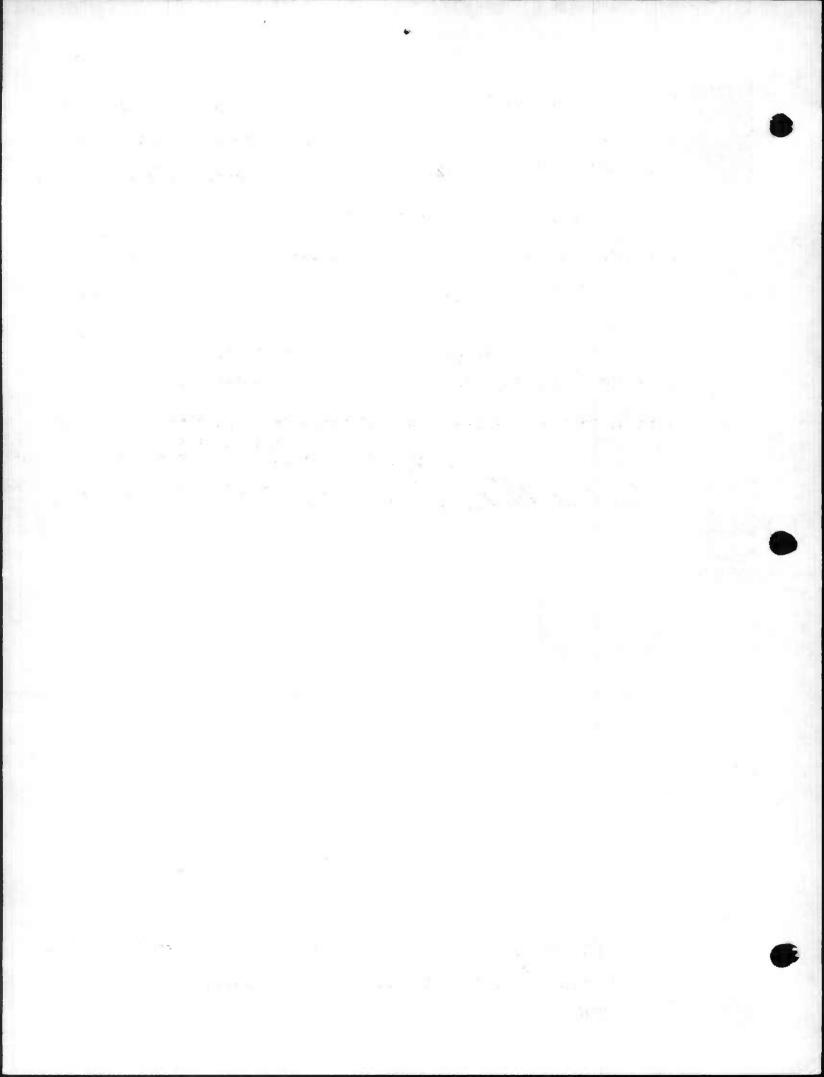
State Registrar Russell

31. Dete filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

		Decedent's Neme (First, Middla, Last)		Certifi	icate of l	Death		Reg. No. 9 8		3895	
Physic		Winfield Baker	Pugsley				2. Dete of De Month Apri	Dov		3. Time of Dec 9:00	
/Medi Exami		4e. Facility Name (If not institution, giva s	reet end number)		4	lb. City, Town, or I					
		201 Mainbrace D				Queens					
Funeral Director			7. Age (In yrs. I		Under 1 Yeer onths Days	If Under 24 Hrs. Hours Min.	8. Date of Bird (Month, De Apr.	h y, Year) 10,1919	9. Birthple Country Ne	ce (Steta or Fo	reign K
and		Usual Residence of Decedent  10e. Stete 10b. County	10c. City	, Town or Location	on .				100	d. Inside City Li	imite
the Marylan 28a-f show	tor	Md. Queen A	nne's	Queenst	own					1 ☐ Yes 2 ☐	
ith the Mi	lrec	10e, Street and Number		1	Of. Zlp Code			10g. Citizen of W	/hat Countr	y?	
23a c	rai	201 Mainbrace D	r.		21	658		U.S	S.A.		
be filed within 72 hours after death with the Maryland tal Hygiene. d other than "natural", or itams 23s or 28s-f show event, the Medical Eventine must be notified at	by Funeral Director	11. Meritei Stetus  1 Nevar Merried  2 Married  3 Widowed 4 Divorced	2. Wes Decedant Evar in U, Armed Forcas? 1. Yes 2 □ No If Yes, Giva WW I. Yeer or Detes:		Dacedant of His, specify Cube	ispenic Origin? (Si n, Maxican, Puart Specify:	pecify Yes or No o Rican, atc.)		14. Race - Amarican Indien, Black, White, etc. Specify: White		
d 2 should be filed within 72 hours aff th and Mental Hygiene.  7 is marked other than "natural", or traumatic avant, the Medical Exam.	Be Completed	15. Decedant's Educi (Specify only highest grade Elementery/Secondery (0-12)	complated)  College (1-4or 5+)  3 1/5 Yrs			etion during most of wor ) ng Test		Westir			
2 should be filed and Mental Hygi s marked other sumatic avent, t	o Willield B. Pugsley, St.						or's Neme (First, Middle, Malden Sumeme) ara Franklin				
shou and M mari	-	19e. Informent's Neme/Retetionship (Typ	e, Print)	19b. Meiling Ad	ddress (Street	end Number or Ru	ral Route Numbe	er, City or Town,	State, Zip C	ode)	
		Ruth W. Pugsley				ce Dr.,					
permit. Pages 1 ar Department of Hea Important: If Item 2 any Injury or other once.		20a. Method of Disposition  XIVI Buriei 2 ☐ Cramalion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)		lece of Disposition omatary, cremator ortland illside 22. Na		etery	1 230,1	Cortla			Yor
Departition in portion		21. Signature of Funarai Servica Licensed	110/	Fel	lows,	Helfen	. Che	ster. N	n Fun	eral 1	Hom
		23a. Part1. Enter the disaase, or compile shock, or heert feilure. List only one	ations thet caused the deeth	. Do not enter the	e mode of dyin	g, such as cardiac	or raspiretory e	resi,	A	Approximeta nterval Between	n
Physician /Medical Examiner		Immediete Cause (Final disease or condition resulting in death) e.	Prost	ate	1	cer			1	Smon	His
	ner		Due to (or	r es a consequend	ce of):				1		
icate be executed physician and s the burial-transit	al Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Due to (or	es a consequenc	ce of):						
certificate be ex iding physician ise as the burial	<b>Medical</b>	that initiated events resulting in death) Lest	Due to (or	e of):							
death cert a attending d for use	iclar	Pert It, Other significant conditions contr	thuting to death but not resu	Iting in the under	vina cause abu	on in Bort I	23h Did	obacco usa con	dribute to t	he cause of de	neth 2
requires that the de been signed by the a should be detached	by Physician/	./ /		ming in the driden	ying cause give	ariir Peit i.		-/		bly 4□Unk	
S 0 0	Completed	Obesi	ension					an eutopsy med?	evaile	autopsy findin able prior to pletion of cause elh?	
	Con						101	res 2□No	101	Yas 2□No	
ysician: The	Be c	25. Wes case referred to medical examiner?	spitel:		Othe	26. Plece of Dee					
Attending Physician: r death. ector: After this certific by the funeral director,	T. To	1 ☐ Yes 2 ☐ No  27. Menner of Deeth	1 □ Inpaliant 2 □ E	28b. Time of	28c. Injury	4 Li Noising II		denca 6 □Otha			
tending Ph leath. tor: After th the funeral	atio	1 □ Maturel 5 □ Panding 2 □ Accident investigation	(Month, Dey Year)	Injury R		<br Yes 2 □ No					
To the Hospital or Attending F within 24 hospital site death.  To the Funeral Director: After completely filled in by the funer	Medical Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Pleca of Injury - At ho building, etc. (Specify	me, ferm, street, f	ectory, office		28f. Location (S City or Tox	Street and Number on, State)	er or Rural F	Route Number,	
Hospi 24 hou Funer letely fill	dicai	29e. Certifier (Check only one) 1 ☐ Certifying Physic 2 ☐ Medicai Examine	r: On the best of my know r: On the besis of examinet end menner steted.	viedge, deeth occi on and/or investig	urred et the tim gation, in my op	e, dete end pleca, plnion, deeth occur	and due to the red at tha tima,	cause(s) end mer date end plece, a	ner es stet nd due to th	ed. ne cause(s)	
Vithir To the	Me	29b. Signeture end title of certifier			29c. License			29d. Dale signed	(Month, De	ey, Year)	
		10000	7		H42	2587.		Apri	1 27,	1998	
		30. Nama and eddress of person who com	Hed cause of deeth (item	23e) (Type, Print)	)	n 1					
		Russell Schill 31. Dete filed (Month, Dey, Year)				Rd.,Cen	trevil	le, Md.	. 216	17	
Sta Registr		APR 2 9 19	32. Registrar's Signet	vidson-Ran	della						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Deeth **Physician** APRIL 22 Pay 998 10:00 PM RICHARD S. POLK /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Daath Examiner CIVISTA Medical Center La Plata Charles 5. Social Security Number If Under 1 Year If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) May 311916 7. Age (In yrs. last birthdey) Birthpleca (State or Foreign Country) **Funeral** Deys Hours 1√2 M 2□ F 716-05-9399 81 Yrs. Director Virginia Usuel Residence of Decedent 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☑ No 28a-f1 Directo Maryland Prince George's Fort Washington 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? b must be 238 409 Hurtt Place 20744 USA by Funeral therma: 12. Wes Decadent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indien, Bleck, White, etc. 1X Yes 2 No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married Maryland 21215-0020 b 1 ☐ Yes 2 X No Specify: White 34 Widowed 4 □ Divorced Specify: 'natural'. Completed 15. Decedent's Education (Spacify only highest grede completed) 16a. Decadent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Steam Power 12 Engineer 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) of and Mental A Be Pages 1 and 2 should be William Polk Clara Helsley Polk 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) If of Health I Howard S. Polk (Son) 409 Hurtt Pl. Ft. Washington, MD 20744 other Baltimore, 20b. Place of Disposition (Name of commeter, cremetory or other place)
Plank, Stitt arid
Stevens Funeral Home 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cramation 3 🕅 Removal from State 6 Important: It any injury o once. 4+23-98 4 □ Donation 5 □ Other (Specify) Hollidaysburg, PA 21. Signature of Fundral Servica Licansee 22. Neme and Address of Fecility M00173 J.H. Eberwein Mortuary 4433 White Pls La White Pls.

sease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ure. List only one cause on each line. 4433 White Pls La White Pls., MD 20695 Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Fine) disease or condition resulting in deeth) **Examiner** Due to (or es e consequenca of) neumania The law requires that the death certificate be executed pue Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequença of): Box 68760. physician Physician/Medical the Due to (or as a consequence of): ed by the at detached for Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. ate has been signed by pege 2 should be detact 1 Pres 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of causa of deeth? Completed 24a. Wes en eutopsy performed? this certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: eral Director: After this certific filled in by the funeral director, Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) exeminer 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Tima of 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Naturel Injury deeth. 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not ba 28a. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stete) after 4 Homleide To the Hospital of within 24 hours at To the Funeral D completely filled in the Funera 12 Certifying Physicien: To the best of my knowladge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner steted. Medicai 29a. Certifier 29b. Signetura and title of pertified 29c. Licanse number 29d. Data signed (Month, Dey, Yeer) D 4047 9 W 30. Name end eddress of person who completed cause of deeth (Item 20e) (Type, Print) ROBERT DAVIDEON JE 700 OLD LINE CT. + 100 WALDORF M& JULOS 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State APR 2 4 1998 Registrar

State of Maryland / Department of Health and Mental Hygiene 9 8

Certificate of Death

Reg. No.

13897

EASTON, MD 21601

Physic	an	1. Decedent's Name (F		•	D-1 - 3	- 74					2. Dete of D Month	Dey	Yeer		me of Deeth	
/Medi		al 4. Sellic News Mean habition aim street advantage									Apri.		998		:17 AM	
Exami	ner	and the second						4					inty of Deeth			
		Genesis 5. Social Security Num			The P		If Under 1	Vear	If Under	sto:			albo			
Funeral		152-14-357	7.6	ex OXM 2□F		Yrs.		eys	Hours	Min.	(Month, D	ey, Year)	9. Birth		tete or Foreign	
Director		Usuel Residence of De			91			-			SEPT.	19, 19	06 NE	EW J	ERSEY	
death with the Maryland ms 23a or 28a-f show	ō		Db. County TALI	ВОТ	10c. Cit	y, Town or Lo									lde City Limits	
tha M	Director	10e. Street and Numbe	N.		ļ		10f. Zip Co	-da				10a Chinan	of Whet Cou		- 2121	
ath with the Maryla 23a or 28a-f showed by the continued at	rai Dir	27908 WAY						160	1			USA	USA			
or its	by Funeral	11. Marital Status  1 ☐ Never Married  3(☐Widowed 4 ☐		Armed F	Z∕QNo ive	1	Vas Deceden I Yes, specify I □ Yes 2		ispenic Ori in, Mexican Specify:					e - American Indien, ck, White, etc.		
72 hours natural',	Completed	15.	. Decedent's Ed	lucation		16e. Deced	lent's Usuel C	ccup	etion	t of work	ina	16b. Kind o				
within ena.	ple	Elementery/Seconda			1-4or 5+)	life. L	OO NOT use i	ork done during most of working use retired)								
	NO.	12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+		ADMIN	ISTRATO	OR				PUBL	IC SCH	TOOT.		
be filed ital Hygie d other event,	Be C	17. Fether's Neme (Firs	st, Middle, Last)						18. Mothe	r's Neme	e (First, Middle					
	ToE	ROYAL PRE	EDMORE						JEN	NIE	TROWBR	IDGE				
d 2 should be fi th and Mental I- 7 is marked of traumatic eve		19a. Informent's Name	/Reletionship (7	Type, Print)		19b. Mailin	g Address (S	treet	end Numbe	er or Run	al Route Numi	ber, City or To	or Town, Stete, Zip Code)			
DENE		ROBERT PF	REDMORE/	SON		7 BROO	OK ST.	, P	LYMPT	ON.	MA 023	67				
Ha Ha		20a. Method of Disposi	ition		20b. F	Pleca of Dispo	sition (Neme	of			Dete		on - City or T	own, Ste	ete	
permit. Pages Department of I Important: If Its any injury or o		1 ☐ Buriel 2 💢 C				semetery, cren SAPEAKI				ים לי	-22	CHESTE	D MD			
permit. P Departme Important any injury	И.	4 □ Donation 5 □			1		. Name end A				-22	CHESTE	K, MD			
Physician /Medical Examiner		23e. Pert1. Enter the dishock, or heart fail									EAST or respiretory	ON, MD	21601	Approintervionset	ximete el Between end Deeth	
pg is	iner		_	. /	Congestive heart fatture  Due to (or es e consequence ot):  Coronary artery disease								, i	110	ears	
	i Examiner	Sequentially list conditi if eny, leading to Imme- cause. Enter Underlyin Ceuse (Disease or inju	ions, diate	A	Due to the	erosis,	uence of):	el!	red					years		
ith cartificata be execut tending physician and or usa es tha burial-trar	an/Medicai	thet initiated events resulting In death) Lest  Due to (or es e consequence of):														
				-												
tha d	ıysı	Pert II. Other significer		-		ulting in the ur	nderlying caus	se give	en in Pert I						use of deeth'	
res that tha da signed by tha a be deteched	y P	1 may ul	v cano	or							1	Yes 2LI	lo 3 Pro	bably	4 Unknow	
aw requi	Completed by Physic	Polymys	lgia ri	heuma	tica						24e. We	s en eutopsy ormed?	61	eldeliev	opsy findings prior to n of cause	
The ate	Con										1 🗆	Yes 2NN	0 1	☐ Yes	2□ No	
Iclan: The cartificate rector, pag	Be	25. Was case referred exeminer?	to medical						26. Plece	of Deet	h (Check only	one)				
2 00	70	1 ☐ Yes No		Hospital: 1	Inpatient 2	ER/Outpetien	t 3□ DOA	Oth	er: 🔊 Nu	rsing Ho	me 5□Res	idence 6 🗆	Other (Speci	ify)		
Aftar funa	ation:	27. Manner of Deeth Naturel 5 2 Accident	☐ Pending investigation		of Injury th, Dey Year)	28b. Time of Injury	28c.	Injun Work			28d. Describe					
	27. Manner of Deeth   28c. Dete of Injury   28b. Time of Injury   28c. Injury et Work?   1   Yes 2   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury   28c. Injury et Work?   1   Yes 2   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Injury et Work?   1   Yes 2   28c. Pleca of Injury - At home, farm, street, factory, office   28c. Pleca of Injury - At home, farm, street, factory, off										28f. Location City or To	(Street end Nown, Stete)	umber or Rui	e/ Route	Number,	
To the Hospital or within 24 hours afte To the Funeral Dir complataly filled in	edical (	29a. Certifier (Check only one)	Certifying Phy Medical Exam	Iner: On the b	best of my kno esis of examina ner steter	wledge, deeth tion end/or Inv	occurred et t restigation, in	he tim	ne, date en plnion, dee	d plece, th occurr	end due to the red et the time	ceuse(s) end , date end ple	d menner es : ce, end due !	steted. to the ce	use(s)	
oth oth omb	Me	29b. Signeture end title	of certifier	/	7//	1	29c. L	icense	number			29d. Dete si	gned (Month	Dey, Y	eer)	
F→ > F→ O				M	Tion	ey M	5		Di	159	33	4,	21.98	7		

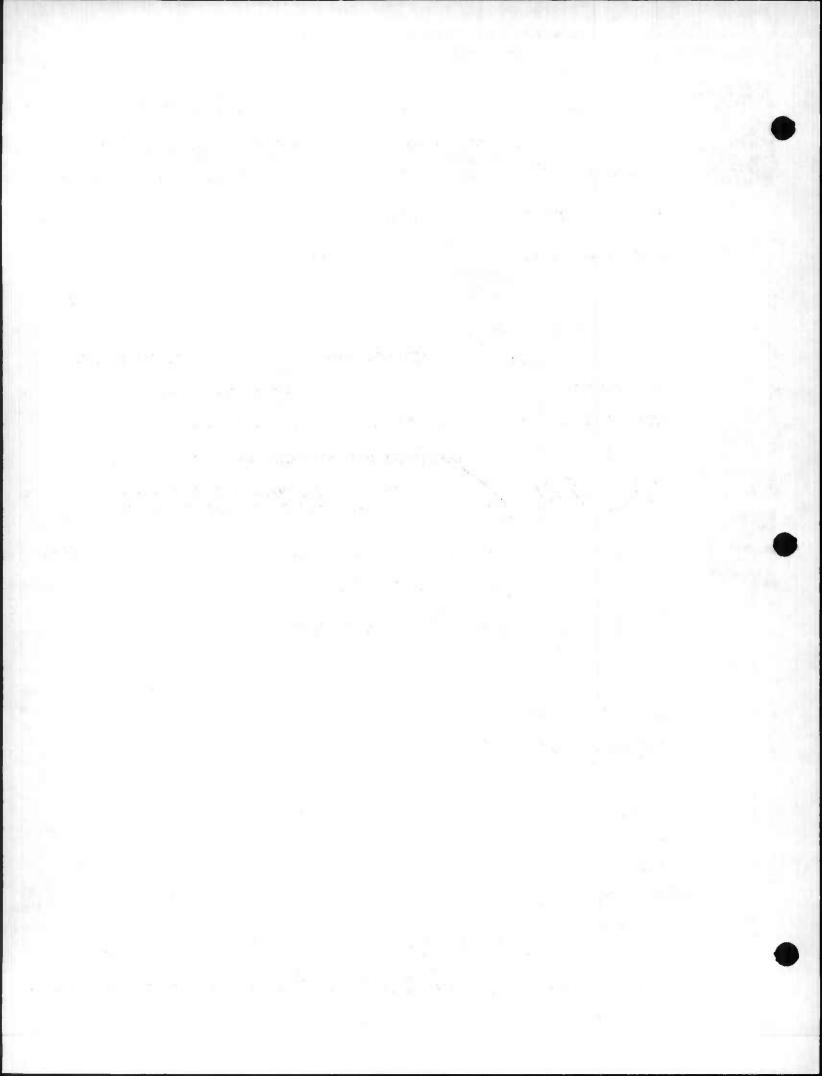
508 IDLEWILD AVENUE

State Registrar 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

APR 2 2 1998

32. Registrer's Signeture

I Irlia Davidson-Randelle

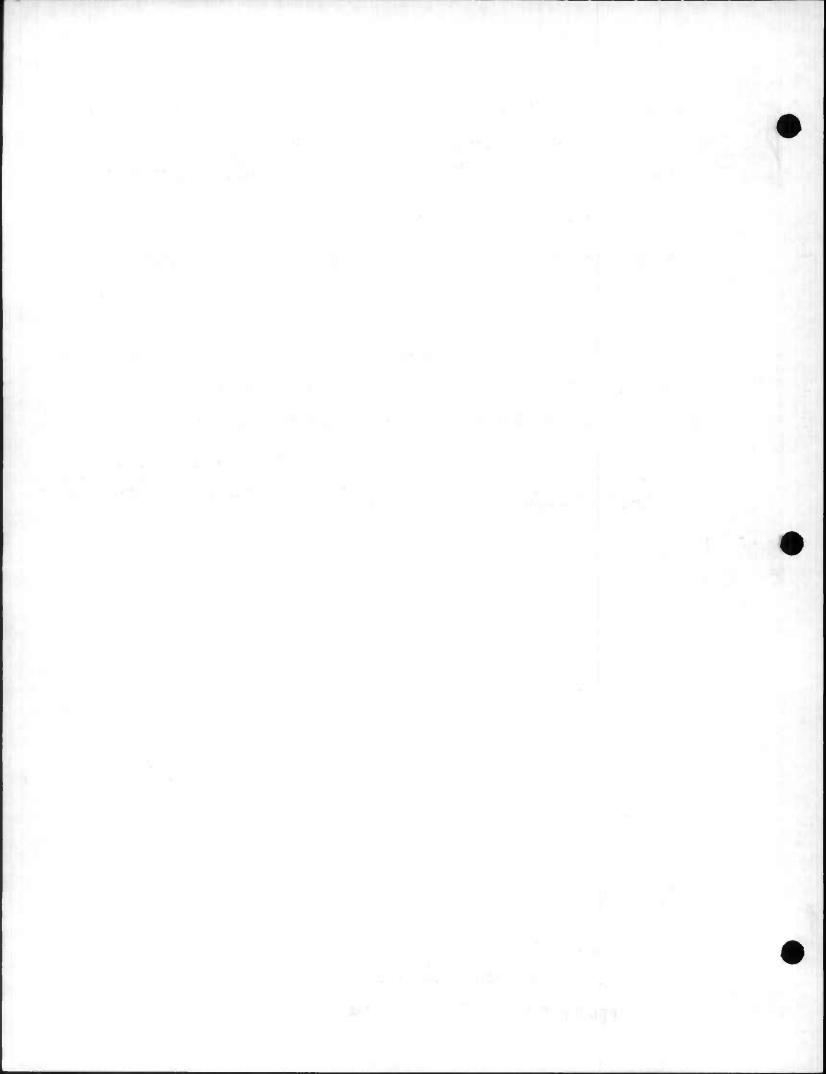


State of Maryland / Department of Health and Mental Hygiene

13898

						Cei	rtificate	of	Death			Reg. No.	U	10000
			1. Decedent's Neme (First, Middle	, Last)							2. Dete of D	eeth		3. Time of Deeth
	Physic /Madi		George Corneli	us Phill	ips						Month Apri	Day 1 18	Yeer 1 9 9 9	6:18 a
	/Medi Exami		4e. Fecility Name (If not institution		-				4b. City, Tov	vn, or Lo	cation of Dee			0.10 a
			The Memori	al Hos	pital				Eas	stor	1	Tal	bot	
	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs. le	st birthday)	If Under 1		If Under 2		8. Date of Bi (Month, D			elece (State or Foreign
1 5	Director		213-05-5266	1₩ 2□F	90	Yrs.	Months	Days	Hours	Min.	(Month, D	ey, Yeer) 4, 1907	Balti	more
D			Usuel Residence of Decedent									, 150,	Dates	
Van	how #		10e. Stete 10b. County		10c. City,	Town or Lo	ecation						1	0d. Inside City Limits
×	- 9	Stor	MD Dorch	ester	Camb	oridge	2							1 Yes 2 No
t t	N 28	- F	10e. Street end Number				10f. Zip (	Code				10g. Citizen of	Whet Coun	ntry?
3	B 23	a D	309 Oakley Stre	et			21	613				U.S.A		
deat	al', or items 23a or 28a-f show Examiner must be notified at	Funeral Director	11. Meritei Status	12. Was Dece	edent Ever in U,S		Was Decade	ent of h	lispanic Orig	in? (Spe	city Yes or N	o- 14. Red	e - Americ	an Indien,
effer O	ar he	F	1 ☐ Never Married 2 ☐ Marri		2 No				en, Mexican,	, Pueno i	ilcan, etc.)		ck, White,	
5-0020 72 hours efter death with the Maryland	natural', or	by	3 ₩ Widowed 4 Divorced	If Yes, Gir Yeer or D	ve vates:		1□Yes 2	XJ No	Speciny:			Specif	y: Whi	Le
5-0 72 h	iene. Than "natur The Medical	Completed	15. Decedent (Specify only highes	s Education		16a. Deced	dent's Usuel	Occup	petion	of working		16b. Kind of B	usiness/inc	dustry
21215-0020 d within 72 hours of		pje	Elementery/Secondery (0-12)	College (	1-4or 5+)	life.	DO NOT use	retire	during most d)	OF WORKE	ig			
		0	6	0		Mecha	nic					Industr	ial E	Equipment
ind be	d other	Be (	17. Fether's Neme (First, Middle, I	est)					18. Mother	r's Name	(First, Middle	e, Meiden Sumen	ne)	
Maryland	marked matic e	To	George C. Phill	ips					Jenr	ny De	esell			
aryla	PEE		19e. tnforment's Name/Relationsh	ip (Type, Print)		19b. Meilir	ng Address	(Street	end Numbe	r or Rure	Route Numi	per, City or Town,	Stete, Zip	Code)
	= N F		Shirley Ann Hast	ings / Rer	sonal	P.O.	Box 1	407	, East	on,	MD 21	601		
S L	-		20e. Method of Disposition		20b. Ple	ca of Dispo	sition (Nem	e of	cel		Date	20c. Location -	City or To	own, State
Peges	ent o	100	1 ☐ Burial 2 ☑ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		State Ches	apeak	e Cre	mat	ion Ct	r.	20/00	Chester	M	
Baltimore, permit. Peges 1 ar			21. Signature of Funerel Service L		و بلا و بلا	22	2. Name end	Addre	ss of Fecility	4/ /Fe11	0WS. 1	Helfenbe	in. &	Newnam
m a	P F P P		11. 46/1	INV		Fu	ineral	Ho	me, 20	00 Sc	outh Ha	arrison	Stree	t, Easton
	_		23a Part Enter the disease or	complications that o	aused the deeth	ML	, 216	O1					1	
			23a. Pert1. Enter the diseese, or shock, or heert feilure. List of	nly one ceuse on e	ech line.	DO HOC BIT	01 (110 1110 00	Or dyn	19, 3001 03 0	Jardiac O	1 teaphetory t	311031,	1	Approximete Intervel Between Onset and Death
	nysician Medical		Immediate Cause (Final	C -	/			1		0		1 -	1	1
	kaminer		disease or condition resulting In death)	e. Ce	rebr	000	Su	el	ar	(10	CC10	long		days
		ē		0	Due to (or e	es e consec	quence of):							0
b	nsit	Examiner		. b. FV	reun	non	ia	,						days
ords, P.O. Box 68760, requires that the death certificete be executed	ing physician and e as the burial-transit	хаг	Sequentially list conditions, if eny, leeding to Immediete cause. Enter Underlying Ceuse (Diseese or Injury that initiated events		Due to (or e	es e conseq	uenca of):						ĺ	
6876U,	ician		cause. Enter Underlying Ceuse (Diseese or injury	C										
cete 3	phys the	Medical	resulting in death) Lest		Due to (or a	s a conseq	uence of):							
X etil	nding use as			d									į	
BOX auth cert	ettendi I for use	ian											1	
ج چ چ	by the tached	Physician/	Pert II. Other significent condition	s contributing to de	eath but not result	ing in the u	nderlylng ca	use giv	en in Pert I.		23b. Did	tobacco use co	ntribute to	the cause of death
7. ‡	ed by detac										1	Yes 2 No	3 Prot	bably 4 Dunknow
15, 18 tf	signed be del	by		1-0									T	
o la	should	ted									24e. We:	s en eutopsy ormed?	ave	ere eutopsy findings elieble prior to
S &	2 5	ple											of	mpletion of cause death?
1 9	ate ha	Completed									1 🗆	Yes 2 12 No	10	Yes 2110
VITAI	or.	Be (	25. Wes case referred to medical						26. Plece	of Deeth	(Check only	one)		
OT VITE	direct	ToE	examiner? 1 ☐ Yes 2 D No	Hospitai:	npatient 2 E	R/Outpetien	nt 3□ DOA	Oth	ier: 4□ Nur	rsing Hon	ne 5 Res	Idence 6 Oth	er (Specifi	v)
	= @		27. Menner of Deeth	28e. Date		8b. Time of		c. Injur				how Injury occur		,
VISION	th. : After e fune	tio	1 Naturel 5 ☐ Pending 2 ☐ Accident investig		in, Dey Year)	Injury	м		Yes 2□N	No.				
DIVISION or Attending	efter deeth. Director: A	fice	3 ☐ Sulcide 6 ☐ Could n	ned 286. Placa	of injury - At hom	e, farm, str	eet, factory,	office		2		(Street end Numi	per or Rure	I Route Number,
5 5	d in t	Certification:	4 ☐ Homicide	buildi	ng, etc. (Specify)						City or To	wn, Stete)		
pita	Meral fille		29e. Certifier 1/10 Certifying	Physician: To the	best of my knowl	edge deeth	occurred e	t the tir	ne dete end	i plece le	nd due to the	ceuse(s) end mu	anner es si	leted.
Ho	within 24 hours efter de To the Funeral Directo completely filled in by the	edicai		xeminer: On the ba	asis of examinetioner stated.	n end/or inv	vestigetion,	n my o	pinion, deeti	h occurre	d et the time	dete end plece,	end due to	the ceuse(s)
o the	of the	Me	29b. Signature and title of certifier				29c.	Licens	e number			29d. Dete signe	d (Month,	Dey, Year)
-	\$ ⊢ ö			2/1	nal	· 10		L	147	20	-7	4.1	8.9	8
			// ~	ec)	-	Yrr		1	7/	در	- (	7 . 1	3 . /	0
			30. Name and address of person v ANNE GRADY, D. (		se of death (Item 2 LOOMINGD			FEDI	ERAT.SR	IIRG	MD			
								ועני						
	Sta		31. Dete filed (Month, Dey, Year)		egistrads Signetu	14dran	Banda De	2_						
	Regist	ar	APR 2	ט נטט י	a word	~ 14007 4-	1	7						

PHILLIPS,



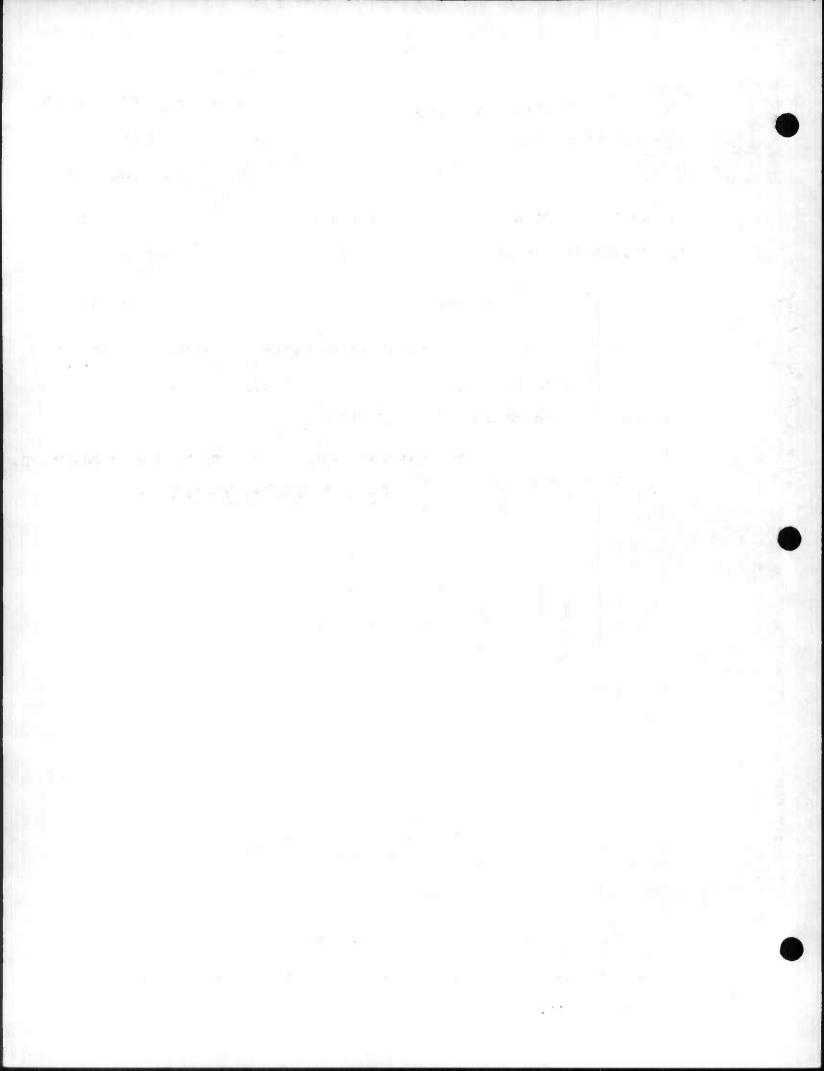
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2 Date of Death 3. Time of Death **Physician** April 23, 1998 9:06AM DANIEL ROBERT RAYMOND /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Civista Medical Center La Plata Charles If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) **Funeral** ₩ 2□ F Yrs. Director 135-12-8711 74 MAY 30,1923 NEW YORK Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits rs 23s or 28s-f show mant be notified at 1 Yes 2 No Director MARYLAND CHARLES LA PLATA 94 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Counfry? 208 ST. MARY'S AVENUE Berrs 23a 20646 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: Completed by 3 □ Widowed 4 □ Divorced Year or Dates: WWII WHITE 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) STONECARVER/OWNER RAYMOND MONUMENT CO. 17. Father's Name (First, Middle, Last) 18. Mofher's Name (First, Middle, Meiden Surneme) Be 2 and Mental Pages 1 and 2 should CLINTON OTIS RAYMOND GERTRUDE L. FOGARTY 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) # ELIZABETH S. RAYMOND-WIFE SAME AS #10 mportant: If Item 27 any injury or other tr altimore, 20b. Placa of Disposition (Neme of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) ST. IGNATIUS CHURCH CEM. 4-27-98 PORT TOBACCO, MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Facility RAYMOND FUNERAL SERVICE, P.A. LA PLATA, MARYLAND 20646 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final Que to (or es e consequence of): disease or condition resulting in death) Examine Examiner physician and s the buriel-fransit the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lasf Due to (or as a consequence of): Box 68760, My recurli às Due td (or as a consequence of): Janka Physician/Medical P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed I Records. by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☑ No of Vital or Attending Physician: Be 25. Was case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: 1 Minpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 28 No Certification: To this funeral 28a. Dete of injury (Month, Dey Year) 27. Menner-of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Division After 5 Pending investigation 1 Natural ne Hospital or Attending n 24 hours efter death. he Funeral Director: Aft pletaly filled in by the fur 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide Medical 29a. Certifier 11/ Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. completaly (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete and placa, and due to the cause(s) and manner stated. To the I within 2 To the F 29b. Signature and tille of cartifier 29c. License number 29d. Date signed (Month, Day, Year) D-11176 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) Arthur Wooddy, MD 100 Washington Avenue P.O. Box 430 La Plata, Maryland 20646 31. Dete filed (Month, Dey, Yeer)

State Registrar

APR 2 4 1998

32 Hosistrar's Signature Revealt



		rmit. Pages 1, 2, 3 should		
	or attending physician.	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st		
	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ge 5 should be detached to		e notified at once.
	rs after death. Page 6 may	by the funeral director, pa	removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
	be executed within 24 hou	ian and completely filled i	or to burial, cremation, or	aumatic event, the m
,	s that the death certificate	ned by the attending physic	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	any injury, or other to
	HYSICIAN: The law require	iis certificate has been sig	vith the State Dept. of Hea	ed, or Rem 23 shows
	TO THE HOSPITAL OR ATTENDING PHYSICIA	HE FUNERAL DIRECTOR: After this certif	vin 72 hours after death w	IT: If Item 28 is mark
	TO THE HOS	TO THE FUN	be filed with	IMPORTAN

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Log!) JUDITH RENICK		TIME OF DEATH								
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 XF 58 78. AGE (In yrs. last birthday) 15 UNDER 1 YEAR 15 UNDER 24 HR MONTHS DAYS HOURS MIN	7. DATE OF BIRTH 8. BIRTHPL	ACE (State or Foreign , DC								
E G	9a. FACILITY NAME (If not institution, give street and number)  Southern Maryland Hospital Center Clinton	DEATH 9c. COUNTY OF DEAT Frince Ge									
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Prince George's  Forest Heights		Dd. INSIDE CITY LIMITS? X YES 2 NO								
	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZEN OF WHA									
BY FUNERAL		(ican, Puerto Rican, atc.) Black, V	- American Indian, White, atc. White								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Collega (1-4 or 5 +)  Clerk  Clerk	16b. KIND OF BUSINESS/INDUSTRY  Municipal Govern	ment								
BE CON	Wilbur G. Winebrener Mable	NAME (First, Middle, Maiden Sumame) e Smith Winebrener									
2	Michael G. Renick (Husband)  19b. Mailling Address (Street and Number or Ru  108 Seneca Dr Forest										
20a. METHOD OR DISPOSITION  1											
CERTIFICATION	23. PART Letter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given the state of t	PERFORMED?	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 MAIO								
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Resident  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DATE OF INJURY (Month, Day, Year)  1 YES 2 NO  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED									
- 1	3 Suicide 6 Could not be determined 25s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one)  1 DEERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and medical EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at		end menner es steled.								
O BE C	29c. MCENSE 29c. MCENSE 29c. MCENSE	NUMBER 29d. DATE SIGNED (A	Month, Dgy, Year)								
	Tank M. (CAND 170) CIVING TON (31. DATE FEED MANN DOWN DOWN WEST OF DEATH (ITEM 27) (Type. Print)  11. DATE FEED (MANNY Day, Year)  12. REGISTRAR'S SIGNATURE	& #205 FT. WALL	m 20744								
	APR 2 4 1998 Julia Davidson Randall										

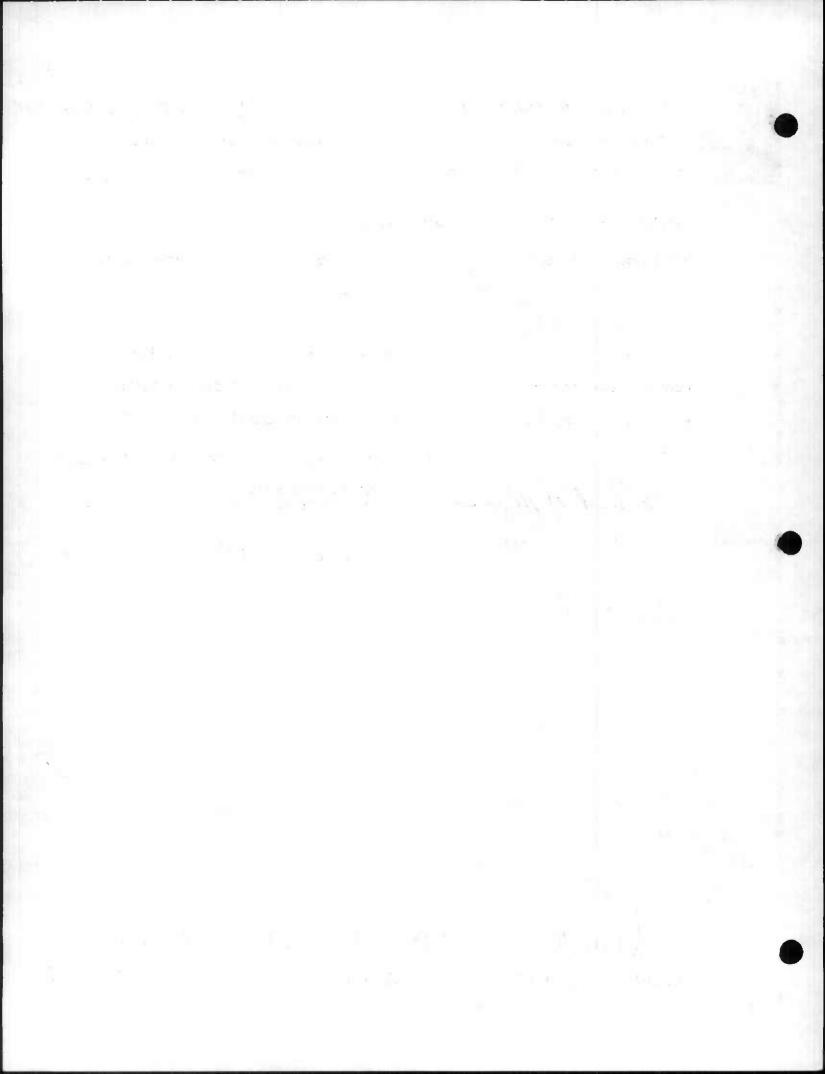
. 1

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death APRIL **Physician** VIRGINIA DARE STAMBAUGH /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 107 Cover Lane Westminster Carrol1 Hours Min. 8. Date of Birth (Month, Day, Year) Feb. 12, 19 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🔀 F Months Deys 1933 Maryland 65 Director 217-28-6196 Usual Residence of Decedent the Maryland Show 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f s Examiner must be notified Director 1 ☐ Yes 2 ☐ No Maryland Carroll Westminster 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with Funeral 21158 940 Hughes Shop Road United States 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Heelin and Mental Hygiane. Important: if them 27 is marked other than "natural", or iter any injury or other traumetin manner. 1 Never Married 2 ☐ Married Yes 2010 21215-0020 1 Yes 2 No Specify: Completed by 3℃Widowed 4 Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) 10 Tailoring Seamstress altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Margaret Elizabeth Sentz Carson Glenn Crigger 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kay M. Herb, daughter 107 Cover Lane, Westminster, MD 21157 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burlal 2 Cremation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 4/23/98 Thurmont, Maryland Blue Ridge Cemetery 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Myers Funeral Home ers 91 Willis Street, Westminster, MD 21157 23a. Part1. Enter the disease, or complications trill caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** (AN CER tmmediate Cause (Final (DLDW disease or condition resulting in death) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last burial-tran Due to (or es e consequence of) The law requires that the death certificate be exec Box 68760, the Due to (or es a consequence of): use es ō P.O. | Part It. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? ed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ ate has been signe page 2 should be Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No certificate 1 Yes 2 No of Vital Physician: Be 25. Was cese referred to medicat 26. Place of Death (Check only one) examiner's Other: 4 Nursing Home P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 ₩ Residence 6 □Other (Specify) this the funeral 27. Manner of Death 1 D Natural 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After Division or Attending 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 3 Suiclde 6 Could not be determined in by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 24 hours Medical 29a, Certifier 1 Certifying Phyaicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner es stated. miner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated within 2 To the D3539 & 29b. Signatu ed tille of certified 29d. Date signed (Month, Day, Yeer) POOLE RD WESTMUNSTER, MD 21157 30. Neme end FLANIC

State Registrar 31. Date filed (Month, Day, Year)

APR 2 2 1998

32 Registrer's Signature

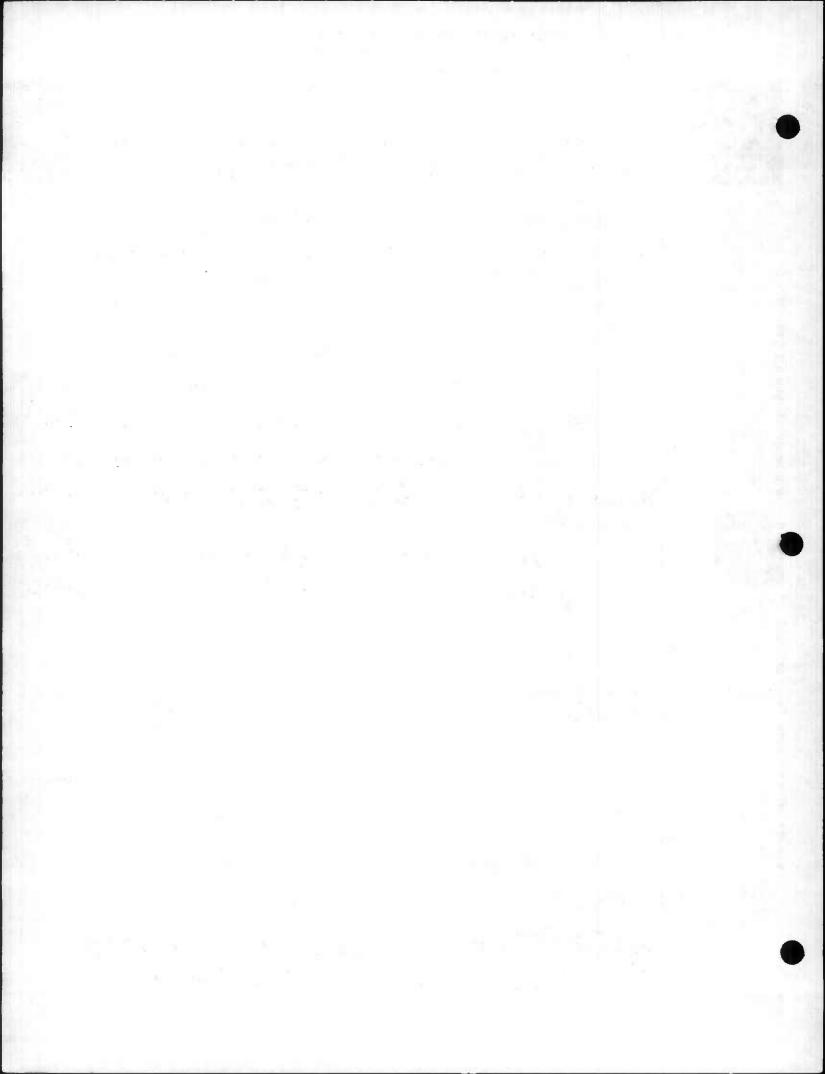


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Deeth **Physician** Month LEONA SNYDER April 26, 1998 10:15AM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 5538 Galestown Newhart Mill Road Galestown Dorchester 5. Sociel Sacurity Number 7. Age (In vrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 10/21/12 **Funeral**  Birthpiece (State or Foraign Country) 1 □ M 2 ₩ F Months Days Hours 85 Yrs. 217-32-9321 Director Pennsylvania Usuel Rasidance of Decadent 10b. County worle 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Director Seaford (DE) 1 ☐ Yes 2 No Dorchester 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5538 Galestwon Newhart Mill Rd 19973 United States Funeral deeth permit. Pegas 1 and 2 should be filed within 72 hours after deel Department of Haalth and Mentel Hygiene. Important: if item 27 is marked other than any injury or other traumers. 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give 1 ☐ Yas XIXNo Specify: þ 3 Wildowed 4 □ Divorced White Yeer or Dates: Completed 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Peter Peart Mary Peart 2 19a. Informent's Neme/Raiationship (Type, Print) 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) DE 19973 Miriam Kratochvil/Daughter 5536 Galestown Newhart Mill Rd., Seaford 20b. Plece of Disposition (Name of 20e. Method of Disposition Date 20c. Location - City or Town, State cametery, crematory or other placa) XIXBurial 2 ☐ Cremetion 3 ☐ Ramovei from State Moreland Mem. Park 4/28/98 Parkville, MD 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Framptom-Hawkins-Eskow Funeral Home, P.A. PO Box 43, Federalsburg, MD 21632 Muhael 23a. Per11. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilura. List only one causa on each line. Approximate Intervel Between Onset and Deeth **Physician** Immediata Ceuse (Finei disease or condition resulting In death) /Medical **Examiner** by Physician/Medical Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest and the burial-tran Division of Vital Records, P.O. Box 68760, led by the ettending physician detached for use as the burla Dua to (or es e consequence of) Pert II. Other significent conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown pression should be 24b. Were eutopsy findings eveilebie prior to completion of cause of death? Completed 24a. Was en autopsy After this certificate hes 1 Yes 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes case referred to medical exeminer? Certification: To Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home Sesidence 8 Other (Specify) 1 Yes 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 27. Mennar of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Naturel 5 Panding Investigation To the Hospital or Attendin within 24 hours after death.

To the Funeral Director: Aft complately filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida Certifying Phyelcien: To the best of my knowledge, deeth occurred at the time, deta and place, and due to the ceusa(s) and mannar as steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) and manner stetad. Medical 29e. Certifier (Check only 29b. Signature end title of certifie 29c. License number 29d. Date signed (Month, Day, Year) lungo 30. Name end address of person who completed causa of death (Item 23e) (Type, Print) 302 en 12 31. Dete filed (Month, Day, Yaar) 32. Registrar's Signeture whia Davidson 8 Registrar '98



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			o tanto o tinan y n	Certific	cate of	Death	.v.o.n.a. 11y	Reg. No.	139	03
Physici	an	1. Decedant's Name (First, Middla, Las	•				2. Data of De Month	ath Dev	Yaar 3. 1	Tima of Death
/Medic		Milton Foste		ТУ			April	26,19	98 5	:40AM
Examir	er	4a. Facility Neme (If not institution, give				4b. City, Town, or		,		
		104 Bulle Rock				_	eville		een An	
Funeral Director		5. Social Sacurity Number 8. Sc 217-32-8366	TWO SETS		Jnder 1 Yeer nths Days		8. Date of Bir (Month, Da Aug.	20,193	9. Birthplece ( 7 Mary	Steta or Foraig land
show		10a. Steta 10b. County		City, Town or Location					10d. in	sida City Limit
r 28a-f show	to	Md. Queen	Anne's	Centrevi	.lle				1 (	□Yas 2□X
h with the 23a or 28a	Funeral Director	10e. Street and Number 104 Bulle Rock	Dr.	10	)f. Zip Coda	21617		10g. Citizan of What Country? U.S.A.		
72 hours efter death with the Maryland natural', or Nema 23a or 28e-f show frea Examiner must be notified at	þ	11. Meritel Status  1 Never Married 2 Narried  3 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forces? 1 ☐ Yas XIXNo If Yas, Giva Yaar or Detes:		Decedant of , specify Cul ′as 🎾 No	Hispanic Origin? (S ban, Maxican, Puer Specify:	pecify Yas or No to Rican, etc.)		e - American Inc ck, Whita, atc. /: White	,
natural',	tec	15. Decedant's Ed (Specify only highast grad	ucation	16a. Decedant's	Usuai Occu	pation a during most of wo	rkina	16b. Kind of B	usinass/Industry	
	npie	Elementary/Secondary (0-12)	Collega (1-4or 5+)	lifa. DO N	OT usa retire	of Sale:	7	Bell A	tlanti	C
	To Be Completed	12	6	Direc	CTOI (	or sare:	5			
Tal H	Be	17. Fathar's Name (First, Middle, Last)					ma (First, Middle,		•	
Meni Meni	2	Earl Saulsbury				Gertr	ide Bla	ides Sq	uires	
s 1 and 2 should be filed f Health end Mental Hyg tem 27 Ia marked other other traumatic event,		19a. informent's Name/Ralationship (7 L. Jane Saulsbu	ary (Wife)	104 E	Bulle	Rock D				
9== 9		20a. Mathod of Disposition  1  Buriai 2  Coremation 3  4  Donetion 5  Other (Specify	Telliove Ilolii Stata	p. Piece of Disposition comatary, crematory  Chesapeak		-	il <sup>Dal</sup> 28, Center			
pemit. Pe Departmen Important: any injury once.	7 15	21. Signature of Funaral Service Licens	2 (8)	22. Nan Fell	na and Addr	ass of Facility Helfenb	ein & N	Newnam	Funera	1 Hom
		23a. Pert1. Enter tha diseasa, or comp shock, or haart failura. List only of	lications that caused the de			iberty ing, such as cardia				oximata
Physician /Medical Examiner		snock, or haart tailura. List only of Immediata Cause (Finel diseasa or condition rasulting in death)	e.	relanon						vel Between at and Death
	10		Duate	o (or as a consequanc	e of):					
deeth certificate be executed e attending physician and of for use es the buriel-transit	Examiner	Sequentially list conditions,	b. — Dua to	o (or as a consequance	e of):					
olan e	m	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceusa (Disease or injury								
sete that the t	fedicai	that initiated evants rasulting in death) Last	Dua to	(or es e consequance	e of):					
ing p	Me		d							
leeth cer attendin d for use	an		u							
s de se de s	sic	Pert II. Other significant conditions co	ntributing to death but not i	rasulting in the undarly	ring causa g	ivan in Pert I.	23b. Did	tobacco use co	ntributa to the o	ause of deati
ulres that the de signed by the a ld be detached f	Physician/						10	Yes 20 No	3 Probably	4 Unkno
signe d be	by							7-11-07	T	
pe - pe - shou	Completed							an autopsy ormed?	24b. Wara au avaitable complati of death	prior to
The ate h	Co						10	Yas 212 No	1 🗆 Yas	2 2 No
Physician: rthis certific rral director,	Be	25. Was casa referred to medical examinar?					ath (Check only	one)		
nysic dire	2	1 ☐ Yas 2 ☐No	Hospitai: 1 ☐ inpatiant 2	ER/Outpetient 3	DOA Ot	thar: 4 Nursing I	loma 5 Rasi	dence 6 Oth	ar (Specify)	
Ter #		27. Mannar of Death  Naturel 5 Panding	28a. Data of Injury (Month, Day Yaar)	28b. Tima of injury	28c. Inju	iry af ork?	28d. Describe	how injury occur	red	
To the Hospital or Attending Physician: The law within 24 Mours effer death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Certification:	2 Accidant invastigation 3 Suicide 6 Could not be 4 Homicida	28e. Plece of Injury - Albuilding, atc. (Spe	t homa, farm, street, ta	10	]Yas 2□No	28f. Location (	Street end Numb	per or Rural Rout	ta Number,
To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the		29a. Certifier (Check only 2 Medical Exam	sician: To the best of my k	nowledge, death occu	urred at the fi	ima, data and place	and due to the	causa(s) and ma	anner as stated.	
the H in 24 the Fi	edical	one)	nar: On the basis of axami and mannar stated.	mation end/or invastig	acion, in my	opinion, daath occi	irred et the fima,	data and place,	end dua to tha c	ausa(s)
To To E	Σ	29b. Signeture and that of certifiar				sa number			d (Month, Day, )	(ear)
		1 7 4	comme		N V	33131	0	41	77/8P	
		30. Nama and address of person who c	omplated causa of death (II	tem 23a) (Type, Print)					- 0	
		Gary Sprouse,				272 Ch	ostor	MA 21	610	
Sta	te	31. Data filed (Month, Day, Year)	32. Registrar's Sig	gnatura		weren CIL	SUCI,	41U - ZI	צוט	
Pogistr	- 1	ADD a	1000	· K · · ·		*				

DHMH 16 Rev 6/95

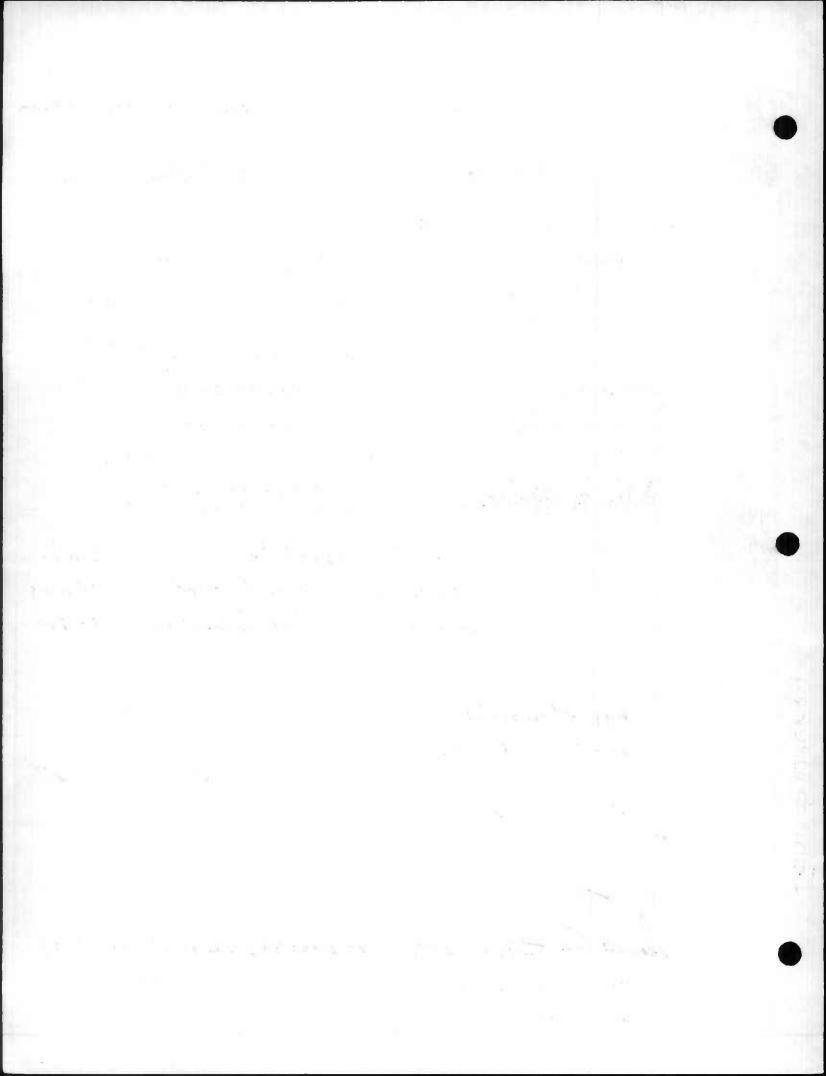
a. . . . .

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

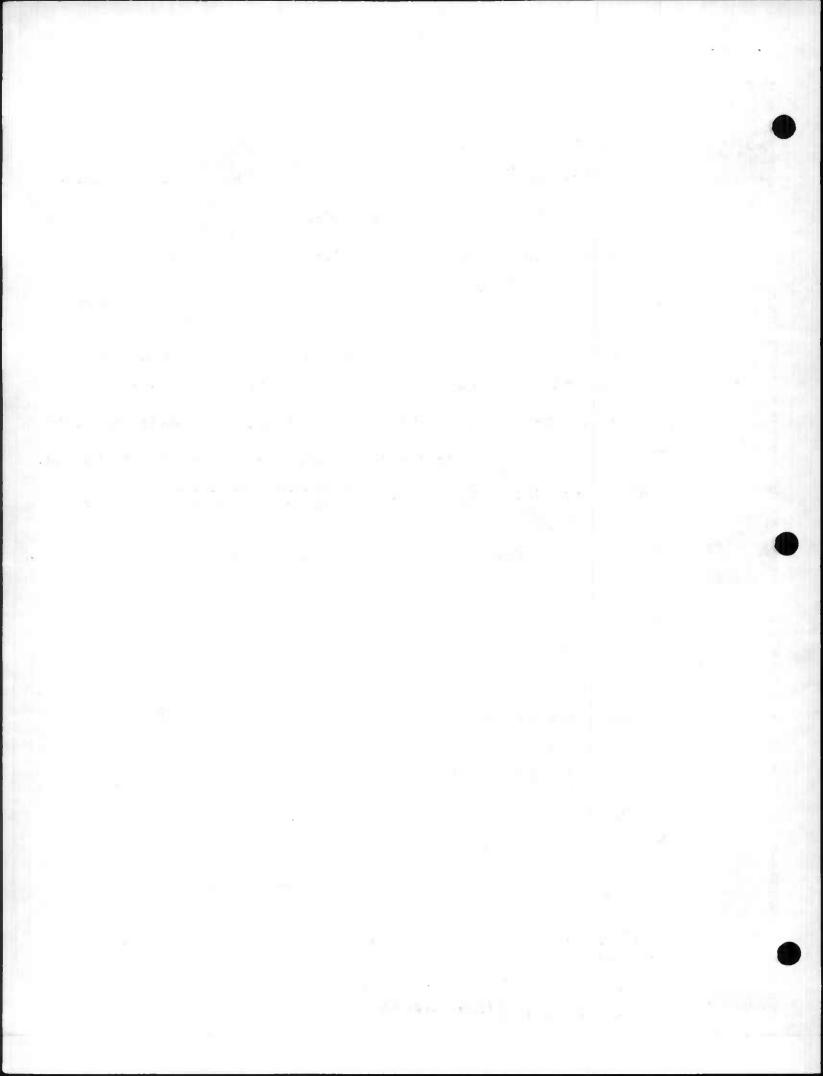
Beg. No. 98

					Certificate o	f Death	F	Reg. No.		3904
		1. Decedant's Name (First, Middla,	Last)				2. Data of Dea	ith	Maria.	3. Tima of Death
Physici /Medic		John Wil	fred	Sweeney			Month A /	Day 19	499	10:30 ar
Examin		4a. Facility Nama (If not institution,				4b. City, Town, or	Location of Death	4c. County	of Death	
		Union Memorial	Hospital			Baltimon	ce	Balt.	imore	
Funerai			6. Sax 7. A	ga (In yrs. last bir		ar If Undar 24 Hrs		h		placa (Stata or Foreign
Director		182-26-2721	¹XXM 2□ F	64	Yrs. Months Day	rs nours Mill.	Jan. 1			nsylvania
pr.		Usual Rasidance of Decadent								
show thow	<b>b.</b>	10a. Stata 10b. County		10c. City, Tow	n or Location				1	Od. Insida City Limits
e Me	cto	Maryland Dorch	ester	Camb	ridge					1X Yas 2 No
death with the Maryland ms 23s or 28s-f show	Director	10e. Street and Number			10f. Zip Code	1		10g. Citizen of	What Coun	itry?
23a		1 Oak Street			216	13		USA		
ter dea	Funeral	11. Marital Status	12. Was Decedent Armed Forces	7	13. Was Dacedent o	f Hispanic Origin? (S	pecify Yas or No-	14. Rac	a - Americ	
		1 ☐ Never Marriad XXMarrie		No 1951	1□ Yas 2♥N		o Thomas areas			
d 2 should be filed within 72 hours af th and Mental Hygiens 17 is marked other than "natural", or traumatic event, the Medical Exam	d by	3 Widowed 4 Divorced	Yaer or Datas:	1955	TA TA	opeony,		Specin	Bla	CK
72 h natu	Completed	15. Decedant's (Specify only highast	Education grada complated)	16a.	Decedant's Usual Occ (Giva kind of work dor	cupation ne during most of wo	rkina	16b. Kind of B	usinass/inc	dustry
s within jiene. r than	npi	Elamantary/Sacondary (0-12)	Collaga (1-4or	5+)	life. DO NOT usa rati	ired)		Los An	geles	County
ygier tr. It.	Co	12th		La	w Enforceme			Sherif		
should be filed want and Mental Hygier is marked other thurstoner the urnatic event, the	Be	17. Fathar's Nema (First, Middla, L	ast)			18. Mothar's Na	ma (First, Middle,	Meidan Suman	na)	
Meni Meni Meni Meni Meni Meni Meni Meni	2	Eldred Sweeney				Elizal	eth Ster	ritt		
d 2 should be fill the and Mental H T is marked out traumatic ever		19a. Informant's Nama/Relationsh	p (Typa, Print)	19b	. Mailing Addrass (Stre	at and Number or Ri	rel Route Numbe	r, City or Town	Stata, Zip	Coda)
and salth 27 er tr		Frances Sweene	y, Wife	1	Oak Street	t, Cambrio	lge, Mary	land	21613	
of He		20a. Mathod of Disposition			Disposition (Nama of y, cramatory or other p	olace)	Data	20c. Location	City or To	wn, Stala
ermit. Pages 1 ar Separtment of Haa Mportant: If Item 3 nny Injury or other INCE.		1 ☐ Burial 2X X Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		Capi	tol Cremato	ory	4/22/98	Dover	, De.	
permit. Pages 1 and 2. Department of Haalth as Important: If Item 27 is any Injury or other tratonce.		21. Signaturo of Furaral Servica Li	cansee		22. Nama and Add	dress of Fecility				
Depa Impo any Ir		NO SA	ROLLE	,	Benni	e Smith Fu	ineral Ho	ome		
	$\dashv$	23a. Paul Intar tha disaesa, or c	omplications that cause	od the death. Do	P.O.	Box 1687,	Easton,	Maryla	nd2	1601 Approximete
(Discontinuo		shock or heart failure. List o	nly ona causa on aach	lina.	Tot difful file files of c	lying, saon os oalala	o or raspiratory or	iuoi,		Intarval Batween Onsat and Death
Physician /Medicai	Н	Immediata Cause (Final		-1		1.1				-
Examiner		disaasa or condition rasulting in death)	a	card	iac a	343701	e			5 mins
	ē			Dua to (or es e	consequanca of):	01-	11 1	_ /		
ted nsit	듣		b	vent	ri culer	+.61.	1/2/10	~	i	(0 mins
artificate be axecuted ling physician and a as the burial-transit	Examiner	Sequentially list conditions, if any, leading to Immadiate causa. Entar Underlying Ceuse (Disaasa or injury		Dua to (or as a	consequence of):	1.,		- L	i	10 mins
be a siciar buri	ie.	Causa. Entar Underlying Ceuse (Disaasa or injury that initiated evants	с.	ntervo	myou	wein	infar	el 10m	- 1	18 hrs
ifficate g phys as the	edicai	resulting in death) Last		Due to (or as a d	consequance(of):		V			
nding usa at	2		d							
atta for	Physician/									
t the da by the a tached	ysi	Part it. Other eignificant condition			tha undariying causa	givan in Part i.	23b. Did t	obacco uae co	ntribute to	the cause of death?
that the sed by detact	币	hyper	ten sion	~			101	/es 2□ No	3 Prot	bably 4 Unknown
iclan: The law requires the certificate has been signer rector, page 2 should be considered.	l by		ten sioi				***************************************		Tour W	
v require been si should !	Completed	mesti	ie abu	11			24e. Wes o	en eutopsy med?	eva	are autopsy findings allabla prior to implation of cause
2 s S	du du								of	death?
	Sol						1 K Y	as 2□No	1 [	☐ Yas 2 No
iclan: The	Be (	25. Was casa rafarred to medical axaminar?				26. Placa of Da	ath (Check only o	na)		
	To.	1 Yas 2 No	Hospitel:	iant 2 ER/Ou	tpatient 3 DOA	Other: 4 Nursing F	fome 5 ☐ Rasid	lance 6 Oth	ar (Specify	y)
ding Phys h. After this funeral d	ü	27. Manner of Death	28a. Date of Inju	ury 28b. 1	Time of 28c. In		28d. Dascribe h			
Attending in death.	atic	1 Panding 2 Accident 5 Panding		sy roury .		☐ Yas 2 ☐ No				
Afte ecto by th	E	3 ☐ Sulcide 6 ☐ Could no datamin	A ZOU. PIECE OF IT	jury - At homa, fe	rm, streat, factory, offic	ce ce	28f. Location (S City or Tow	traat and Numi	oer or Rura	al Route Number,
s after	Certification:	4 Directions	bullottig, a	тс. (эрвену)			Only of You	n, Siala)		
hour hour mera y fille		29a. Cartifiar 1 Certifying	Phyaician: To the best	of my knowledge	, deeth occurred et tha	tima, data and place	, and dua to tha	ausa(s) and m	anner as st	tated.
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by tha	edicai	(Check only 2   Medical Ex	taminar: On the besis of and mannar si	of axemination an	d/or Invastigation, In m	y opinion, daath occu	irrad at tha tima, o	data and place,	and dua to	tha cause(s)
Nithii Fo th	M	29b. Signature and title of certain			29c. Lice	ense number		29d. Data signe	d (Month,	Day, Year)
		Vennet 1	5.01	228	AT	43894	6 C12	April	19	1993
		30 Name and address of name:	no completed Turn	death (line one)		7		1	, '/	.,0
		30. Name and eddrass of person w	1115./-	OC L	PKW A	BA1+	- Mrs	2/2/3	2	
-01		31. Dete filad (Month, Dev, Year)	UNIVE	rar's Signatura	PAWA	Pr.	(1)	1.7		
Sta Registra			000	2: Kala	-Andelle					
negisti	A1	APR 241	JJO HU	var wavedson	-yandess					



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Otate of Mi	ai yidiid		tificate of	Death	-	Reg. No.	13	905		
Physi /Med		Decedent's Name (First, Middle, L     NAOM		IE	SI	LACUM		2. Date of De Month April	Dey	Year	Time of Death		
Exam		4a. Facility Name (If not institution, g	ive street and number)				4b. City, Town, or I	Location of Deat					
		Mallard	Bay Cente	r			Cambr	idge	Dore	cheste	r		
Funera	al	Social Security Number     6.		e (In yrs. la:	st birthday)	If Under 1 Year Months Days		8. Date of Bir	th Voor)	9. Birthplace	(State or Foreign		
Directo	ir .	214-07-8387	1 □ M -2/S-F	84	Yrs.	Months Days	Hours Mill.		19 191				
dand ww		Usual Residence of Decedent  10a. State 10b. County		10c. City,	Town or Loc	ation		10d, Inside City					
Men all sh	to	MD Dor	chester		(	Cambrid	ge			1 ☐ Yes			
ith the	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of \	What Country?			
ath wi	ral	5311 Sp	ring Driv	'e		216	13		U.S.				
ore, Maryland 21215-0020 s. 1 and 2 should be filed within 72 hours efter death with the Meryland of Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumstic event, the Medical Examinet must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 Yes 2011 If Yes, Give Year or Dates:			as Decedent of H Yes, specify Cub ☐ Yes 25 No	dispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No o Ricen, etc.)	Specify	e - Americen Inck, White, etc.  Whit			
5-0 72 ho	peted	15. Decedent's I (Specify only highest g	Education		16a. Decede	ent's Usual Occup	pation during most of wor	ting	16b. Kind of Bu	d of Business/Industry			
21215-0020 d within 72 hours of jiene. Ir than "neturel", or the Magical Exam	Completed	Elementary/Secondary (0-12)	College (1-4or 5		life. D	O NOT use retire	d)	King					
y y girt	ပိ	11				homema				nome			
Maryland 212 d 2 should be filed with th and Mental Hygiene. 7 Is marked other than traumatic event, Inc.	Be	17. Fether's Name (First, Middle, Las Randol		reen			18. Mother's Nan		Maiden Suman Majors				
Aaryl 2 should and Me 1s mark raumatic	7	19a. Informant's Name/Relationship	-			Address (Street	and Number or Ru				(e)		
1 end 2: 1 end 2: Health ar em 27 is rther trau		Terrence G. S		ı			Hall Rd				,		
of He		20a. Method of Disposition		20b. Pla	ce of Dispos	ition (Name of atory or other pla	T	Date	20c. Location -				
Pages ment of h ant: If Ite		1)2 Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec	bridge	, Md.									
Baltimore, N permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other tr	KIIK	21. Signature of Funeral Service Licensee  **Example R June 1.**  22. Name and Address of Facility Thomas Funeral Home, P.A. 700 Locust St. Cambridge MD 21											
		23a. Pert1. Enter the diseese, or cor shock, or heart failure. List only		the death.						App	roximate rval Between		
Physiciar /Medica Examine	1	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions.	b	Due to (or a	as a consequal as a consequal	ence of):	item o	lesias	Q	neo	Lenoun		
BOX 56/60, aath certificate be executed attending physician end for use as the burlei-transit	Physician/Medical Ex	Ceuse (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):											
the att	sici	Part ii. Other significant conditions	contributing to death bu	t not result	ing in the un	derlying ceuse giv	ven In Part i.	23b. Dld	tobacco usa co	ntributa to the	cause of death?		
s that the designed by the des		chronic ati	ial fil	rillo	lian			1 🗆	Yes 20(No	3 Probabiy	4 ☐ Unknown		
I HECORGS, P.O. BOX The law requires that the death cert see has been signed by the attending page 2 should be deteched for use	Completed by	Hyperton	ani	Λ	. ,	4			en eutopsy ormed?	availabi	utopsy findings e prior to tion of ceuse 1?		
		history of n	uld ren	al 1	usuf	ficeen	sy	10	Yes 2 No	1 ☐ Yes	2 □ No		
Physician: The Physician: The Physician: The Physician of the Physician of	Be	25. Was cese referred to medidal examiner?	Hospitai:			_ Ott	26. Plece of Dee			- 4			
Phys ral di	-T:	1 ☐ Yes 2 No 27. Manner of Death	1 ☐ Inpatie	-	R/Outpatient 8b. Time of	3□ DOA   Wo	4 per reursing in		dence 6 Oth				
To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not	rk?` Yes 2□No		Street and Numb		ute Number.						
pital or ours efter eral Dire		4   Homicide	building, etc		adaa daath	nourred at the ti-	wa data and class	City or To					
Me Hoa	edical		hyelcian: To the best o miner: On the besis of end manner sta	exemination	n and/or inve	estigation, in my o	ppinion, death occu	rred at the time,	date and place,	and due to the	ceuse(s)		
To the comp	M	29b. Signature and title of certifier	J 4.0			29c. Licens			29d. Date signe				
		House	Hamid Bur	ney,	M.D.	D-	47520	5	4-2	-2-98			
		30. Name and address of person who	completed ceuse of de				MO	0.1	?				
	tate	31. Date filed (Month, Day, Year)	32. Magistra			21045	- 1-11	210	7 >				
Don's	tate		999 32. Registra	Tavula	rharde	4							



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 9:00 PM on ville, Jr. John 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street end number) 4c. County of Deeth Maryland Medical Center niversity of Baltimore City Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey. Year) 7. Age (In yrs. lest birthday) Yrs. If Under 1 Year 5. Social Security Number 6 Sex Birthplece (State or Foreign Country) 17 M 2 F Months Deys 221-30-3672 25/46 Usuei Residenca of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1₺ Yes 2☐ No Maryland Caroline Ridgely 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA 11910 Central Ave., P.O. Box 176 21660 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Reca - American Indian Bleck, White, etc. 1 Never Married 20 Married Specify: White 1 ☐ Yes 2 ☑ No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Bustness/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) warehouse worker Saulsbury Bros. 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Elvernace McReynolds Vonville John Joseph Vonville, Sr. 19b. Meiting Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 11910 Central Ave., P.O. Box 176, Ridgely, MD 21660 Rosalie C. Vonville/spouse 20c. Location - City or Town, State 20a. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 1 Burlal 2 Cremetlon 3 Removel from State 4 Donetion 5 Other (Specify) Ridgely Cemetery 4/18/98 Ridgely, Maryland 22. Name and Address of Fecility Fleegle & Helfenbein Funeral Home, P.A. 21. Signeture of Funerel Service Licensee Greensboro, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting In death) Year Due to (or es e consequence ot) Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10a State

12

Director

Funeral

p

Completed

**Funeral** 

Director

Item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Madical Examinal must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after deeth wi Department of Heelth and Mental Hygiene. Important: If Item 27 Ia merked other than "natural", or Items 23a vany Injury or other traumatic event, the Madical Exercises must have

Baltimore, Maryland 21215-0020

Box 68760

P.O.

Division of Vital Records,

99

the Maryland

yd bengis

peen has

sician and buriel-transit physician s the buriel-Physician/Medical à Completed To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be Certification: To

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest

enal

2 No 1 Yes 26. Piece of Deeth (Check only one)

28d. Describe how injury occurred

1 Tyes 2 No

25. Wes case referred to medical exeminer? 1 Yes 20 No 27. Manner of Deeth

28e. Dete of Injury (Month, Dey Year) 5 Pending Investigation

1 Inpatient 2 □ ER/Outpetient 3 □ DOA 28b. Time of

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Other: 4 Nurstng Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

Location (Street end Number or Rural Route Number, City or Town, Stere)

29a. Certifier (Check only one)

1 Naturel

2 Accident 3 Suicide

4 Homicide

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture and the of certifier

6 Could not be determined

29c. License number

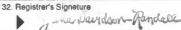
29d. Date signed (Month, Day, Year)

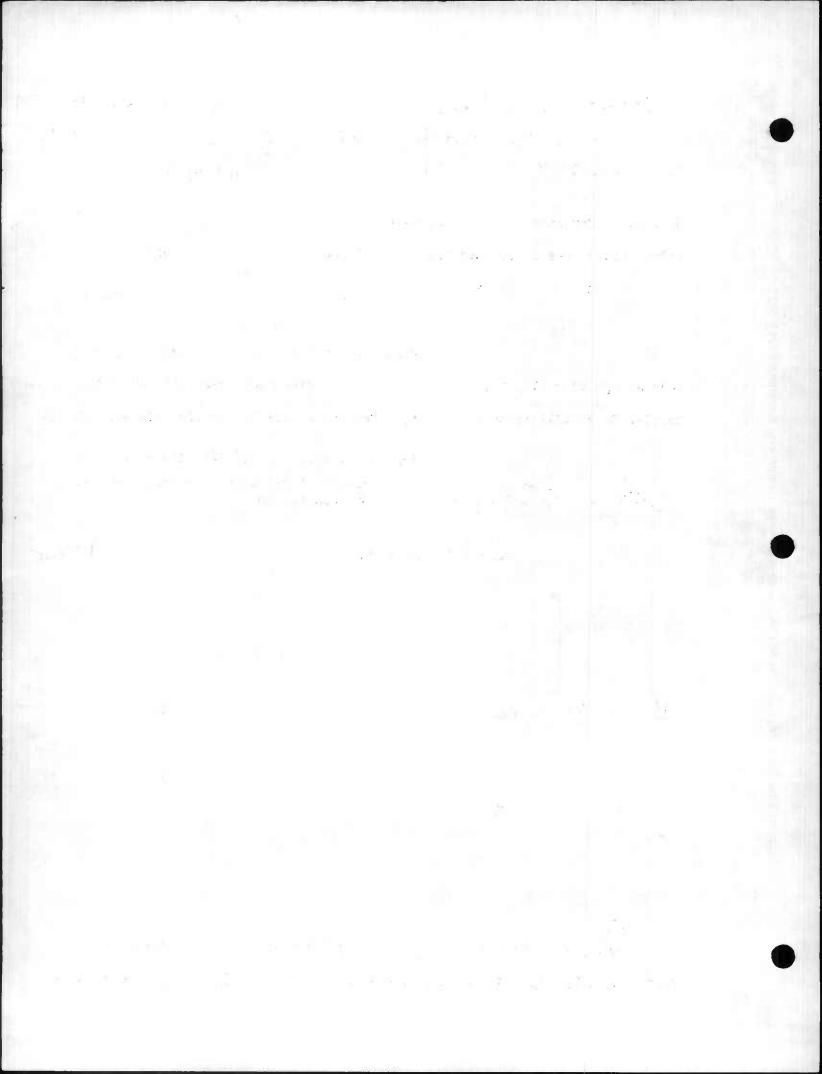
30. Name and address of person who completed cause of death (Item 23e) (Type, Print) We Rowe, MD, UMMS 22 Se G-1 22 S. Greene Street Boltimore mo 31201 31. Dete filed (Month, Dey, Year)

State Registrar

edical

APR 22





State of Maryland / Department of Health and Mental Hygiene

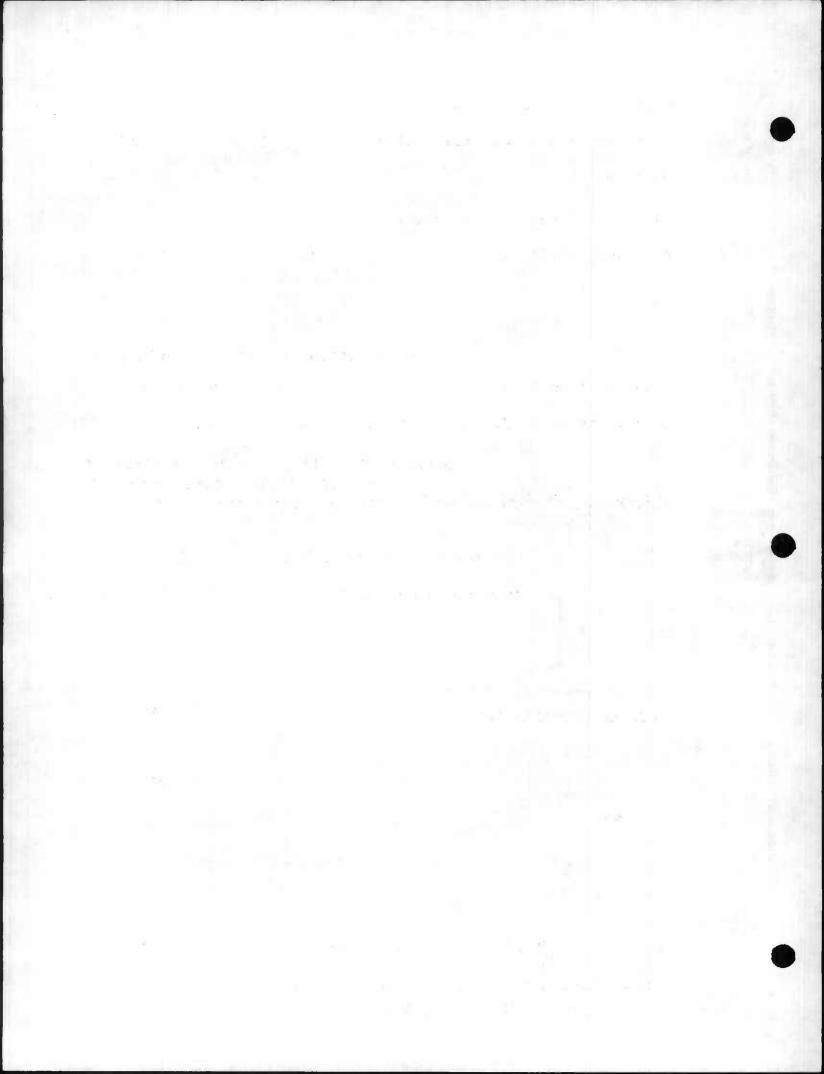
							Certifica		Death		Reg. No.	3	3907
п	Physici	an	Decedant's Nama (First, Middla, Last	st)				WD	IGHT	2. Data of De Month	Day	Yaar	3. Time of Death
	/Medi	cal	Thomas Andrew 4a. Facility Nama (If not institution, give	Wright					4b. City, Town, or	APRIL		1998	10:50 PM
1	Examir	ner	SHORE NURSING &			TOM	CTP		DENTO			ROLI	M E
h	Funeral		5. Social Security Number 6. S	ex 7. Ag	a (In yrs. la		tay) If Und	ar 1 Yaar	If Undar 24 Hr	8. Data of Bi			oleca (Stata or Foraign
	Director		218-20-3635 1 Usual Rasidance of Decedant	M 2□ F 8:	3	Yrs	Month:	Days	Hours Mir	Nov. 30	0,1914	Mary	
	how		10a. Stata 10b. County		10c. City	Town o	r Location					1	10d. Insida City Limits
	Ba-f s	Director	Maryland Caroline		Den	ton							1 ☐ Yes 2 No
	with the party of		10e. Street and Number					ip Coda			10g. Citizan of	What Cou	ntry?
	Jeath Tre 23	Funeral	Camp Ground Ro	<ol><li>Was Dacedant</li></ol>	Evar In U.S	3.		.629 edant of I	Hispanic Origin? ( an, Maxican, Pua	Specify Yas or No	USA 0- 14. Ra	ce - Amari	cen Indian,
Maryland 21215-0020	72 hours after death with the Meryland "natural", or flems 23a or 28a-f show of call Examiner, must be notified at	þ	1 Navar Marriad 2 Married 3 Widowed 4 Divorced	Armed Forcas?  1 ☐ Yas 2 ☑  If Yas, Giva  Yaar or Datas:	No		If Yas, sp 1 ☐ Yas			rto Rican, atc.)	Speci	ick, Whita, fy: B	atc. Lack
5-0	72 ho natur	eted	15. Dacedant's Ed (Specify only highast gra	ucetion da complated)		16a. D	acedant's Us Biva kind of w	ual Occu	pation during most of we	orking	16b. Kind of E	Businass/In	dustry
121		Completed	Elamantary/Secondary (0-12)	Collaga (1-4or s	5+)	li	fa. DO NOT	usa ratire	d)				
d 2	E STE		6th 17. Fathar's Nama (First, Middla, Last)			La	borer		18. Mothar's Na	ıma (First, Middle			Brothers
lan		To Be	charles Wrigh	t					Lena	Ada	ns		
lary	d 2 should th end Men 7 Is marke traumatic	-	19e. Informent's Name/Ralationship (7			19b. N	failing Addra	ss (Stree	t and Number or F		-	, Steta, Zip	Coda)
	C - N -		Richard Wright	(nephew)					Rd.,Den				
Baltimore,	Peges 1 e nent of Hec nt: If Itam iry or othe		20a. Mathod of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 ☐	Ramoval trom Stata	Ca	matary,	isposition (N cremetory or	othar pla		Data	20c. Location		
Ħ	교 는 은 를		4 □ Donation 5 □ Other (Specify 21. Signature of Paneral Service Licen		Spi	ring	Grove		etery	4/18/98	Denton,	Mary	yland
Ba	Deper Deper		1000	A			Ben	nie	Smith Fu				
	_		23a. Parti Enter the disease, or comp	olications that causad	tha daath.	Do not	P.C	Bo	x 1687, E	aston, Ma	aryland	2160	Approximata
á	Physician		should or heart failure. List only	ona causa on aach li			. /	,				i i	Intarval Batwaen Onsat and Death
	/Medical Examiner		Immediate Cause (Final disaasa or condition			Rev	hal t	ail	re				2 month
ľ	Examine	_	rasulting in death)	G	Due to (or	es e goi	saquance of	):				1	
Т	ited Insit	Examiner		b. —		1	+12					<u>_</u>	
o,	ifficete be executed g physician and es the buriel-transit		Sequantially list conditions, if any, leading to immediate ceusa. Entar Underlying Cause (Disease or Injury		Due to (or	as a cor	nsequence of	):				1	
68760,	ete be hysicia	edical	Cause (Disaasa or Injury thet Initiated events rasulting In daath) Last	C	Dua to (or	as a cor	saquance of	):				1	
Box 6	certific nding p	-		d									
W.	that the deeth cer ed by the ettendin deteched for use	Physician/W	Pert il. Other significant conditions co	entributing to death b	ut not resul	ting in th	na underlying	causa gi	van in Part I.	23b. Did	tobacco use c	ontribute t	o the cause of death?
P.O.	d by the	Phy								1 🗆	Yes 25 No	3 Pro	bably 4 Unknown
	S E S	i by									OLD DO	0.4h 181	lara autonou findingo
Vital Records,	v require been sign	Completed									s an autopsy ormed?	av	ara autopsy findings vailable prior to empletion of ceuse
Re	The law ate hes to pege 2 s	dmo								40	V 0561-		daath?
ta		0	25. Was casa referred to madical			_			26 Place of De	eeth (Check only	Yas 25%lo	1	☐ Yas 2☐ No
Į <	5 00	To B	axaminar?	Hospital:	int 2 🗆 E	R/Outpa	atient 3 [	Ot AO	har:	Homa 5□ Ras		har (Speci	fy)
ion of	Attending Ph or deeth. ector: After th by the funeral		27. Mannar of Daath ↑ Natural 5 □ Panding 2 □ Accident investigation	28a. Data of Inju (Month, Da	y Yaar)	28b. Tim Inju		28c. fnju Wo	ry et irk? ] Yas 2 ☐ No	28d. Dascribe	how injury occu	rred	
Division	al or Attending P sefter deeth. I Director: Affer t d in by the funera	Certification:	3 Suicida 6 Could not be 4 Homicida detarminad	28a. Place of Inj building, at			, straat, facto	ry, offica			(Straat end Num own, Stata)	ber or Run	al Routa Number,
	To the Hospital or Attending Phi within 24 hours effer deeth.  To the Funeral Director: After thi completely filled in by the funeral	edicai	29e. Cartifiar (Check only one)  Certifying Phy 2	rsician: To the best of iner: On the basis of end mennar sto	of my know examinetic sted.	ledga, d on and/o	eeth occurre or Invastigation	d at tha ti n, in my	ma, data and place opinion, deeth occ	e, and dua to tha urred at the tima,	causa(s) and m , deta and place	ennar as a , and dua t	steted. o tha ceuse(s)
	To the Com	Σ	29b. Signatura and title of certifier				2	9c. Ligan	3163	0	29d. Data sign	od (Month,	Day, Year)
			30. Name and addrass of person who o	complated ceusa of d	aath (Itam	23a) (Ty	rpe, Print)	Or	se number 3 1 to 3 (	h.h.	m) 2	141	9
	Sta	-	31. Data filad (Month, Day, Year)	32. Registr	s Signatu	re	, m.s.	09					
	Registr	ar	APR 2 0 1	998 > 9	wa wa	Magai	Marian	NIC.			<u> </u>		

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Year Month **Physician** Louis Leo Ambrosetti May 1998 7:30 PM/Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F Months Days 89 Yrs **Director** 213-09-0524 April 19 1909 MD Usual Residence of Decedent with the Maryland r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Director Md Baltimore Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? other than "natural", or items 23s or vant, the Medical Examiner must be 910 Thompson Blvd. 21221 USA Peges 1 and 2 should be filed within 72 hours after death vent of Health end Mental Hygiene. nt: if Itam 27 is marked other than "natural", or Itams 23 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Raca - American Indian. Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 8 Refrigeration repair Self-employed 7 is marked other traumatic avant, 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Be Antonio Ambrosetti Assunta Massimianni 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) /wife 910 Thompson Blvd. Essex, MD 21221 Lucy Ambrosetti other t 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1 Bunal 2 Cremation 3 Removal from State May = ŏ permit. Pege Department of important: if any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) 1998 | Baltimore, MD Gardens of Faith 22. Name and Address of Facility
Connelly Funeral Home of Dundalk 21. Signature of Funeral Servica Licansee 23a. Parti. Enter the disease, or complications that ceused the district. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Ceuse (Finel a CONGESTIVE CARDIOMYOPATHY disease or condition resulting in death) 2 YEARS Examiner Due to (or as a consequence of): Examiner ISCHEMIC HEART DISEASE 2 YEARS b. physicien and s the bunel-tran Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of) that the death certificate be exec Box 68760, Physician/Medical Due to (or as a consequenca of) 88 esn 23b. Did tobacco use contribute to the cause of death? P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. signed by t 1 Yes 2 40 3 Probably 4 Unknown ATRIAL FIBRILLATION Records, þ 24b. Were autopsy findings available prior to been si Completed 24e. Was en eutopsy performed? completion of ceuse of death? law. pege 2 s has 1 Yes 1 ☐ Yes 2 ☐ No certificata Division of Vital | Attending Physician: funerel director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1. Inpatient 1 Yes 2 No 2 ER/Outpatient 3 DOA Certification: To this 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of After 5 Pending investigation 2 Accident 1 ☐ Yes 2 ☐ No deeth. 24 hours after deet Funeral Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 4 Homicide ò filled in 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edicai To the Hosp within 24 hor To the Fune complately fi (Check only one) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier May 5, 1998 H35593 D.O. ompleted cause of death (Item 23a) (Type, Print) 30. Name and address of person while John J. Loh, M.D. 1124 Mace Ave Essex, MD 21221 31. Dete filed (Month, Dey, Year) State 061998 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Death Day **Physician** JOHN CARL ALBAN 2, 1998 May 4:00 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner 2014 Stockton Rd. Phoenix Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** MAN 2DF Months Days Hours Yrs. Director 219-36-0005 59 April 7, 1939 Md. Usuel Residence of Decedent The Maryland r 28a-f show a notified at 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Baltimore Phoenix 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23e or the Medical Examiner must be r 2014 Stockton Rd. 21131 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien. Black, White, etc. 72 hours after 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be fitted within 72 Department of Health and Merital Hygiono. Importants if item 27 is marked other than "natulary or other thaumatic event, the Medical page. 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Self Employed STCS, Inc. 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) John Alban Henry Eleonora Walter 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Mrs. Dolores Alban/wife 2014 Stockton Rd. Phoenix, Md. 21131 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Memorial 5/5/98 Timonium, Md. 22. Name and Address of Facility
Ruck Towson Funeral Home, Inc. 21. Signature of Funeral Service Licen 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset end Death

**Physician** /Medical Examiner

physicia Physician/Medicai The law requires that the death certificate ed by the a signed by t d be detech þ should Completed hes this certificate al or Attending Physicien: The safter death.

Noirector: After this certificated in by the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director, page of the funeral director director. Be To Certification:

Division of Vital Records, P.O. Box 68760

Examiner

Immediate Cause (Final disease or condition resulting In deeth) Colon Camon 2010 Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or es a consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No

3 Probably 4 Unknown 24b. Were autopsy findings svallable prior to 24a. Was an autopsy completion of ceuse of death? 20 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medicel exeminer? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home Residence 6 Other (Specify) 1 Yes 20 No 28d. Describe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 29a. Certifier

(Check only one)

edicai

Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated.

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed sause of death (Item 33a) Sype, Priell (NE

Registrar

31. Date filed (Month, Day, Year)

0 6 1998



24 hours a Hospital

within 2 To the I

0.3 And the second second ery leve factories as a figure to the contraction from

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Dev Month Joseph Leuiticus Bryant 11:50 AM MAY 03 1998 4a. Facility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death St. Agnes Hospital Baltimore If Undar 24 Hrs. 5. Social Security Number If Undar 1 Yaar 6. Sex 7. Age (In yrs. last birthday) Birthplaca (Stete or Foreign Country) Deys 1∏M 2□F Months Hours Yrs 247-48-0967 65 02-10-33 SC Usuel Residence of Decedent 10a. Stata 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Md NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3430 Edmondson Avenue 21229 USA 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Meritei Stetus 14. Raca - American Indian, Bleck, White, atc. 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No If Yes, Give 1 ☐ Yes 2/☐XNo Specify: Specify: Black 3 ☐ Widowed 4 ☑ Divorced Year or Detes: 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Construction worker Construction Co. 7th Grade 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Jimmie Bryant Christina Washington 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21229 Pastor Eva Mae Bryant 3430 Edmondson Avenue Baltimore, Maryland 20b. Plece of Disposition (Neme of cematery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Mt. Zion Cemetery 05-07-98 Lansdowne, Md. of Funeral Service License 22. Name and Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Pert1. Enter the disease, or complications thet caused the death. Do not entar tha mode of dying, such as cerdiac or respiratory arrest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediete Cause (Final Unknows Concer VNA disaesa or condition resulting in daath) Due to (or as a consequence of) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Dua to (or es e consequence of): Due to (or as a consequenca of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Onknown 24b. Were autopsy findings aveileble prior to 24e. Wes en eutopsy performad? completion of ceuse of death? 1 ☐ Yes 2 No 1 ☐ Yas 25. Wes case referred to medical 26. Piece of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 2 ER/Outpetient 3□ DOA 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

attending signed by the been has certificate AME JOSEPH Big. Attac Director

> State Registrar

**Physician** 

/Medical

Examiner

Director

Funeral

ð

Completed

Be 0

**Funeral** 

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

0

al Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Nem 27 Is marked oths any Injury or other trauments.

**Physiclan** /Medical

Examiner

g g 8

page 2

Examiner

Physiclan/Medical

by

Completed

Be

2

Certification:

Medical

4 Homicide

29b. Signeture end title of certifier

31. Dete filed (Month, Dey, Year)

0 6 1998

29a. Certifier

with the Maryland

death y

hours after

altimore, Maryland 21215-0020

Emergency Physician 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

D51853

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Madical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) and menner steted.

29c. License number

29d. Date signed (Month, Dey, Year)

Michae

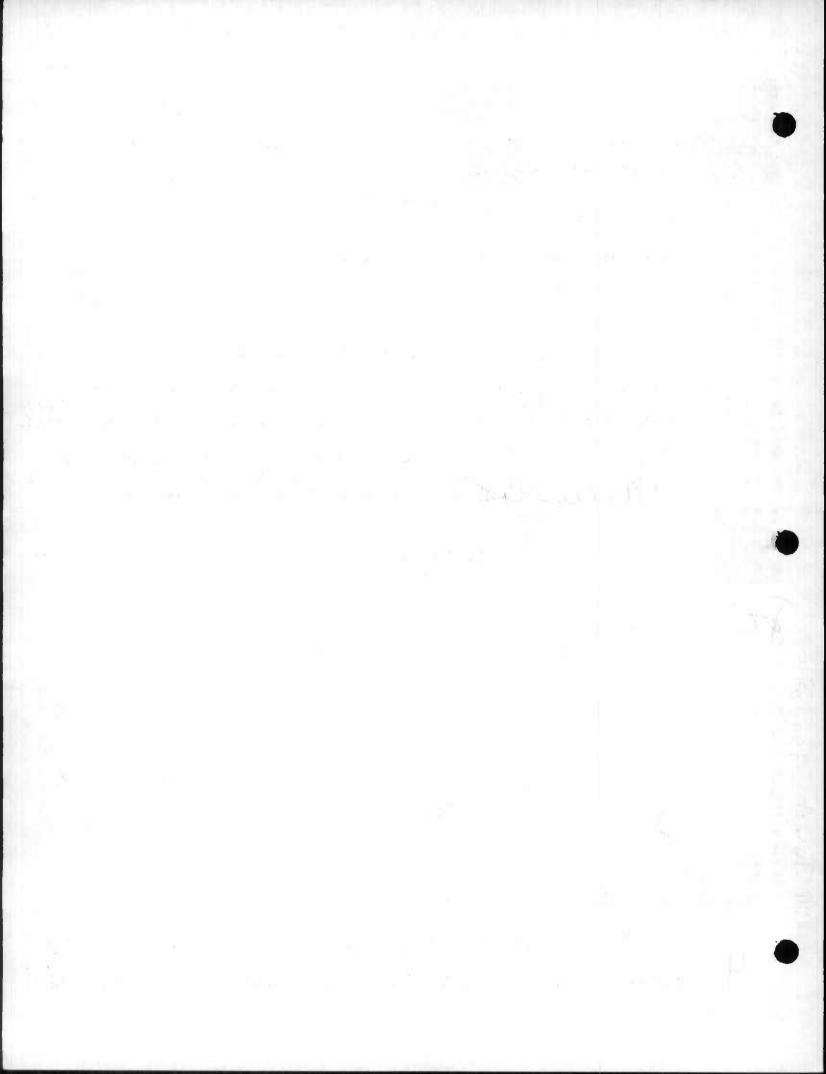
MD,

A Agnes Hospital

32. Registrar's Signeture

Hospital 24 hours a Funnaral

To the Ho within 24 I To the Fu completel



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Maniford / Department of Health and Mantal Hygic 98

			Reg. No.											
sician	1. Decedant's Nama (First, Middla, Last)								Day	Yaar	3. Tima			
dical	Oget	Be	nn	ett			04		8	98	1:6			
miner	4a Facility Nama (If not institution,	give street end number)				4b. City, To	own, or Location of	f Deeth	4c. County	of Death	1			
	Johns Hopk	Lins Bay	View	Med	Cal (ntr	· Ba			N/					
al	5. Social Sacurity Number	7. Aga 1 M 2 St 8	Hours	Min. 8. Date Mo. (Mo.	of Birth oth, Day, Yea	ar)	9. Birti	nplaca (State untry)						
	212-28-4146	MAY8	3, 19	10		SC								
	Usual Rasidanca of Decedant  10a. State 10b. County		10c City T	own or Loc	ation						10d. insida			
<b>Funeral Director</b>	10a. State 10b. County	N/A			BAI	LTO		XX						
Sire	10e. Street and Number				10f. Zip Coda			10g. 6	Citizen of	What Co	untry?			
le l	6003 FRAMING	HAM RD			21	1206			U	.S.	Α.			
ne	11. Maritel Status	12. Wes Dacedant E Armed Forcas?	var in U,S.	13. W	as Decedent of	Hispanic Or	igin? (Specify Year, Puerto Rican, a	s or No-		e - Ama	rican indian,			
by	1 ☐ Naver Married 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced		0		□Yas 2□XNo				-	BLA				
Completed	15. Decedent's (Specify only highast	Education	1	6a. Deceda	ant's Usuel Occu	pation	st of working	16b.	. Kind of B	usinass/	Industry			
pie	Elemantary/Secondary (0-12)	Collaga, (1-4or 5+	.)	lifa. D	ind of work done O NOT usa retir	ed)	st of Horking							
50	4th	N/A		CLEAN	IER			CI	LEAN	ING	CO			
o Be	17. Father's Name (First, Middla, Li GANOR MURR						ar's Nama <i>(First,</i> MARY WI			na)				
is marked sumatice. To E	19a. Informant's Name/Relationshi	p (Type, Print)		19b. Mailing	Address (Street	et and Numb	per or Rural Routa	Number, Cit	y or Town	Stata, Z	(ip Code)			
	CLARA NELSON		e	5003	Framin	g Ha	m Rd F	Ralitn	tmore, Md2120					
	20a. Mathod of Disposition 20b. Place of Disposition (Nama of Data 20c. Location													
	1 Repurial 2 Computer 3 Removal from State 4 Donation 5 Dollar (Specify)  BALTIMORE CEM  5-2-98BALTO, MI									MD				
	22. Nama and Addrass of Facility BETTS FUNERAL HOME 1129 N. CAROLINE ST BALTO, MD 21213													
	23a. Part1. Entar tha disaase, or c shock, or haart failura. List of	omplications that caused to only one cause on each line	ha daath.	Do not anta	r tha moda of dy	ring, such es	s cardiac or raspir	atory arrast,		1	Approxim Interval E Onset an			
	Immediate Cause (Final	۸۸		Λ -	. 1 -	_ ^								
	disaasa or condition resulting in death)	a. / / /	DU O (or a	rction	L			IN						
ē.						150								
를		■ b	OKE							i	1 0			
Examine	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disaasa or Injury that Initiated events	^ -	oua to (or a	s a consaqu		* 1								
100	Causa (Disaasa or Injury	c. Long	Jestin	12 4		ailur	re				IN			
by Physician/Medical	rasulting in death) Last	D	lde to (or as	a consequ	anca of):					1				
cian														
ysic	Part if. Other significant condition	s contributing to death but	not rasultir	ng in tha un	darlying cause g	ivan in Pert	1. 23	b. Did tobsc						
F								1 Yes	2□ No	3 🗆 P	robably 4			
ted by	24a. Was an autopsy 24b. Wa										Wara autops			

within 24 hours effer death.

To the Funeral Director: After this certificate has been completely filled in by the funeral director, page 2 shoul Division of Vital Recor To the Hospital or Attending Physician: The law requ

Complete Be Certification: To

25. Was casa rafarrad to medical axaminar?
1 ☐ Yas 2 ☐ No

5 Panding invastigation

06 1998

27. Magnar of Death

1 Natural 2 Accident

3 Sulcide

4 Homicide

31. Deta filed (Month, Day, Year) State MAY Registrar

edical

6 Could not be datarmined 28a. Placa of fnjury - At home, farm, straet, factory, offica building, atc. (Spacify)

1 Inpatiant

28a. Date of Injury (Month, Day Year)

28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 150 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

1 ☐ Yas 2 ☐ No

26. Placa of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

(Check only one) 29b. Signature and titla of cartifiar 29c. License number 29d. Date signed (Month, Day, Year)

3 DOA

28c. Injury at Work?

1□ Yas 2♥ No

28d. Dascribe how injury occurred

3. Tima of Death 50 PM

 Birthplaca (Stata or Foreign Country) SC

Md21206

Approximata Interval Between Onset and Death

1WK

WK

IWK

ontributs to the causa of death? 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to completion of cause of death?

1 Yas 2 No

10d. insida City Limits XX Yas 2 No

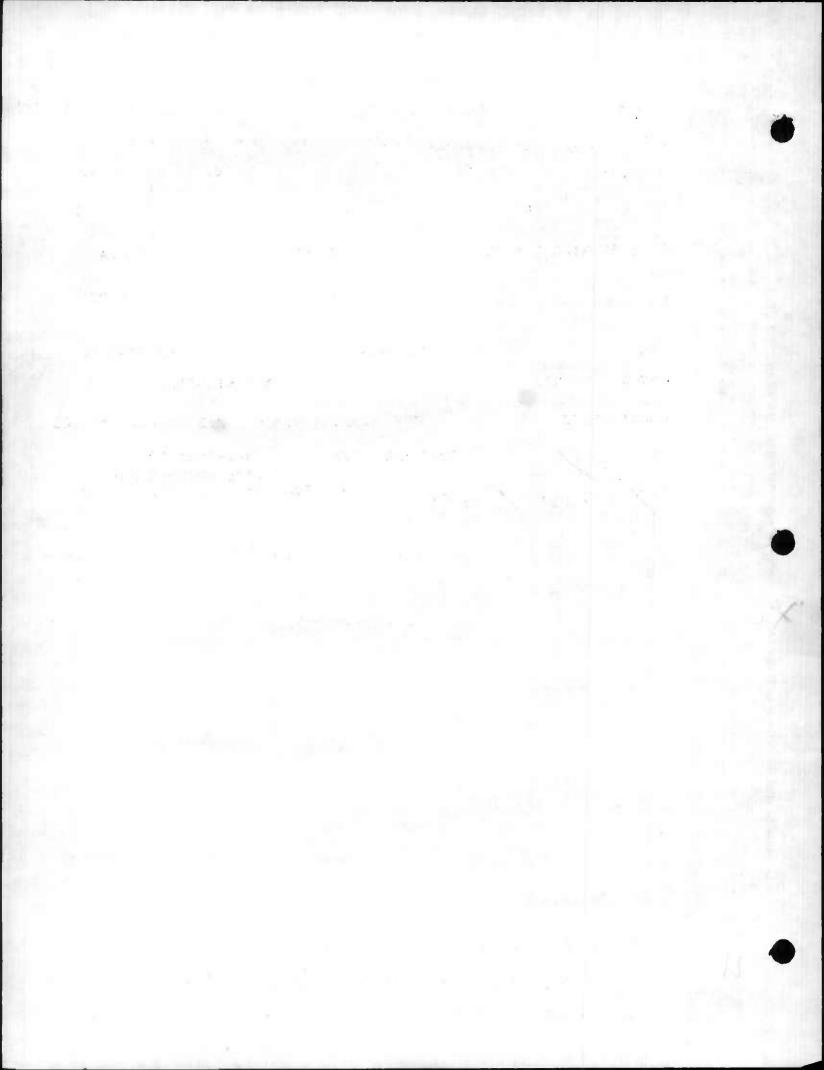
30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

Johns 32. Registrar's Signatura

2 ER/Outpatient

28b. Tima of injury

The Davidson-Mandall



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Dey 3, Luelena Blue May 1998 6:00 A.M. 4a Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 2135 Ashburton Street Baltimore If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) 1□ M 2⊠ F Deys Hours Min 69 Yrs. 7-18-1928 238-40-3460 N.C. Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yes 2 □ No N/A 10e. Streef and Number 10f. Zip Code 10g. Citizen of Whet Country? Street 2135 Ashburton 21216 USA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian Bleck, White, etc. 1 ☐ Yes 2XXNo If Yes, Give Yeer or Detes: 1 Never Married 21X Merried 1 Yes 2XXNo Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 7th grade College (1-4or 5+) N/A grade Housewife Home 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) James Sinclair Luedella 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Henry Blue - Husband 2135 Ashburton Street 21216 Baltimore, Md 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition Dete 1 D Burial 2 Cremetion 3 Removel from State 4 □ Donetion 5 □ Other (Specify) Garrison Forest Veteran 5-8-98 Owings Mills, Md 21. Signature of Funerel Service Licansee 22. Name end Address of Facility March F/H West la Won 4300 Wabash Avenue Baltimore, Md 21215 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. MYOGARTISC INFACTION Immediate Ceuse (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enfer Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or as e consequence of) Due to (or as a consequence of): Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? MC(11 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy 1 ☐ Yes 2 No

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

**Funeral** 

Director

permit. Pages 1 end 2 should be filed within 72 hours after death with the Meryland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumstic event, it a Medical Examinar mass be notified at

Baltimore, Maryland 21215-0020

Physician/Medical Examiner ettending physician end for use es the budal-transit signed by the eld be deteched for þ Completed

is certificate hes director, page 2 this funeral After

Be

2

Certification:

edical

The law requires that the death certificate be executed death.

Division of Vital Records, P.O. Box 68760,

or Attending Physician: n 24 hours after death.

Me Funeral Director: Al Hospital To the Hosp within 24 hor To the Fune completely fi

41151 150500 2 No 1 Yes 25. Was case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28b. Time of 28d. Describe how injury occurred 27. Manner of Death 28a. Date of injury (Mønth, Day Year) 28c. Injury et Work? 1 Neturel 5 Pending 1 Yes 2 No NAI 4 Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 ☐ Homicide N 29e. Certifier

(Check only one)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) and manner stated.

29b. Signature and title of certifie mus MD

06

29c. License number

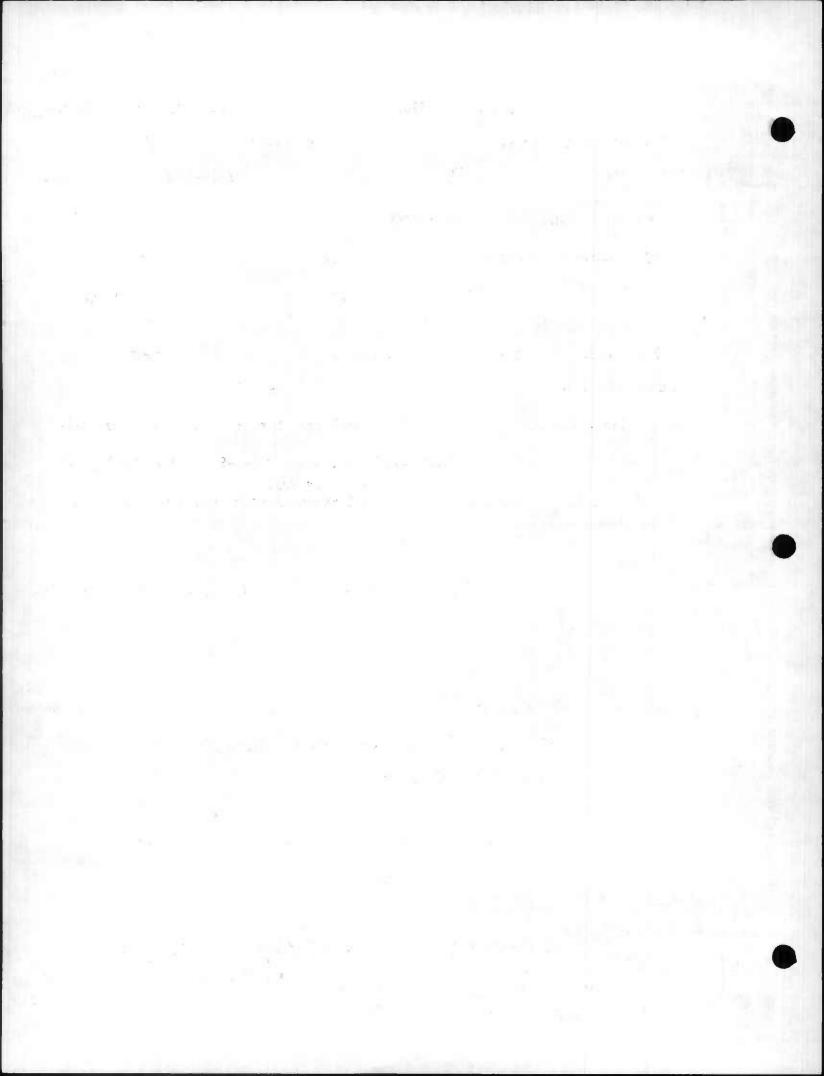
29d. Dete signed (Month, Dev. Year)

red cause of deeth (Item 23e) (Type, Print)

31. Dete filed (Month, Dey, Yeer)

LUCIL NAVEN BLVI.

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2 Date of Death Month **Physician** SAUL E. BASH 2:30 P.M. CANTOR 2, May 1998 /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington

7. Age (In yrs. last birthday)

OO Yrs. Months Deys Hours Min.

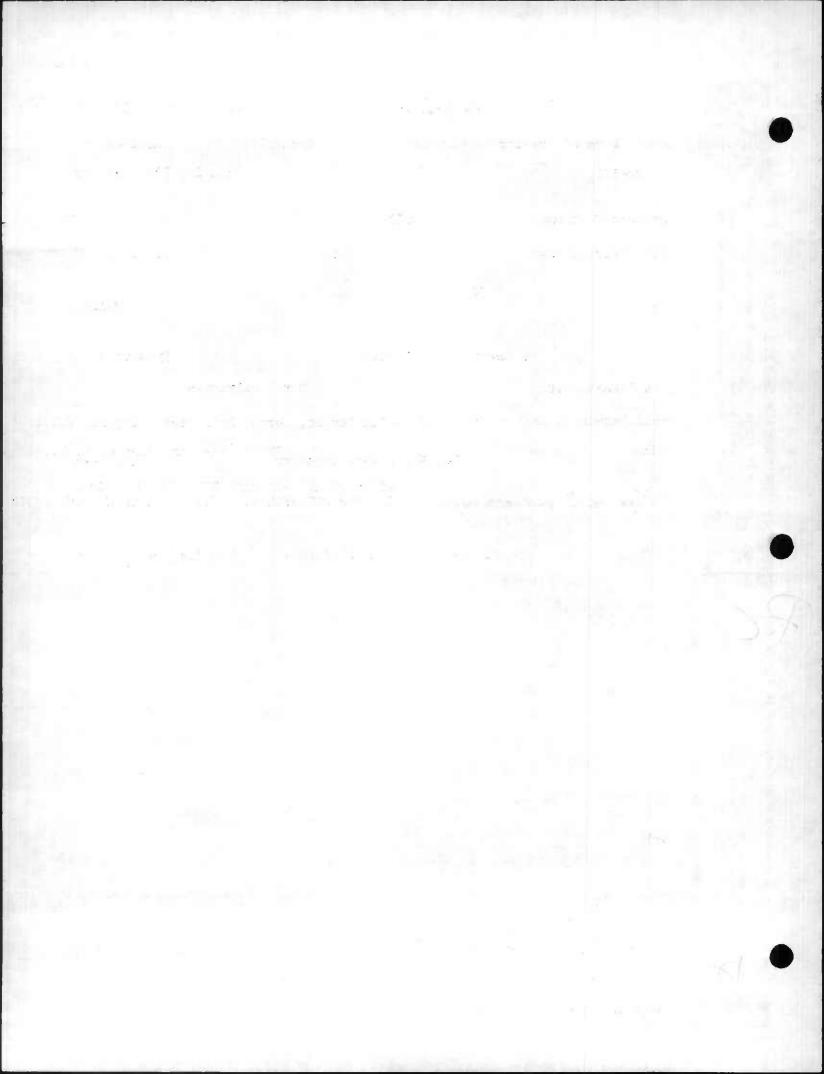
Month, Dey, Year)

June 25, 1 Hebrew Home of Greater Washington Montgomery 9. Birthplace (State or Foreign Country) 1909 New York 5. Social Security Number **Funeral** XXM 2□ F 052-28-1519 **Director** Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r is marked other than "natural", or items 23a or 28a-f show traumstic event, for Modical Examiner name to notified at Yes 2 No Maryland Montgomery Directo Rockville 10e. Street end Number 10f Zin Code 10g. Citizen of What Country? 6111 Montrose Road 20852 U. S. A. Funeral 72 hours after death 14. Race - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritel Stetus Yes 2/2/No f Yes, Give Year or Detes: 1 or 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2(No Specify: þ ₩Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry should be filed within and Mental Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 4 Years Cantor Synagogue 18. Mother's Neme (First, Middle, Maiden Sumeme) permit. Pages 1 and 2 should be fils.
Department of Haalth and Mental Hy
Important: If item 27 is marked oth
any Injury or other treumstic event 17. Father's Name (First, Middle, Last) Israel Bashkowitz Sarah Silverman 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Rabbi Marvin I. Bash - Son 3000 1st Street, North, Arlington, Virginia 22201 20b. Plece of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition May 4, 1998 XXX uriel 2 Cremetion 3 Removel from State Farmingdale, L. I., New York New Montefiore Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility
STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 23e. Pert1. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each trial. Approximate Intervel Between Onset end Deeth Physician MALIGNANT NEOPLASM OF RECTOSIGNOID /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) 68760 Physician/Medical Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? Division of Vital Records, P.O. 墓 1 Yes 2 No 3 Probably 4 Unknown þ The law requires 24b. Were eutopsy findings available prior to 24a. Wes an autopsy performed? Completed peeu completion of cause of death? cartificata has 1 Yes 2 0 No 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, Be 25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Other: Trursing Home 5 Residence 6 Other (Specify) 1 Yes 2210 Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28c. Injury at Work? 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred After Naturel 5 Pending death. investigation 1 ☐ Yes 2 ☐ No 2 Accident after death Director: / the 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) completely filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner as stated.

Madical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) end menner stated. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) RD Rockville MD 2085 6121 MONTROSE 32. Registrar's Signature

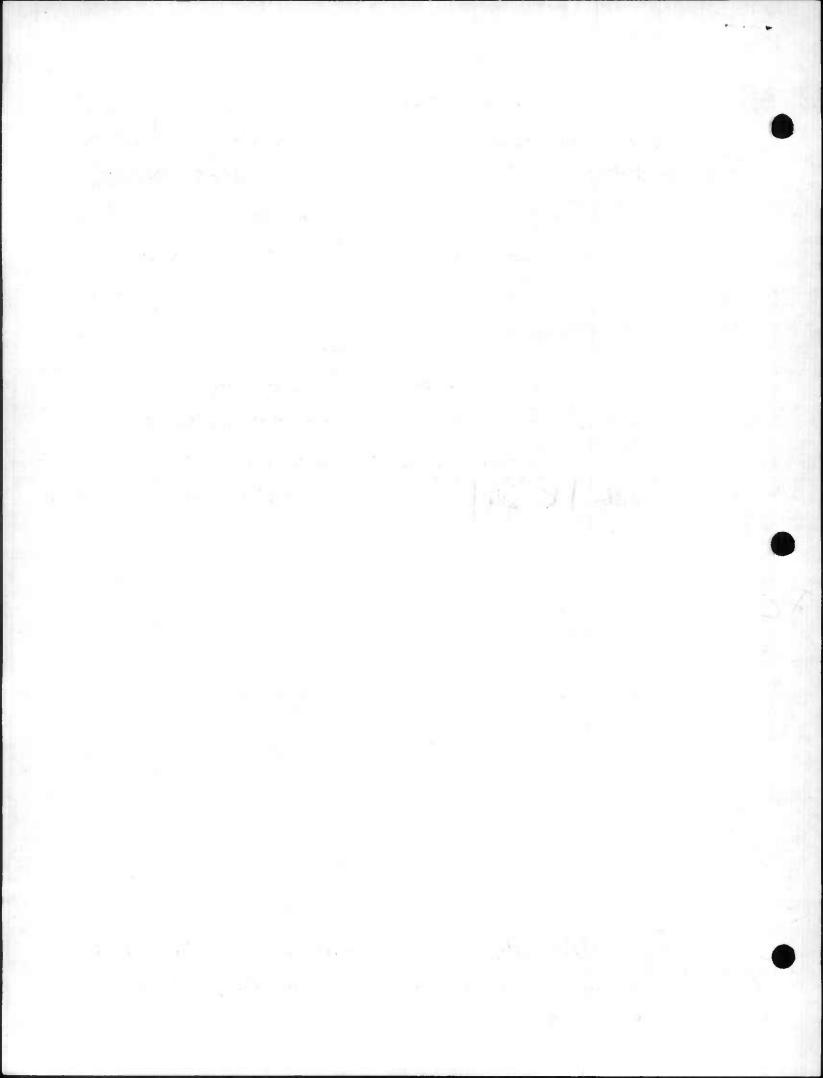
Registrar

06



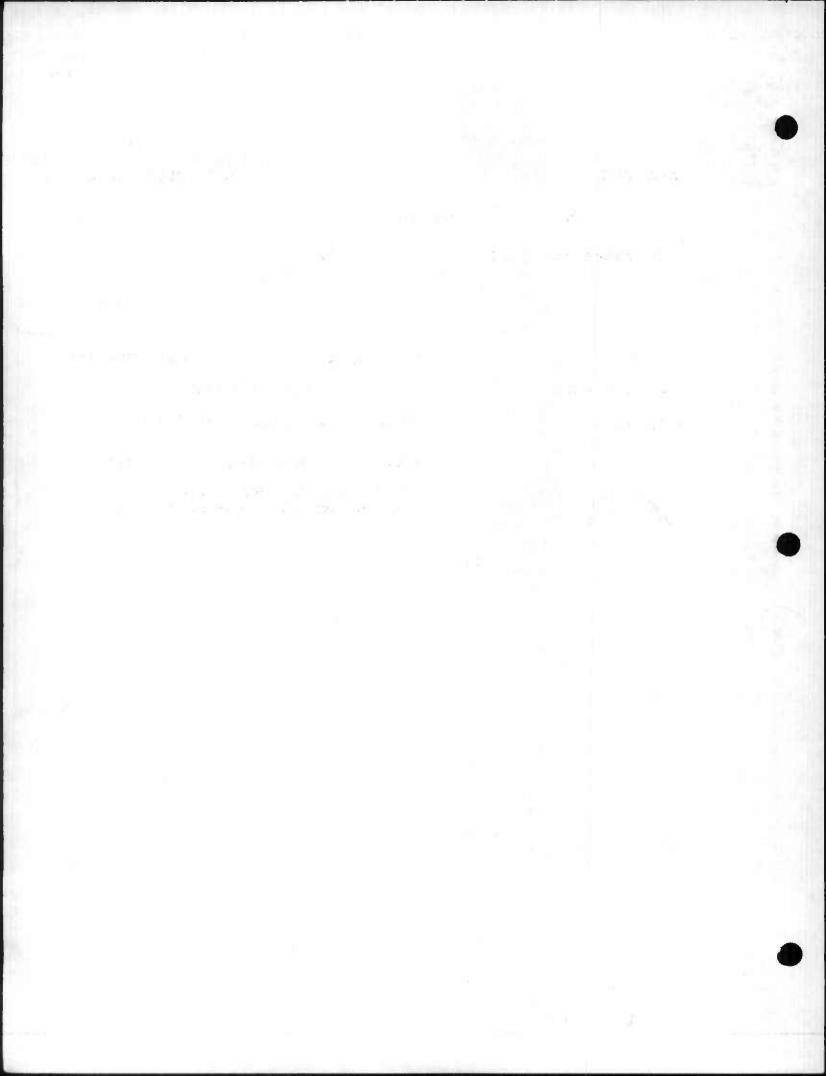
State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of	Death		Reg. No	98	13	114
Physicia /Medic		Decedent's Neme (First, Middle,	Last) Thelma	E. E	31om	eier			2. Dete of D Month M A 4	eeth De	y /	Yeer 3.1	Time of Deeth
Examin		4e. Fecility Neme (If not institution, Mariner Nursi	The state of the s	r)				4b. City, Town, or Be1		th 4c	County	of Death Harford	7,0
Funeral Director		219-44-8486	5. Sex 1 □ M 2 Ø F	ge (In yrs.		hday) If Unc frs. Month	der 1 Yeer s Deys	If Under 24 Hrs Hours Min.		irth ey, Year) 5, 19	909	9. Birthplece Country) Maryl	(State or Foreig
the Maryland 28a-f ahow	tor	Usuei Residence of Decedent  10e. Stete 10b. County  Md .	N/A	10c. Ci	ty, Towr	or Location	Balt	imore Ci	ty	¥			nside City Limit
deeth with the Maryland ms 23a or 28a-f ahow	Funeral Director	10e. Street end Number 5009	Holder Ave	nue		10f. 2	Zip Code	21214				What Country? States	
or ha	þ	11. Maritel Stetus  1 Never Merried 2 Marrie 3 Wildowed 4 Divorcad	12. Was Deceden Armed Forces d 1 □ Yes 2 ☒ If Yes, Give Yeer or Detes:	? No	I,S.			dispenic Origin? (S an, Mexicen, Puer Specify:	Specify Yes or N to Rican, etc.)	0-		e - Americen in k, White, etc.	
mithin men men	Completed	15. Decedent' (Specify only highest Elementery/Secondary (0-12)	Education grede completed) College (1-4or	5+)	16a.		suei Occup work done ruse retire	during most of wo d)	rking	16b. K		n Home	
of the factor of	To Be Co	17. Father's Neme (First, Middle, L	Robert F.	Morr	mann		ilaito.	18. Mother's Ne	me (First, Middle Keedy	e, Maider			
1 end 2 should b Heelth end Ments am 27 is marked other traumatic e		19e. Informent's Neme/Reletionsh William J. Blom		Son)	50	09 Hol	der A		u <i>ral Route Numi</i> timore,			Stete, Zip Code 214	9)
permit. Pages 1 end Department of Heelth Important: if item 27 any injury or other ti once.		20e. Method of Disposition  1 Buriai 2 Cremetion  4 Donetion 5 Other (Sp.	ecity) Entombment	t L	orra	Disposition (A cremetory o ine Pa		œ) usoleum	5/8/98			n, Mary	20
Departmen Departmen Important: any injury		21. Signeture of Funerei Service L	Knight	5-		5305	Harf	ord Road		ore,	uck, Mar	Inc. yland	21214
Physician /Medical Examiner	10	23a. Part1. Enter the disease for of shock, or heart failure. List of immediate Cause (Finel disease or condition resulting in deeth)	e. Alzh	elme	110	7	nent		c or respiretory	errest,		Inter	roximete rvel Between et end Deeth
uncere be ig physicia as the bur	Medical Examiner	Cause (Disease or Injury that initiated events resulting In deeth) Last  Due to (or es a consequence of):											
the atten	Physician/M	Pert II. Other significant condition	contributing to deeth	but not res	sulting In	the underlying	g cause giv	ven in Pert I.	23b. Did	tobacco	use cor	ntribute to the	cause of deat
es that the death cer igned by the attendir be deteched for use	by Phy			_					10	Yes 2	No	3 Probably	4 🗍 Unkno
has been sige 2 should I	Completed							1	24e. We perf	s en auto ormed?	psy	aveileble	utopsy findings e prior to ion of cause i?
yarcian: The last continued in a director, page		25 Was case referred to medical						on Diseased De	eth (Check only		₹No	1 🗆 Yes	2□ No
ding Physician: th. After this certific funeral director,	tion: To Be	25. Wes case referred to medical exeminer?  1  Yes 25 No  27. Menner of Deeth 1  Neturel 5 Pending (Month, Dey Year) 2  Accident Investigation  2  Note that the specific of the second						ner: 4[XNursing I	tome 5 Res	idence			
to the hospital or Attending Privilein 24 hours after death of the Funeral Director: After this completely filled in by the funeral	Certification:	2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	t be	njury - At h	ome, fer	m, street, facto	ory, office		28f. Location City or To	(Street er own, Stete	nd Numbe	er or Rural Rou	te Number,
within 24 hours after To the Funeral Dire completely filled in t	edical	29e. Certifler (Check only one) Certifying 2 Medical E	Physician: To the best taminer: On the basis of end manner s	of examine	wledge, ation end	deeth occurre /or Investigation	ed et the tir	me, dete end piece opinion, deeth occu	e, end due to the urred at the time	ceuse(s	) end ma d plece, e	nner es steted. and due to the o	euse(s)
withir To th	×	29b. Signeture end title of certifler	.45					se number				d (Month, Day,	
2		30. Neme and eddress of person w	- MD  10 completed ceuse of deeth (Item 23a) (Type, Print)  11 3 North Avenue Bel Air Ma						May	5,	1998		
1		Scott Hasw	11 2 N	16rth	A	unul	Br	/ Air	Maryl	and	2	1014	
Stat Registra		31. Dete flied (Month, Day, Year)	32. Regist	rer's Signe	eturé _	andalle			,				



State of Maryland / Department of Health and Mental Hygiene

							Certifica		Death		Reg. No.		3915
Physici		1. Decedent's Neme (First, Mid KATHLEEN		t)	BR	5W	2			2. Date of Do	Dev .	Yeer 1998	3. Time of Death
/Medic Examin		4e. Fecility Neme (If not instituti					_		4b. City, Town, or				1 2 100 800
		THE GOOD SA	AMA						BALTIM			/A	
Funeral Director		5. Social Security Number  173–40–8147  Usuel Residence of Decedent	6. Se	9X 7.7 □ M 2 <b>⊠</b> F	Age (In yrs. Id 49		rs. If Unde Months	Days	If Under 24 Hrs Hours Min.		rth ey, Year) L, 1948	9. Birthp Cour Per	plece (Stete or Foreign ntry) nnsylvania
/land		10a. Stete 10b. Count	у		10c. City	, Town	or Location				-		IOd. Inside City Limits
Man a-fet	ctor	MD N/	A		Ba.	lti	more						1 No Yes 2 No
th with th	Funeral Director	10e. Street and Number 818 Argonne	Dr.,	Apt. D		Ī	10f. Zi	Code 2	1218		10g. Citizen of US		ntry?
d 21215-0020 filed within 72 hours after death with the Maryland Hygiane. Hygiane. ther than "natural", or items 23s or 28s-f show ont, the Medical Examiner must be notified at	by	11. Maritel Status  12 Never Married 2 Ma 3 Widowed 4 Divorce		12. Was Deceder Armed Force 1 Yes 22 It Yes, Give Year or Dates	s? Y No	S.			dispanic Origin? (Sen, Mexicen, Puer Specify:	pecify Yes or No to Rican, etc.)	o- 14. Rac Ble Specify	ck, White,	
5-0 72 ho 72 ho	eted	15. Decede (Specify only high	nt's Edu	ucation de completed)		16e.	Decedent's Usuel Occupation     (Give kind of work done during most life. DO NOT use retired)		pation during most of wo	rking	16b. Kind of B	usiness/In	dustry
aryland 21215-002 should be filed within 72 hours nd Mantel Hygiene. merked other than "neturel", imedic event, the Medical Exe	Completed	Eiementery/Secondary (0-12)		College (1-4o	r 5+)		fice Worker		Til.	Canial	C		
other than	Be Co	17. Fether's Neme (First, Middle	, Last)			OI.	rice wo	rker	18. Mother's Na	me (First, Middle	Social  Maiden Surnen		iricy
aryland should be f and Mantel H marked of	To B	Edward P. Br	own		_				Minnie	William	ns		
Mg2 in trau		19e. Intorment's Neme/Reletion Margaret Brown		ype, Print)					• , Potts			Town, Stete, Zip Code)	
		20e. Method ot Disposition 1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (	3 <b>X</b> I Specify)	Removel from Stat	Θ	20b. Plece of Disposition (Name of cemetery, cremetory or other place)  Second Baptist Church Cem. 5/8/98  20c. Location - City or Town, State  Pottstown, PA							
Baltimo permit. Pages Depertment of Important: If is any Injury or once.		21. Signature of Fundral Service	1	14 1			22. Neme e	nd Addre	ess of Fscility	OMF. D	Α.		
Physician /Medical Examiner		23a Arti Enter the dieure, chock or heart failure. Lis immediate Ceuse (Final disease or condition resulting in death)			INTR	AC	RANIA	L		Baltimor c or respiretory e	ce, MD errest,	21214	Approximete Interval Between Onset and Deeth
Box 69780, eath certificate be executed ettending financial and for use as the bond-fransit	an/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	{	b. ————————————————————————————————————	Due to (or	as e c	onsequence of) onsequence of)						
G death	Physician/	Pert II. Other significant condit	ons co	ntributing to death	but not resul	Iting in	the underlying	cause giv	ven in Pert f.	23b. Did	tobacco use co	ntribute t	the cause of death?
P.O	Phy									1 🗆	Yes 2 No	3□ Pro	bebly 42 Unknown
I Records, P.O. Box The law requires that the death cer ata has been signed by the ettendir page 2 should be deteched for use	Completed by		-							24a. Was	s an autopsy ormed?	ev	ere autopsy findings eileble prior to impletion of ceuse deeth?
I Re lav	EOC									10	Yes 2 No	1[	☐Yes 2☐ No
of Vital   Physicien: The ribis cartificate and director, page	Be	25. Wes case reterred to medic exeminer?								ath (Check only	one)		
Of Physical this can dire	2	1 ☐ Yes 2 ☑ No		Hospital: 1 🔼 Inpa		R/Out	petient 3 D	JA			idence 6 □Oth		y) (y
- m 6 9	Certification:	E C / HOURON	igation	28e. Dete of In (Month, E	Jury Day Year)	28b. T In	ime of jury M	28c. Injui Woi 1 🗆	ry et rk? Yes 2 □ No	28d. Describe	how Injury occur	red	
DIVI	Certifi	3 ☐ Suicide 6 ☐ Couid deten	nined	28e. Plece of the building, of	njury - At hor etc. <i>(Specify)</i>	ne, tar	m, street, fector	y, office			(Street end Numb wn, State)	oer or Run	al Route Number,
Division  To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fun	Medical						me, date and piece opinion, deeth occu	, end due to the irred et the time,	ceuse(s) end made dete end place.	anner as s and due to	teted. the ceuse(s)		
To t To t	M	29b. Signeture end title of certifi		iamati,	MD		29		M399		29d. Dete signe		
5		30. Neme end address of person MAURICE BACHAWA	who co	HE GOOD SI	deeth (Item	23a) (	Type, Print) HOSPITAL	, 56	O1 LOCH	RAVEN B	SLVD, BAL	rimor	e mD 21239
Sta Registr	_	31. Dete tiled (Month, Dey, Year		32 Begis	trer's Slonet	ure	- Randell						



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 8

						ertificate of			ng. No.	10	510	
1	Physici	an	Decedent's Nema (First, Middla, Last)					2. Data of Death Month	Day	Yeer	3. Tima of Daeth	
	/Medi	al		BURTON		·	41. Oh. T	MAY	7	998	12:04 PM	
	Examir	er	4e. Fecility Nema (If not Institution, give street 4118 CURTIS				4b. City, Town, or L		4c. County			
1	Funeral		4118 CURTIS  5. Social Security Number 6. Sex	7. Age	(In yrs. last birthda	v) if Under 1 Yeer	BALTI If Under 24 Hrs.			N/A 9 Birthol	laca (State or Foreign	
	Director		231-28-1297 XX	· [] [	69 Yrs.	Months Days	Hours Min.	8. Deta of Birth (Month, Day, 06-03-			laca (State or Foreign try) VIRGINIA	
	r 28a-f show	tor	Usuel Rasidance of Dacedent  10a. Steta 10b. County  MD • N/A		10c. City, Town or	Location BALTIMOE	RE CITY			10	0d. Inside City Limits	
	death with the Maryland ms 23s or 28s-f show must be notified at	al Director	10e. Street and Number 4118 CURTIS	AVENUE		10f. Zip Coda 2]	226	10g. Citizen of What Co				
020	or he	by Funeral		Was Decedent Ev Armed Forcas?		B. Was Decedant of In If Yas, specify Cub		ecify Yes or No- Rican, atc.)		- America k, Whita, a		
Maryland 21215-0020	hin 72 hours 3. In "natural", Medical Ext	Completed	15. Decedent's Educat (Specify only highest greda co	on om <i>pleted)</i> Collega (1-4or 5+	(Gi	16a. Decedant's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired)  16b. Kind of Businass/Industry						
121	H Pygi	Соп	12 YEARS  17. Fathar's Nama (First, Middla, Last)	Conoga (1 401 07		WELDER	18. Mother's Nam	o (Eirot Middlo N	SHI		ARD	
an	S a b	o Be		RTON			LUCI			PARK	S	
aryl	d 2 should be f th and Mental I 7 is marked of traumstic eve	To	19a. Informant's Name/Raiationship (Type,		19b. Ma	iling Addrass (Street						
	Health a tem 27 is other tra		DARRELL JAY BURTO	ON, JR. (	SON) 18	03 JACKS	SON ST.,	BALTIMO	DRE, MA	RYLA	ND, 21230	
Baltimore,			20a. Mathod of Disposition 1 □ Burial XXCramation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from Stata	cematary, c	position (Nama of rematory or other pla MOUNT CI	REMATORY		BALTO -	11	wn, Stete	
Balt	permit. Pege: Department or important: If i any injury or once.		21. Signature of Funerel Sarvice Licensee	m <sub>r</sub>			RY W. JE				COMPANY AND, 21212	
	Physician /Medical Examiner	ar	shock, or haart failura. List only one of immediata Causa (Final disease or condition resulting in death) a.	Arterios		Cardiovas	cular Dis	sease		i	Interval Between Onsat and Death	
Box 68760,	death certificate be executed e attending physiciar and of for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to immadiate causa. Entar Underlying Cause (Disaase or Injury that initiated events rasulting in deeth) Last		ue to (or as a cons							
	e death	sicie	Pert li. Other significant conditions contrib	uting to death but	not rasulting in tha	undarlying cause give	ven in Pert I.	23b. Did tol	bacco use con	tribute to	the cause of death?	
P.O.	that the led by the detache	£	Diabetes Mellitus					1 □ Ye	s 2 No	3 Prot	ebly 4 Unknown	
of Vital Records,	aw requires is been sign 2 should be	Completed by Physician/M	DEMENTIA					24a. Wes an perform INSPE	autopsy ned? CTION	eva	ore autopsy findings ullabla prior to nplation of cause death?	
a F	E ag							1 □ Ya	s 2XXVo	10	Yas 2 No	
<u>=</u>	ysicien: The s certificate director, pag	Be C	25. Was casa raferred to medical axaminer?  1X Yas 2□ No	oitai:		Ott		h (Check only one	_	Challe of		
	ng Ph fter thi	tlon: To	120 183 20 140	1 ☐ Inpatient 28a. Data of Injury (Month, Dey 1	2 ER/Outpati 28b. Tima Injury	of 28c. Inju	4 LI Nursing Ho	oma 5 2 Resider 28d. Dascribe ho			")	
Division	or Attenditions after death.  I Director: Aid in by the fu	Certification:	3 □ Suloide 6 □ Could not be	8a. Place of Injury building, atc.		straat, factory, office			l Routa Number,			
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completaly filled in by the fu	edical C	29a. Certifier (Check only one) 1 Certifying Physicial Examiner:	n: To the best of a On the basis of eand manner steta	ma, data and place, ppinion, daath occur	and due to the ca red at tha tima, da	use(s) and ma ta and piaca, a	nnar as st and due to	ated. the cause(s)			
	To the within To the comp	W	29b. Signetura and titla of certifiar	Unight M	D	29c. Licens	c.M.E.		29d. Data signed (Month, Day, Year) MAY 01, 1998			
	44/		30. Nama and addrass of person who comp Dennis Chute M.D.	leted causa of daa		nn Street	, Baltimo	re, Marv	land 21	201		
	Sta Registr		31. Data filed (Month, Day, Yaar) MAY 0 6 1998	32 Ragistrar				1				

DHMH 16 Ray 6/95

1973 H. J. W. 8 (C) (L) (C) (S) AND THE RESERVE AND ADDRESS OF THE PERSON OF THE RESERVE AND ADDRESS OF THE PERSON OF 

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No: 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Major Carlton Burchett 7:00 pm. /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Cherrywood Manor Health Care Center Baltimore Reisterstown | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Months | Days | Hours | Min. | Months | Days | 1926 6. Sex 120 M 2□ F 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Maryland 5 Social Security Number **Funeral** 218-18-2219 72 Director Usual Residence of Decedent the Maryland permit. Peges 1 end 2 should be filed within 72 hours efter death with the Marylan Department of Health and Maniel Hygiane. Important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any hjury or other traumatic event, the Mocical Examinor must be notified at once. 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Directo Reisterstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21136 U.S.A. 217 Conwwood Rd. Funeral 14. Raca - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Agreed Forces? 1. ■ Yes 2 □ No Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritai Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White þ 1942051951 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) IBM Systems Analyst 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Major C. Burchett, Sr. Anna G. Houghtling 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 217 Conewood Rd. Reisterstown, Md. 21136 Beverly Burchett - wife 20a. Method of Disposition M Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State All Saints Cem. May 7,1998 Reisterstown. Md. 4 □ Donetion 5 □ Other (Specify) 22. Name and Address of Facility 21. Signature of Funeral Service Licensee Elle Eckhardt Funeral Chapel Dutte 11605 Reidterstown Rd. Owings Mills, Mds. 21117 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Cce CC coren /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Dustice sepagaguence at me Physician/Medical Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to for as a consequence of Due to (or as a consequence of): USB as 1 Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown signed t þ 2° to employedes 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 No or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28a. Date of injury (Month, Day Year) 28c. injury at Work? Certification: After 5 Pending 1 TYes 2 No death. investigation 2 ☐ Accident after death 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 24 hours 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the cause(s) end menner as stated. Medical completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) within 2 To the 29d. Date signed (Month, Day Year)

Registrar

31 Date filed (Month, Day, Year) MAY 06 1998

30. Name and address of person when

29b. Signature end title of certifina

32 Registrar's Signature Mia Davidson

d carufe of death (Item 23a) (Type, Print)

plan

Besser Conter Dr. nesser

altimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

in to a state

Auginesser:

medine, fetal

Englished the state of the stat

11 # Table Date . No. 7, 1987

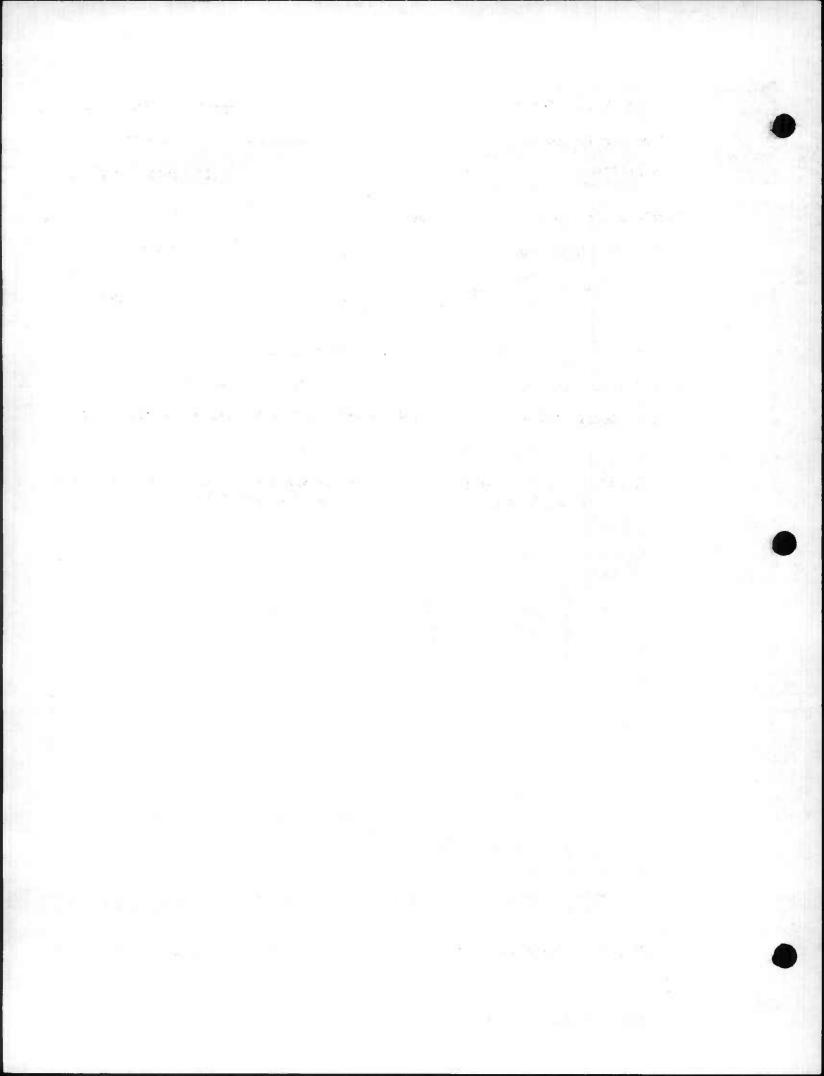
icksert is esel trand 11605 Tieterstor de comme tis, en 1117

State of Maryland / Department of Health and Mental Hygiene Q

Item: 27 per M.D G-758 5/6/98 reb Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Deta of Daath 3. Time of Deeth Month **Physician** James Vernon Cormack April 14, 1998 9:00 AM /Medical 4a. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 8506 Harris Avenue Parkville Baltimore 5. Social Security Number If Undar 1 Yaar if Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpleca (Steta or Foreign Country) **Funeral** Months Days 1 M 2□ F 86 216-01-5756 Yrs. Director Jan.28, 1912 Maryland Usual Residence of Decedent with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inaide City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Medical Examiner must be notified at Maryland Baltimore 1 Yes 2 No Director Parkville 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 8506 Harris Avenue 21234 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death vigorotant: if flem 27 is marked other than "natural", or flems 23a any injury or other traumatic event, the Medical Examples 2008. Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, Bleck. White, etc. 1 Nevar Married 2 Married 1 Yas 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementery/Secondary (0-12) Stee1 Steel Worker 17. Father's Nema (First, Middle, Last) 18. Mother'a Nama (First, Middle, Meiden Sumema) Ada Irene Welsh Alfred Edward Cormack 19b. Mailing Addrass (Street and Number or Flural Floute Number, City or Town, State, Zin Code) 8506 Harris Avenue, Parkville, Maryland 21234 19e. Intormant'a Name/Relationship (Type, Print) Edna Cormack/wife 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removal from Stete 4 ☑ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee

Ronald S. Wade Dir

Water Company of the Company of t <sup>22</sup> State Anatomy Board, 655 W. Baltimore Street Director Baltimore, Maryland 21201 23a. Patt 1. Enter the disease, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Finel disaesa or condition resulting in death) /Medical ling camces Examiner Due to (or as a consequence of): Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Box 68760. Physician/Medical Due to (or as e consequence of): for use es ed by the s Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vitai Records, P.O. 23b. Did tobacco uas contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ should b 24a. Was en autopsy performed? 24b. Were autopsy findings available prior to completion of cause ot death? Completed page 2 s has 1 Yas 2 No 1 Yes 2 No certificate Hospital or Attending Physician: director. Be 25. Was cese reterred to medical examinar? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Homa 5 Hesidence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Dey Year) 27. Manner ot Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 5 Panding investigation 1 Yes 2 No 2 Accident 8 Could not be datarmined 3 Suicida 28e. Place of Injury - At homa, farm, street, tactory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. 29a, Certifier Medical (Check only one) 29b. Signatura and title of certifiar 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed gause of deeth (Item 23a) (Type, Print) Satterfield 31. Dete tiled (Month, Day, Year) State Alia Davidson Registrar 0 6 1998



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	Decedent's Name (First, Middle, Last)		Ce	ertificate of	Dealli	2. Date of De	Reg. No.		3. Time of Death		
ician	Russell Cater					Month	Dey	Yeer IAG Q	08:30		
dical	4a Facility Neme (If not institution, give street a	nd number)			4b. City, Town, or		-	of Deeth			
niner	4601 ANNAPOLIS				BLADEN	SBURG			EORGES		
al or	5. Social Security Number 6. Sex 1 1 2 M 2 E	7. Age_(In	yrs. last birthda Yrs.			rs. 8. Dele of Birth 9. Birthplace (State or Fo					
	Usual Residence of Decedent						,				
2	10a. State 10b. County		c. City, Town or I					1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No		
ecto	Maryland Prince Geor	ges	Blade	10f. Zip Code			10g. Citizen of	What Cour			
Funeral Director	4601 Annapolis Road			20710			U.S.A	•			
Completed by Fune	1 Never Married 2 Married 1 If Y	s DecedenI Ever ned Forces?   Yes 2 ☑ No es, Give ar or Dates:	in U,S. 13	1. Was Decedent of H If Yes, specify Cube 1. Yes 2. No	lispanic Orlgin? (: en, Mexican, Pue Specify:	Specify Yes or No to Rican, etc.)	o- 14. Race - American In Black, White, etc. Specify: White		etc.		
	15. Decedent's Education (Specify only highest grade comp	leted)	16a. Dec	edent's Usuel Occup re kind of work done	etion during most of we	orkina	16b. Kind of B	usiness/ind	dustry		
É	Elementary/Secondary (0-12) Col	lege (1-4or 5+)	life.	. DO NOT use retired	d)	9	State	e Par	le.		
	4 0		Gr	ounds Keep		one (Cant Middle			r.		
2	17. Father's Name (First, Middle, Last)  Robert Cater					me (First, Middle Percy	, Maiden Sumar	пе)			
-	19a. Informant's Name/Relationship (Type, Prin	-41	40h 14e	iling Address (Street			or City or Town	State 7in	Code		
	unknown	11)		known	and Hamber of F	urar rioble ryum.	or, only or roun	, Olate, Lip	0000)		
	20a. Method of Disposition		0b. Place of Dis	position (Name of rematory or other pla	ce)	Date	20c. Location	- City or To	wn, State		
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	I from State									
	21. Signature of Funeral Service Licensee Ronald S. Wade. Director State Anatomy Board, 655 W. Baltimore Baltimore, Maryland 21201										
Physician/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Last	equence of): equence of):									
	Part It. Other significant conditions contributin	a to don'th but no	t reculting in the	undodvina cause air	on in Port f	23b Did	I tohacco use cr	ontribute to	the cause of death1		
	-ait it. Other significant conditions contribution	g to death but no	resulting in the	underlying cause give	on at Fait i.		Yes 2 No	3□ Pro	1		
							s an autopsy ormed?	ev	ere autopsy findings eilable prior to mpletion of cause death?		
						10	Yes 20 No	1[	☐ Yes 2☐ No		
De C	25. Was case referred to medical				26. Place of De	eath (Check only	one)				
0	examiner? 1 Yes 2 No Hospital	: 1 ☐ Inpatient	2 ER/Outpat		4 LI Nursing	Home 5 Res	idence 6 Oti	her (Specia	(y)		
Certification:	27. Manner of Deeth  1 Neturel 5 Pending investigation  3 Suicide 6 Could not be determined 28e.	Date of Injury (Month, Day Yea Place of Injury - building, etc. (S)	At home, farm,	/ Wo	ry at rk? I Yes 2 □ No	28f. Location	(Street and Num own, State)		al Route Number,		
CalC	29a. Certifier (Check only one) (Check only one)	To the best of my the basis of exa d manner sta	knowledge, demination and/or	ath occurred at the ti Investigation, in my o	me, date and place	ce, and due to the curred at the time	cause(s) end m	anner as s , and due to	taled. the ceuse(s)		
T		11	1	29c. Licens	se number		29d. Dale sign	ed (Month.	Day Year)		
Medicai	29b. Signature and title of certifier	Holl	A/1	DME	D339	54	APRIL	- 22,	1998		

Fig. . The get. 

### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month ,1998 10:05 AM MAY MARJORIE B. CADWALADER 4a Facility Name (If not Institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Months Days Hours Min. Aug. 5, 192 NORTH ARUNDEZ HOSPITAL ANNE ARUNDEL Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 10M 20F 185-12-6641 Yrs. 75 Pennsylvania Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Anne Arundel Gibson Island 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Cotterill Rd. 21056 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Household 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Allan Hugh Stewart Emma 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Benjamin R. Cadwalader Husband P.O. Box 11 Gibson Island, Maryland 21056 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory Inc. 5/5/98 | Baltimore, Maryland 22. Name and Address of Facility Stallings Funeral 3111 Mountain Rd. Home PA Pasadena, Md. 21122 hat daused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23a. Part 1. Enter the disease, or complitutions shock, or heart failure. List only on the use Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Hypoxemic Respiratory Failure days evelorovasidar Accident 2 weeks Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequenca of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 Yes 2 No 3 Probably 4 Profinencem Pneumonia 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Deep Vein Throm Sosis Ischemia Left Lower Extremity 1□ Yes 2E No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

1 ☐ Yes 2 ☐ No

D50748

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Day, Year)

P.O. Box 68760.

**Physician** 

/Medical

Examiner

Directo

Funeral

p

Completed

Be

**Funeral** 

**Director** 

f Health end Mental Hygiena. Item 27 ia marked other than "natural", or frams 23a or other traumatic event, the Medical Examination

important: If it any injury or c once.

**Physician** 

/Medical

Examiner

Pages 1 and 2 should be filed within 72 hours after deeth nant of Health and Mental Hygiena.

permit. Page Department

ltimore, Maryland 21215-0020

funeral

by

Medical

Physician/Medical Examiner Be To Certification:

Division of Vital Records, • Funeral Director: After detaily illed in by the fun 5 Hospital To the Hosp within 24 hou To the Fune completely fi

State

Registrar

TET WEI CHAN, M.P., 203 Hospital Drive, Ste. 202, Glen Burnie, Maryland 31. Date filed (Month, Day, Year) 06 1998

29b. Signeture and little of certifier

27. Manner of Death

1 PNatural

3 Suicide

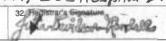
2 Accident

4 Homicide

(Check only one)

5 Pending investigation

6 Could not be determined

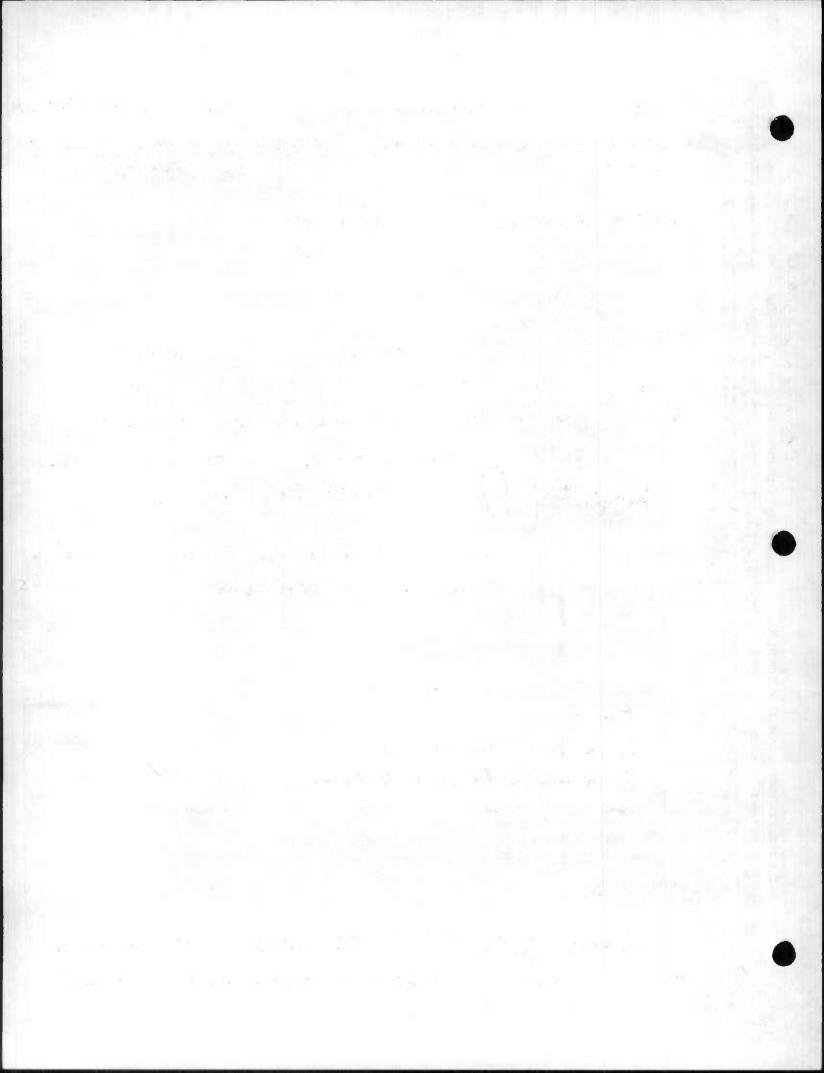


28b. Time of

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

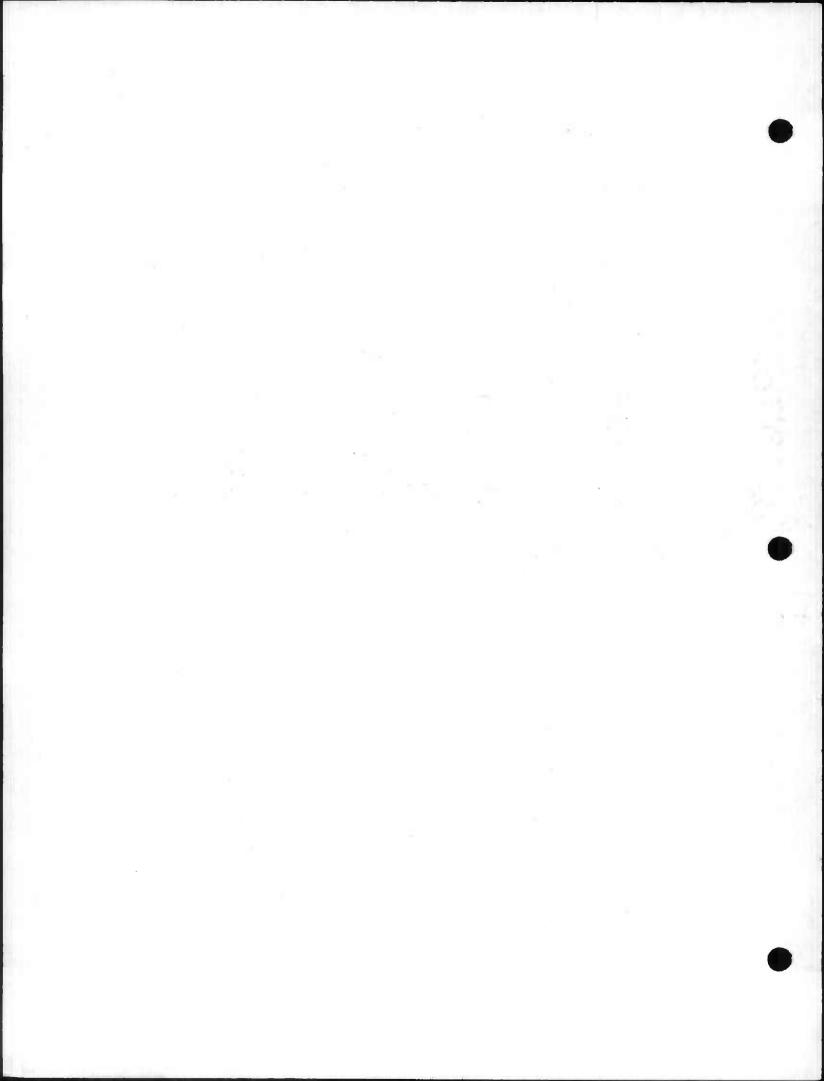
28e. Date of Injury (Month, Day Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



sician.	ial-transit permit. Pages 1, 2, 3 should		
and will at 24 mount over death. From 6 may be retained by the hospital or attending physician,	filled in the mean common descript, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 sl		, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in 6 may be re	director, page 5		or must be no
the death. P.	y the funeral	noval.	cal examine
Mil 24 hours	mpletely filled in to	0	t, the medi
percuted with	n and comple	to bursil, creman	matic even
certifican be percuted	nding physicia	Hygiene prior	or other trau
PHYSICIAN: The law requires that the death o	ed by the atte	h and Mental	any Injury, o
taw requires	s certificate has been signed by the atta	the State Dept. of Health and Menta	23 shows
PESCAN: The	This certificate?	with the State	ad, or Item
TTENDING PH	TOR: After th	after death w	28 is mark
SPITAL OR AT	TERAL DIREC	New 72 hours	CT. II Illerin
TO THE HOS	TO THE RUN	be fled with	MPORTA

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	0				2. DATE OF CEATH	414	YEAR	3. TIME OF OEATH		
	Dorothy C	ollern De	laney			A-10701 -9	5-10		0335		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	7	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign		
	217-34-8536	1 □ M 2 🔀 F 86	YRS.	CITY TOWN OF	HOURS MIN.	APRIL 5,1	V		RGINIA		
æ	4725 BABYLON ROA		90.	TANEY		AIH					
DIRECTOR	RESIDENCE OF DECEDENT	<i>D</i>		IANEI	LOWN		CAR	RROLL			
Ä	10s. STATE 10b. COUNT	TY .	10c. CITY, TO	WN OR LOCATI	ON				10d. INSIDE CITY LIMITS?		
ä	MD CA	RROLL	TA	ANEYTO	M				1 TYES 2 X NO		
AL	10e. STREET AND NUMBER			101.	ZIP CODE		16g. CITIZ	ZEN OF WI	HAT COUNTRY?		
FUNERAL	4725 BABYLON ROA	D			21787		U.S.	A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Yas	or No—	14. RACE	- American Indian, White, atc.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2) NO Specify	n, Puerto Rican, etc.)	- 1	Specify	r:		
	A			1					WHITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		(Give kind of work	done during mos	N t of working	16b, KIND OF BU	SINESS/IND	USTRY			
ا۳	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	HOMEMAI			OWN	HOME				
M	5TH GRADE  17. FATHER'S NAME (First, Middle, Last)		HOMENA	KEK	40 1407117010 1441						
	GEORGE HENRY WHI	TFHAIR				ME (First, Middle, Maiden SAN SNYDER					
BE	19a. INFORMANT'S NAME (Type/Print)	TEHALK	ton Mail INC ADD	DECC (Class)		Route Number, City or Tow		0-4-1			
2	LOIS GAMBER (DAU	GHTER)				TANEYTOWN			87		
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremellon 3 Ref	movel from State	PLACE AND DATE OF DI	SPOSITION (Nar	ne of	DATE 20c. LO	CATION —	City or Tow	vn, Stata		
Ì	4 Donation 5 Other (Specify)		TEXAS' CEM			4/27/98		N,W.	VA.		
	21. SIGNATURE OF FUNERAL SEPTICE L	CENSEE B1	,	HUBBAR	D ADDRESS OF FAI	AL HOME IN	C.				
	11/1/1/19	11 Holes	1			AVENUE-BAL		E. M	D 21229		
	23. PART I Enter the Miseasea, or	complications that caused	the death. Do not e						Approximate		
	shock, of heart fallure	. List only one cause on e	ech Ilna.	0 11	11				Onset and Daath		
	disease or condition										
	reaulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	1	011100	0101			Cooking		
z		· Altron	Selvo	etc H	eau	li fea	26		3 years		
원	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						0		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	С									
비	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
<b>H</b>	Tooling in dealing Exer	d									
AL C	PART II. Other algnificant condition	na contributing to death b	ut not reaulting in th	ha undariying	cause given in	Part I. 24s. WAS AN			WERE AUTOPSY FINDINGS		
						PERFO	_		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					_				OF DEATH?		
=	DID TOBACCO USE CON	FRIBUTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAIL	V 🗆					
X.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	Check only one)							
SIC	1 YES 2 NO	HOSPITAL: 1   Input lent 2   ER/Outs		FHER: ☐ NureIng Home	5 (B. Residence	6 Other (Specify)					
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	26c. INJU	JRY AT	26d. DESCRIBE HOW	INJURY OCC	CURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, atc. (Spec	- At home, larm, atree	, tactory, office		261. LOCATION (Street City or Town, State		or Rural Re	oute Number,		
TED	4 Homicide detarmined										
P.E.	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of my know	ledgs, death occurred at	t the time, data	and place, and due	to the cause(s) and me	nner as stat	ed.			
COMPLET	enet	NER: On the basis of axamination	n and/or investigation, in	n my opinion, de	eath occured at the	time, dats and place, a	nd due lo th	e cause(a)	and menner as stated.		
-	294 SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NUI	WBER	29d, DAT	E SIGNED	(Month, Day, Year)		
8-	1 Ownarde	elle Mose	enve		2810	200	<b>&gt;</b> (	4/2	1198		
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE			0 0	1 1	ma A	NO.	HD		
	CHITRACITED	IU NAGAN		APC	1000 140	* wos!	CANON CO	My	CT		
	MAY 06 19	32. REGISTRAR'S SIGN	Midson-Randel	82					3		
		AV.							DHMH-16 Rev 1/89		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Dete of Deeth 3 Time of Death Month **Physician** 5:094 059 /Medical Eacility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner acy 0 lea Ton if Under 1 Yeer 7. Aga (In yrs. last birthday) 6. Sax Birmplace (State or Foreign **Funeral** 219-74-363 Usual Rasidenca of Dacadant Deys 1□M 25 36 Months Hours Min Director Tenns deeth with the Maryland 10a. Stata 10b. County 10c. City\_Town or Location show 10d. Inside City Limits r 28a-f show Yas 2 No Mo **Funeral Director** altimore 10e. Straat and Number 10f. Zip Code 10g. Citizen of What Country? r than "natural", or items 23a or the Medical Examiner must be S. A.
Raca - American Indian, 601 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status 12. Was Dacadent Evar in U.S. Armed Force Bleck, Whita, atc. filed within 72 hours efter Navar Marriad 2□ Married 1 ☐ Yas 25 No If Yes, Giva 1 ☐ Yas 2 🐪 No Black altimore, Maryland 21215-0020 Specify: þ 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry Elamantery/Secondary (0-12) College (1-4or 5+) Sec 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Pages 1 and 2 should be nent of Health and Mental int: if item 27 is marked or Arthur 2 Re 03a 19a Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Balto. 20b. Plece of Disposition (Nama of tencie 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Buriai 2 □ Cremation 3 □ Ramoval from State 4 □ Constion 5 □ Other (Specify) ò permit. Page Department of Important: if eny Injury or once. 21. Signatura of Funaral Parvica Licansaa Moh 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of shock, or heart failure. List only one cause on each line. Approximate Intarval Batween Onsat and Death **Physician** 40085 /Medical Immediete Ceusa (Final disaasa or condition rasulting In death) **Examiner** ecupitus Ulcer Examiner Sequentielly list conditions, if any, leading to immediata causa. Entar Undarlying Causa (Diseasa or Injury that initieted avants rasulting in daath) Last 1 month Se Division of Vital Records, P.O. Box 68760 Physician/Medical requires that the death certificate the Dua to (or as a consequence of): USB as signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 BNo 3 Probably 4 Unknown ð 24b. Wara autopsy findings available prior to 24e. Wes en eutopsy parformad? Completed peen completion of causa of death? page 2 s 1 Yes 2 14 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 25. Was case raferred to medical axaminar?
1 ☐ Yas 2 ☑ No Be 26. Pleca of Death (Check only one) Othar: 4₺ Nursing Home 5 Residenca 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this funeral 28a. Data of Injury (Month, Day Yaar) 28c. Injury at Work? Certification: 27. Mannar of Death 28b. Tima of 28d. Describe how injury occurred 5 Pending Invastigation 1 PNatural efter death. 1 Yas 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Straet end Number or Rural Routa Numbar, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 4 - Homicide 24 hours Medical 29a, Cartifian 1🖵 Cartifying Phyalcian; To tha bast of my knowladga, daath occurred at tha tima, data and placa, and due to tha causa(s) and mannar es steted. (Check only one) completely 2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the I within 2 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) · SAWHNEY 325 HOSPITALDRIVE, GLEN BURNIE, MD210761. GURMEET ... S ND 32. Regist Signature 31. Dete filed (Month, Day, Yaer) State 0 6 1998 Registrar

YEE

ROSA

ROBERT DEAL  A Facility have given and number of processor of thems of the processor of the p	Įt	ems:24a,25,26,27,29a pe 1. Decedent's Name (First, Middle, Last		ys rebel	uncate C	Deall	2. Dete of De	Reg. No.		3. Tima of Death		
See Section Number of Part Agent Control of Section of Death of Section of Death Control of Section of Death Control of Section of Death Control of Section of Death Control of Section of Death Control of Section of Death Control of Section of Death Control of D								-		07 70		
Saint Joseph Medical Center  Towson  Baltimore  1000			street and number)			4b. City, Town, or		h 4c. County		1.03.38.		
213-54-3876  Usual Resistance of Deceloring Too, Govern Too, Gover		Saint Joseph	Medical Ce	nter		Tow	son	Bal		imore		
Maryland Baltimore City Baltimore  105. Great and Number  106. Sets and Morrhore  107. Sep Code  111. 80 Overbrook Road  11. Marked Saltimore  112. Was Dependent Fuer in U.S.  113. Marked Saltimore  113. Several Morrhore  113. Several Morrhore  114. Several Morrhore  115. Several Morrhore  115. Several Morrhore  116. Several Morrhore  117. Several Morrhore  117. Several Morrhore  118. Several Morrhore  119. Se		46	3.4 - D = 1.5				. (Month, D	rth ay, Year) 27, 1949	9. Birthple Count unkn	aca (Stata or Foraigi ry) OWN		
Maryland   Baltimore City   Baltimore   103 / 2p Code   105 / 2p Code   118			100 C	ity Town or Lo	cetion				10	M. Inelde City Limite		
Toe. Street and Number  1106. Street and Number  1118 Overbrook Road  1107. ZP Code  1118 Overbrook Road  1107. ZP Code  1118 Surv  1106. Street and Number  1106. Street a	50									1 ☑ Yes 2 ☐ No		
11. Marsia Sissus    12. Was Decedent Ever in U.S.   2. Was Decedent Ever in U.S.   2. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Yas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Vas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Vas or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Was or No-11.4. Roce American Indian, Black, White, etc.   1. Was Decedent of Hispanic Origin? (Specify Was Decedent of Hispanic Origin? (Specify Was Decedent of Hispanic Origin? (Specify) White Unknown Un	rect				10f. Zip Cod	la		10g. Citizan of 1	Whet Count	ry?		
Second   Company   Continue   Con		1118 Overbrook R	oad		2123	9		U.S.A.				
15. Decedent's Education   16e. Decedent's Staul Conception   16e. Mind of Business/Industry   16e. Decedent's Usual Conception   16e. Mind of Business/Industry   16e. Decedent's Usual Conception   16e. Decedent's Usual Conc		1 Never Married 2 Married	Armed Forcas? unk 1 ☐ Yes 2 ☐ No If Yas, Give	nown	f Yas, specify C	Cuban, Mexican, Pua	Specify Yas or Norto Rican, atc.)	Bla	ck, White, e	tc.		
18. Mediting Address (Street and Number or Flural, Address, Master Street)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number, Chy or Town, State, Zp Code)  19b. Melting Address (Street and Number or Flural Route Number o				16a, Deced	iant's Usuai Oc				usiness/Ind	ustry		
18. Informant   18. Informan	à	(Specify only highest grad	la complated)	(Giva life. L	kind of work do DO NOT use re	na during most of wo tired)	orking					
18. Mother's Name (First, Middle, Last)  UNKNOWT  19a. Informant's Name/Ralationship (Type, Print)  UNKNOWT  19a. Informant's Name/Ralationship (Type, Print)  UNKNOWT  19b. Mailing Addrass (Street and Number or Flural Routa Number, Chy or Town, State, Zp Code)  UNKNOWT  19b. Mailing Addrass (Street and Number or Flural Routa Number, Chy or Town, State, Zp Code)  UNKNOWT  19b. Mailing Addrass (Street and Number or Flural Routa Number, Chy or Town, State, Zp Code)  UNKNOWT  19b. Mailing Addrass (Street and Number or Flural Routa Number, Chy or Town, State, Zp Code)  UNKNOWT  20b. Mailing Addrass (Street and Number or Flural Routa Number, Chy or Town, State, Zp Code)  21b. Street Analations (Sp Chefe (Specify) in state  22b. Place of Specific Analations (Specific Analation)  22c. Place of Specific Analations (Specific Analation)  23c. Plant : Enter the disease or compliation that caused the dash. Do not aniar the mode of dying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25c. Place of Gying, such as cardiac or respiratory arrast.  25d. Place of Gying, such as cardiac or respiratory arrast.  25d. Place of Gying, such as cardiac or respiratory arrast.  25d. Place of Gying, such as cardiac or respiratory arrast.  25d. Place of Gying, such as cardiac or respiratory arrast.  25d. Place of Gying, such as c	5			unkn	own			unknowi	n			
The substant of Disposition  198. Marbod of Disposition  198. Marbod of Disposition  198. Disposition  198. Marbod of Disposition  198. Disposition  198. Marbod of Dispos		17. Fathar's Name (First, Middla, Last)						, Malden Suman	na)			
Unknown   Unkn	2	unknown				unknow	n 					
20a. Mathod of Disposition    Burisis   Zicamaision   3   Ramoval from State			vpe, Print)			eet and Number or F	Rural Routa Numi	ber, City or Town,	ity or Town, State, Zip Code)			
23a. Plat. Enter the disease, for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast.  23a. Plat. Enter the disease, for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast.  23a. Plat. Enter the disease, for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast.  23a. Plat. Enter the disease, for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast.  23a. Plat. Enter the disease, for complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast.  23a. Plat. Enter the disease, for complications are the mode of dying, such as cardiac or respiratory arrast.  23a. Plat. Enter the disease, for complications are the mode of dying, such as cardiac or respiratory arrast.  23a. Plat. Enter the disease, for complications are the mode of dying, such as cardiac or respiratory arrast.  24a. Data consider the mode of disease, in consideration are the mode of dying, such as cardiac or respiratory arrast.  25a. Dua to (or as a consequence of):  25a. Dua to (or as a consequence of):  25a. Dua to (or as a consequence of):  25b. Dua to (or as a consequence of):  25c. Dua to (or as a consequence of):  25c. Dua to (or as a consequence of):  25c. Dua to (or as a consequence of):  25d. Character (or constitute to the cause of):  25d. Character (or constitute to the cause of):  25d. Dua to (or as a consequence of):		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □ F	Ramoval from Stata	Place of Dispo	sition (Nama o		Data	20c. Location	City or Tov	wn, State		
23a. Plant. Enter the disease, of complications that caused the death. Do not enter that mode of dying, such as cardiac or respiratory arrest, inflavable above that cause or search in a cause or asch line.  Immediate Cause (Final disease or condition resulting in death)  MALIGNANT VENTRICULAR ARRYTHMIA  INST  Bay, leading to Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):  DILATED CARDIOMYOPATHY  Due to (or as a consequence of):  CORDNARY ARTERY DISEASE  Cause (Disease or Injury) that inhisted avents resulting in death) Last  CHRONIC ATRIAL FIBRILLATION  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the cause of the ca	any injury	Royald S. Wade Director State Anatomy Board, 655 W. Baltimore, Maryland 21201										
Immediate Causa (Final disease or conditions as a consequence of):   Due to (or as a consequence of):   Due to (or as a consequence of):   CORONARY ARTERY DISEASE     Causa (Final disease or conditions, a arty, leading to immediate causa. Enter Underlying resulting in death) Last     CORONARY ARTERY DISEASE     -	23a. Pur I. Entar the disaase, or comp	cations that causad tha daa							Approximata			
Due to (or as a consequence of):  Discrete Underlying in death)  Due to (or as a consequence of):  Discrete Underlying in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  CORONARY ARTERY DISEASE  C. CORONARY ARTERY DISEASE  Due to (or as a consequence of):  d. CHRONIC ATRIAL FIBRILLATION  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  1   Yes   2   No   3   Probably   4   U    24a. Was an autopsy performed?  25. Was case referred to medical evaninier?  11   Yes   2   No   1   Ye	cian	shipak, or haart failura. List only o	na causa on aach lina.							Intarval Batween Onset end Death		
Due to (or as a consequence of): DILATED CARDIOMYOPATHY  Due to (or as a consequence of): DILATED CARDIOMYOPATHY  Due to (or as a consequence of): CORONARY ARTERY DISEASE  Dua to (or as a consequence of): CHRONIC ATRIAL FIBRILLATION  Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobecco use contribute to the cause of 1   yes 2   No 3   Probably 4   U  24a. Was an autopsy performed?  24b. Was an autopsy performed?  25. Was case referred to medical evanine?  1   yes 2   No 3   Probably 4   U  25. Was case referred to medical evanine?  1   yes 2   No 3   Probably 4   U  27. Mannar of Death 1   Natural   Death			MAL I GNAN	T VENT	RICUL	AR ARRYT	HMIA			INSTAN		
Dua to (or as a consequence of):    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contribute to the cause of t	rasulting in death)  Dua to (or as a consequence of):											
Dua to (or as a consequence of):    Chroining in death) Last	alle e		DILATED	CARDIC	MYOPA.							
Dua to (or as a consequence of):    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other significant conditions contribute to the cause of 1   Yes 2   No 3   Probably 4   Ular available prior to conditions of death of		Sequentially list conditions, if any, leading to immediate		Charles I and Charles								
24a. Was an autopsy performed?  24b. Ware autopsy for available prior to complete completion of ce of death?  25. Was case referred to medical examiner?  1												
24a. Was an autopsy performed?  24b. Ware autopsy for to complation of ca of death?  25c. Was casa rafarrad to medical examiner?  1	Ś											
24a. Was an autopsy performed?  24a. Was an autopsy performed?  25. Was casa rafarrad to medical examiner?  1			d. CHRONIC	ATRIAL	FIBR	ILLATION						
24a. Was an autopsy performed?  24b. Ware autopsy for to complation of ca of death?  25c. Was casa rafarrad to medical examiner?  1	200	Part II. Other significant conditions co	ntributing to death but not re	sulting in tha u	ndarlying cause	given in Part I.	23b. Did tobacco use contributa to the c			the cause of death		
24a. Was an autopsy performed?  24a. Was an autopsy performed?  25. Was casa rafarrad to medical examiner?  1	1						1 🗆	Yes 2□ No	3 Prob	ably 4 Unknow		
25. Was casa rafarrad to medical examiner?  1	oleted p						24a. Wa	s an autopsy formed?	ava	rilabla prior to		
25. Was casa rafarrad to medical examiner?  1   Yas   2XX   No	mo.						1 🗆	Yas 2X No	1	Yas 2□ No		
Pospital: 1   Impatiant 2   EP/Outpatiant 3   DOA   Other: 4   Nursing Homa 5   Rasidance 6   Other (Specify)						26. Placa of Da	aath (Chack only	ona)				
27. Mannar of Death 1 Natural 2   Accident 3   Sulcida 4   Homicide  28a. Placa of Injury - At home, farm, street, factory, offica  28a. Placa of Injury - At home, farm, street, factory, offica  28b. Time of Injury at Work? 1   Yes 2   No  28c. Location (Streat and Number or Rural Route Number of Number o	2		Hospital: 1 1 Inpatiant 2	ER/Outpatlan	nt 3□ DOA	Other: 4 Nursing	Homa 5□ Ras	idance 6 Ott	ner (Specify	)		
29a. Certifler (Check only only onl)  29b. Signatura and titla fricertifler  29b. Signatura and titla fricertifler  29c. Licansa number  29c. Licansa number  29d. Cartifying Physician: To the best of my knowledge, death occurred at tha tima, date and place, and due to the cause(s) and manner as stated.  29b. Signatura and titla fricertifler  29c. Licansa number  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  30. Name and altimate of person who completed causa of death (Item 23a) (Type, Print)	ed in by the funeral d	1 X Natural 5 □ Panding	28e. Data of Injury (Month, Day Yaar)				28d. Describe	how injury occur	rred			
29a. Certifler (Check only one)  29b. Signatura and titla of certifler  29b. Signatura and titla of certifler  29c. Licansa number  29c. Licansa number  29d. Cartifying Physician: To the best of my knowledge, death occurred at tha tima, date and place, and due to the cause(s) and manner as stated.  29b. Signatura and titla of certifler  29c. Licansa number  29d. Data signed (Month, Day, Year)  29d. Data signed (Month, Day, Year)  30. Name and altiques of person who completed causa of daath (item 23a) (Type, Print)		dataminad	28a. Placa of Injury - At I building, etc. (Space	28f. Location City or To	(Streat and Number own, State)	ber or Rura	Route Number,					
29b. Signatura and titla of certifier  29c. Licansa number  29d. Data signed (Month, Day, Year)		29a. Certifler (Check only one)  XX Certifying Phy 2 Madicat Exami	sician: To the best of my kn nar: On tha basis of examin and manner stated.	owledge, death ation and/or inv	occurred at the vestigation, in r	a tima, date and place ny opinion, daath occ	e, and dua to the curred at tha tima	cause(s) and m , date and place,	anner as sta and due to	ated. tha causa(s)		
30. Name and alluface of person who completed causa of daath (Item 23a) (Type, Print)	Me	29b. Signatura and titla of certifier	. 1		29c. Lic	ansa number		29d. Data signe	ed (Month, L	Day, Year)		
		Jagimon P	mullis n	0.0	D	41410	1	APrila.	LLIEH	, 1998.		
JOGINDER P. MEHTA, M. D., 7620 YORK ROAD, TOWSON, MARYLAND 21204						AD, TOWS	ON, MA	RYLAND	212	:04		

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Yee **Physician** THERESA BEATRICE D'ANNA MAY 6:14 pm 1998 /Medical 4e Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner CENTER BALTIMORE HOSPITAL HARBOR N/A If Under 24 Hrs. Hours Min. If Under 1 Year Birthpiece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 6. Sex **Funeral** Days Months 1 M 20 F Director 220-22-9664 JUL. 11, 1916 MARYLAND Usuel Residence of Decedent with the Merylend 10d. Inside City Limits 10c. City. Town or Location 10e Stete 10b. County 28a-f show rai', or items 23a or 28a-f shore Examiner must be notified at 1 ☐ Yes 2 No Director MARYLAND BALTIMORE BALTIMORE HIGHLANDS 10f. Zip Code 10g. Citizen of Whet Country? 10e. Street and Number 4015 WASHINGTON STREET U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 14. Raca - American Indien, Bleck, White, etc. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Peges 1 and 2 should be filled within 72 hours effer of Department of Health and Mentel Hygiene. Important: If Nem 27 is marked other than "natural", or Hem any Injury or other traumatic event, the percent of 1 ☐ Naver Merried 2 ☐ Married 1 Yes No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 8 HOMEMAKER OWN HOME 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) VINCENT ALASCIA CONCETTA GENOVESE 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) 3456 LIBERTY PARKWAY, BALTIMORE, MARYLAND 21222 CONCETTA DECRETTE, DAUGHTER 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Crametion 3 □ Removel from State 4 Donetion 5 Other (Specify)

21. Signature of Fundal Service Licensee 5/8/98 BALTIMORE, MARYLAND NEW CATHEDRAL CEMETERY 22. Nama and Address of Fecility WITZKE FUNERAL HOMES. INC. 1630 EDMONDSON AVENUE, CATONSVILLE, MD 21228 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete intervel Between Onset end Deeth Physician Ventricular Rupture /Medical Immediate Cause (Final 30 minutes diseese or condition resulting in deeth) Examiner 2 Myocardial Infarction
Due to (or es el consequence of): Examine Sequentially list conditions, if any, laeding to immadiata cause. Enter Underlying Ceuse (Diseese or injury that initieted avents resulting in death) Lest the ettending physicien The law requires that the death certificete be Physician/Medical Due to (or es e consequence of): 80 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown signed by by 24b. Were eutopsy findings eveileble prior to completion of causa of death? 24e. Wes en eutopsy performed? Completed peen s certificate has 2 12 No 1 Yes 202 No 1 Yes Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitel: 1 Impatient Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA P this funerel 27. Menne of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28h. Time of 28c. Injury et Work? Certification: After or Attending s effer dec. 1 Naturel 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, straat, fectory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours e To the Funeral C 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and manner as stated. edical

completely

(Check only

31. Dete filed (Month

29b. Signeture and title of cartifier

· Nasing

P.O. Box 68760,

Division of Vital Records,

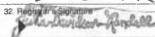
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) HOSPITAL HARBOR CENTER

Resident

SYED N

29d. Data signed (Month, Dey, Year)

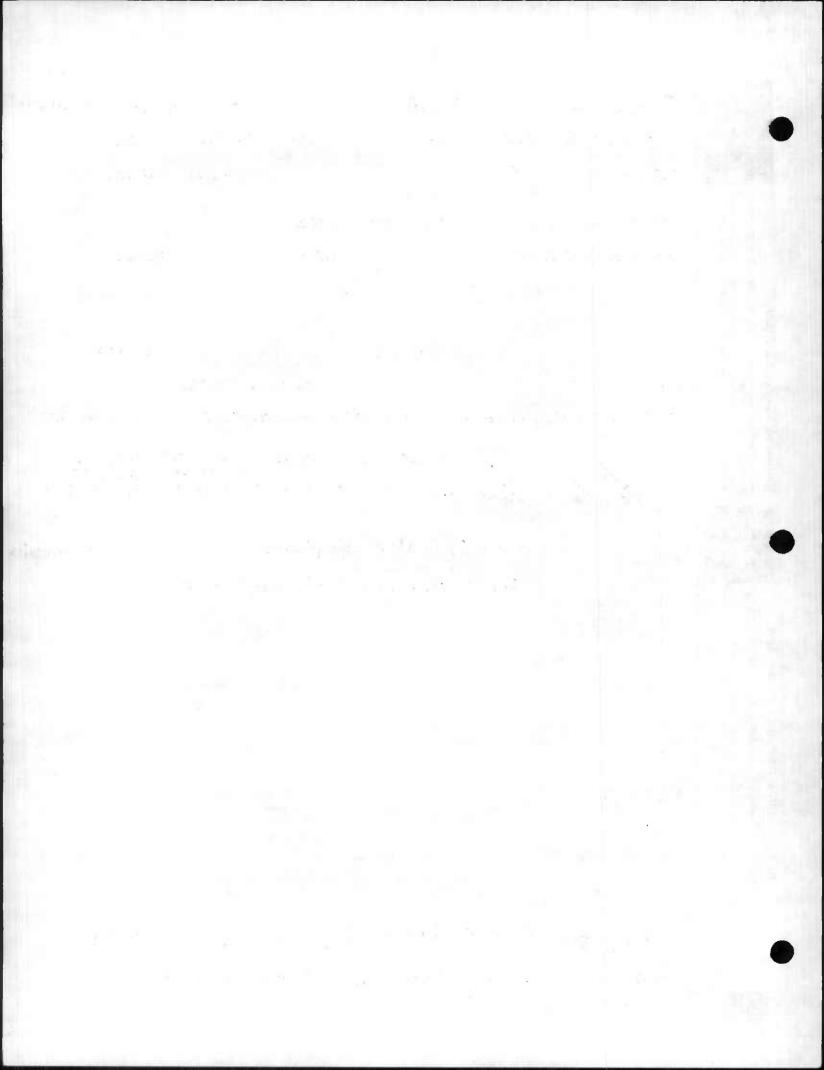
State Registrar



Physician

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated.

AS 2441614-41



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Data of Deeth 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) Month 1998 May 4:42 am Theresa Mary Dare 4b. City, Town, or Location of Death 4c. County of Deeth 4a Facility Nema (If not institution, give street end number) n/a Baltimore The Good Samaritan Hospital If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Year) If Undar 1 Year 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 1 □ M 2 🔀 F Months Days Yrs. 69 216-20-8224 January 19, 1929 Maryland Usuel Residenca of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yas 2 □ No Baltimore Maryland n/a 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? United States 21214 3005 Glenmore Avenue 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian. 12. Was Decedent Ever in U,S. Armed Forces? Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yas 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: White 3 ₩ Widowed 4 Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Roofing Secretary 10 18. Mother's Nema (First, Middla, Maiden Sumame) 17. Fathar's Name (First, Middla, Last) Citrano Rose Charles Marsiglia 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e, Informent's Neme/Relationship (Type, Print) Baltimore, Md. 21214 3005 Glenmore Avenue Mr. Thomas J. Dare / Son 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland New Cathedral Cemetery 5/6/98 21. Signeture of Funerel Service Licensee Mark T. Zavoyna 22. Nama and Addrass of Fecility Leonard J. Ruck, Inc. 23a. Part1. Entar the disease, or complication that coused the deeth. Do not enter the mode of dying, such as cardiac or respiretory enabled. List only one ceuse on each line. 21214 Baltimore, Maryland Approximete Interval Between Onset end Deeth Anevrysm Immediate Ceuse (Final disease or condition resulting In deeth) 2 hours · RUPTURED HORTIC Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted avents resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CORONARY 21E(27 24b. Wera autopsy findings aveilable prior to completion of causa of death? 24e. Wes en eutopsy 1 Yes 27 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only ona)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

PIKESVIILE MARYCAND 21208

28d. Dascribe how Injury occurred

Location (Street end Number or Rural Route Number, City or Town, State)

29d. Data signed (Month, Dey, Year)

MAY, 5, 1998

Physician /Medical Examiner

phys the 88 esn 50 page 2 has

**Physician** 

/Medical

Examiner

Directo

Funeral

þ

Completed

Be

**Funeral** 

Director

than "natural", or items 23e or the Medical Examiner must be r

Hygiene.

Pages 1 and 2 should be fit ment of Health and Mental H ant. If Item 27 is merked off tury or other traumatic even

Important If it any injur

Baltimore,

certificate this funeral After

Physician/Medical 79 Completed

Be

To

Certification:

edical

Examiner

death.

Attending Physician: aftar deati Director: ò 24 hours Hospital To the Hosp within 24 ho To the Fune completely fi

Division of Vital Records, P.O. Box 68760

State

31. Date filed (Month, Dey, Year)

29b. Signeture end title of cartifier

1 Yes 2 No

27. Mennes of Deeth

Neturel

2 Accident

3 Suicide

29a. Certifier

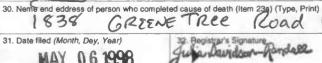
4 Homicide

(Check only one)

06 1998

5 Pending Investigation

6 Could not be determined



Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

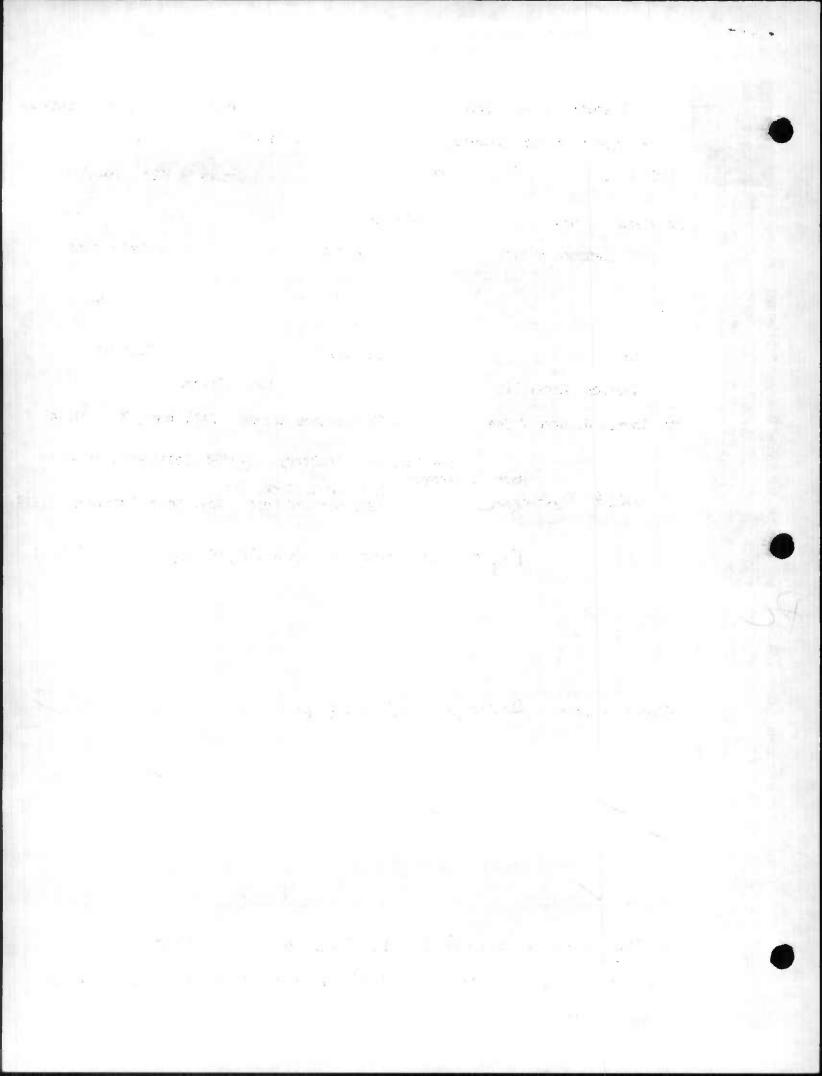
29c. License number

1 ☐ Yes 2 ☐ No

28a. Dete of Injury (Month, Dey Year)

um Victor Da Bry MI

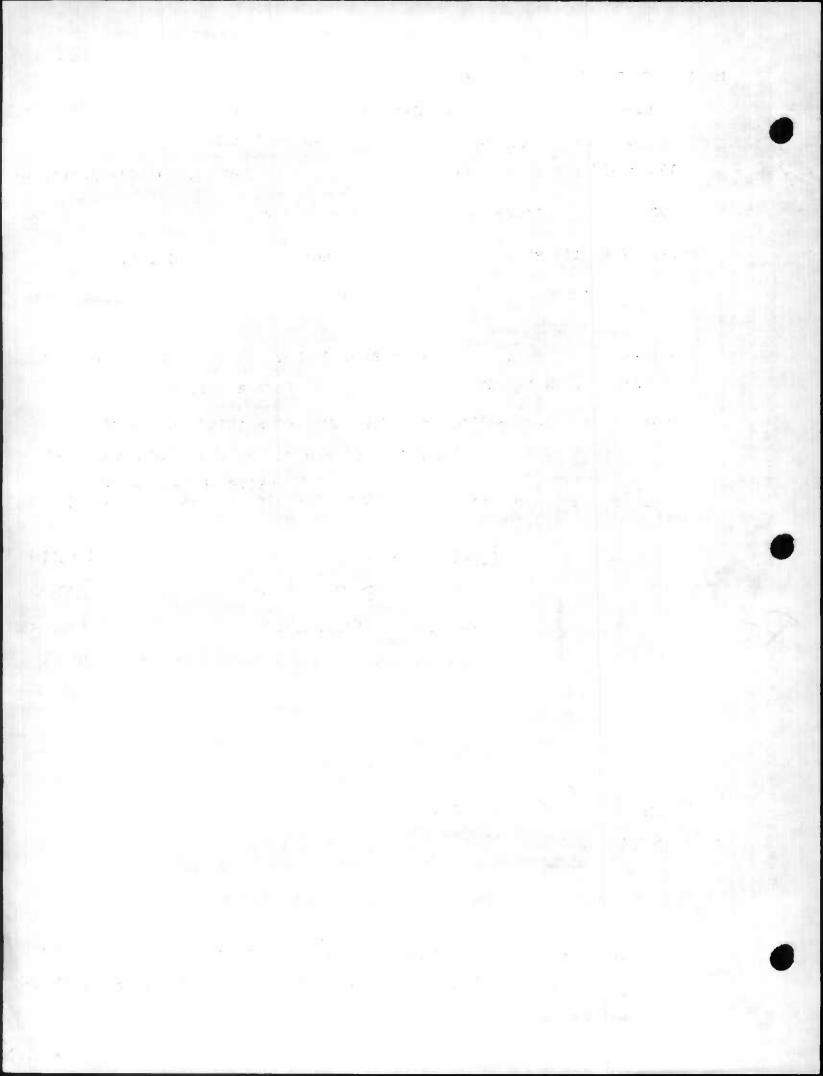
Registrar



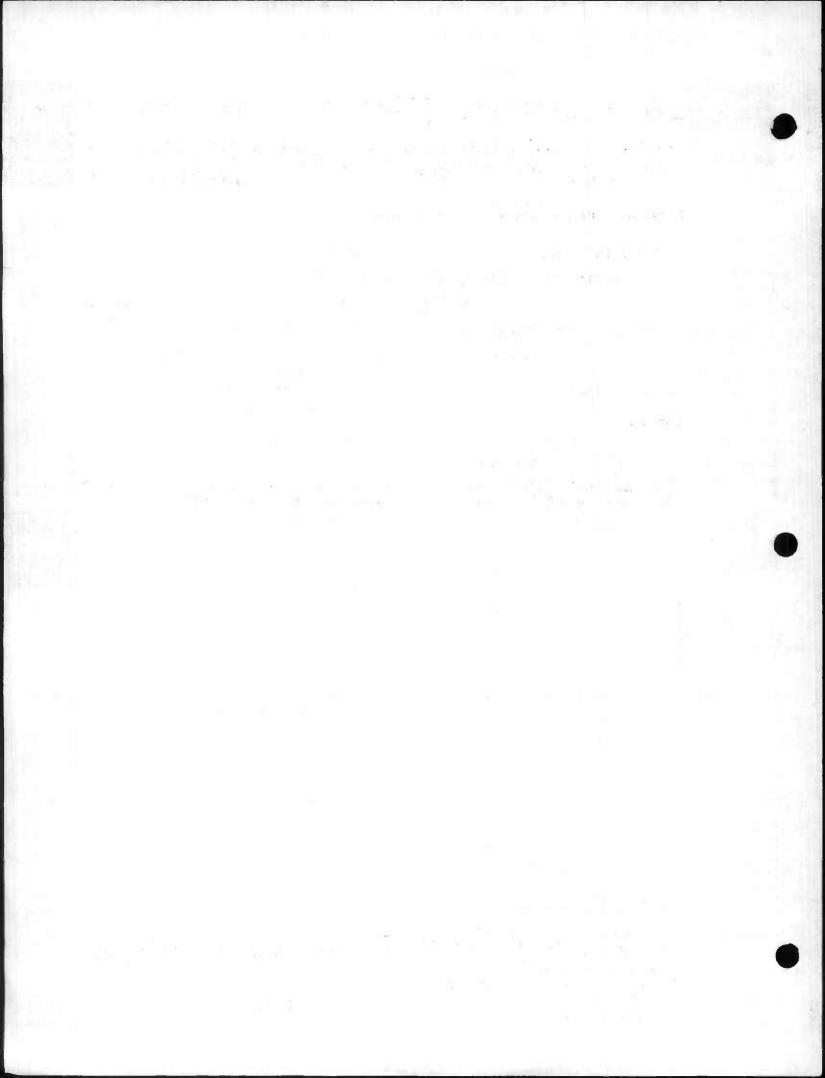
State of Maryland / Department of Health and Mental Hygiene 98

hysician					Cerunc	ate of	Death		Reg. No.	0 10	260
/Medical	An	t's Name (First, Middle,	. Down	rey				2. Date of D Month	23 -	8 P	Time of Deel
ineral rector	5. Sociel Se 242-	210 A 36 curity Number 6		e (In yrs. las	t birthday) If Un Month	der 1 Year	Ft.Wa	Shington Shington Firs. B. Date of B (Month, D 03/2)	Prince	9. Birthpiece	
wow.	Usual Resid	lence of Decedent 10b. County		10c. City, 1	Town or Location					10d. in	side City Lin
28e-r s notified ector	10e. Street a	Prince	e George	Ft.	Wash		on				Ves 2□
r items 23s or 28s-f s ites cass be notified Funeral Director	1221	10 Asbu		5		Zip Coole 207-1	-		10g. Citizen of V	A	
0 5	3 □ Wide	er Married 2 Marrie owed 4 □ Divorcad	12. Was Decedent I Armed Forces?  1 Yes 2 N If Yes, Give Year or Dates:			s 2 No	an, Mexican, Pu Specify:	(Specify Yes or N erto Rican, etc.)	Specify	e - American inck, White, etc.	dlan,
item 27 is marked other than "naturel; other traumatic avent, the Medical East To Be Completed by	Elemente	15. Decedent's (Specify only highest ry/Secondary (0-12)	Education grade completed)  College (1-4or 5			work done T use retire	during most of d	working Instal	Al	arm Se Syst	curi
atic avent, To Be C	17. Father's	Name (First, Middle, La				-, -,	18. Mother's I	Name (First, Middle	, Maiden Surnam		
aumat T		ant's Neme/Relationship	-		19b. Meiling Addre	ess (Street		Rural Route Numb		State, Zip Code	9)
or other tr	20a. Method	ta T. Dow	□ Removal from State	20b. Plac	12210 / a of Disposition (/ etery, crematory	Name of		Ft.Wasl		, MD 20 City or Town, S	
	4 □ Dôn	nation 5 Other (Spe	cify)		CHWOOD	Cem	etery	4/26/98	DURHA	m, N.C	
Important: any injury once.	21. Signatur	e of Funeral Service Lic	1 3	500		RBDRA	ss of Facility	HARGETT	- F, H.		
ial-transit all transit Examiner	disease or directly resulting in directly	death)	. Color	Due to (or as	s e consequence d	of):				1)	year
	Sequentially	** * * * ***		Dun to for in	,	-0.					
as the	cause. Ente Cause (Dise that initiated resulting in c	r list conditions, ng to Immediate or Underlying lase or injury events death) Last	c		s a consequenca c						
D 48	that initiated	events	c								
o by the attending detached for use as Physician/Me	Cause (Dise that initiated resulting in c	levents death) Last	c	Due to (or as	e e consequence o	of):	ren in Part I.		tobacco use cor Yes 21 No	ntribute to the o	
be detached for use an by Physician/Me	Cause (Dise that initiated resulting in c	levents death) Last	c	Due to (or as	e e consequence o	of):	ren In Part i.	1 a		3 Probably  24b. Wera eu available	4 Unk
nas been signed by the attending ge 2 should be detached for use a mpleted by Physician/Me	Cause (Dises that initiated resulting in o	ase or injury events death) Last	c	Due to (or as	e e consequence o	of):	ren in Part i.	1 a 24e. Wax	Yes 20 No	3 Probably  24b. Wera eu available completi	4 Unk
enincate has been signed by the attending sctor, page 2 should be detached for use a.  Be Completed by Physician/Me	Part II. Other	e referred to medical	d	Due to (or as	s e consequence o	g cause giv	26. Plece of D	24e. Was perf	Yes 2 No  an autopsy ormed?  Yes 2 No one)	3 Probably  24b. Wera eu available completi of deeth  1 Yes	4 Unk
nns cerinicate has been signed by we arending all director, page 2 should be detached for use a.  To Be Completed by Physician/Me	Cause (Dise that initiated resulting in c	e referred to medical  2 Ino  10 Death  11 To Death  12 In Death  13 Pending	d	Due to (or as	e e consequence o	g cause giv	26. Plece of I eer: 4 ☐ Nursinq y at	24e. Was perf	Yes 2 No  an autopsy ormed?  Yes 2 No one)	3 Probably  24b. Wera eu available completi of deeth  1 Yes	4 Unk
Certification: To Be Completed by Physician/Me	Part II. Other  25. Was case exeminer 1 Yes  27. Manner of 1 Watu	e referred to medical  raignificant conditions  e referred to medical  raignificant conditions  of Death ral 5 Pending investigat iden 6 Could not determine	d	Due to (or as	of the underlying in the under	DOA Oth  28c: Injur Wor 1 Cory, office	_26. Piece of £ ier: 4 ☐ Nursin y at k? Yes 2 ☐ No	24e. Was perf	Yes 2 No an autopsy ormed?  Yes 2 No one) denca 6 □Othe how injury occurr  Street and Number wn, State)	3 Probably  24b. Wera eu available completi of deeth  1 Yes  er (Specify) eed	4 ☐ Unkertopsy finding prior to on of cause?
report of the funeral director, page 2 should be detached for use as licel Certification: To Be Completed by Physician/Me	Part II. Other  25. Was case exeminer  1 □ Yes  27. Manner of  1 □ Accident of the control of t	e referred to medical  To Death  Iral 5 Pending investigat  dent investigat  determine  To Certifying I	d	Due to (or as	of a consequence of the conseque	DOA Oth  28c: Injur Wor 1   tory, office	26. Piece of £ ier: 4 ☐ Nursin; y at k? Yes 2 ☐ No	24e. Was perf	Yes 2 No  an autopsy ormed?  Yes 2 No  one)  denca 6 Other how injury occurr  Street and Number wn, State)	3 Probably  24b. Wera eu available complete of deeth  1 Yes  ar (Specify) ed	4 ☐ Unknown topsy finding prior to on of cause??
nns cerinicate has been signed by we arending all director, page 2 should be detached for use a.  To Be Completed by Physician/Me	Part II. Other  25. Was case seeminer 1 Part II. Other  27. Manner case seeminer 1 Part II. Other  29a. Certifier (Check cone)	e referred to medical  To Death  Iral 5 Pending investigat  dent investigat  determine  To Certifying I	d.  Hospital: 1 inpatier  28a. Date of injun (Month, Day)  28e. Place of injun building, etc  Physician: To the best of aminer: On the basis of	Due to (or as	//Outpatient 3 the Linder of Injury Moo, farm, street, factioned of Investigation of Invest	DOA Oth  28c: Injur Wor 1 tory, office ed at the timon, In my o	26. Piece of I	24e. Warperf  24e. Warperf  1   Death (Check only)  3 Home 5 Res  28d. Describe  28f. Location City or To	Yes 2 No  yes 2 No  yes 2 No  one)  denca 6 Othe how injury occurr  Street and Numb wn, State)  ceuse(s) and ma dete end placa, s  29d. Dete signed	3 Probably  24b. Wera eu available completi of deeth 1 Yes  er (Specify) ed  er or Rural Roul  nner es stated. and due to the c	4 ☐ Unkn topsy findin prior to on of cause?  2 ☐ No  re Number, reuse(s)
report of the funeral director, page 2 should be detached for use as licel Certification: To Be Completed by Physician/Me	25. Was case (Dise that initiated resulting in of the control of t	e referred to medical  e referred to medical  2 No  of Death ral 5 Pending investigat dent investigat dent God Could not determine  ral Certifying I  2 Medical Ex	d.  Hospital: 1 inpatier  28a. Date of injun (Month, Day)  28e. Place of injun building, etc  Physician: To the best of aminer: On the basis of	Due to (or as	Woutpatient 3 Dib. Time of Injury Mos, farm, street, fact	DOA Oth  28c: Injur Wor 1 tory, office ed at the timon, In my o	26. Piece of I	24e. Was perf	Yes 2 No  yes 2 No  yes 2 No  one)  denca 6 Othe how injury occurr  Street and Numb wn, State)  ceuse(s) and ma dete end placa, s  29d. Dete signed	3 Probably  24b. Wera eu available completi of deeth 1 Yes  er (Specify) ed  er or Rural Roul  nner es stated. and due to the c	4 ☐ Unkertopsy finding prior to on of cause?  2 ☐ No  re Number, reuse(s)

4 per FH G759 5/19/98 I		Certini	cate of	Death	2. Deta of Dea	leg. No.	3. Time of Deeth				
1. Decedent's Name (First, Middle, Last		NGLEN	TORA		APRIL	29 199	aar				
4a Facility Neme (If not institution, give					Location of Death	4c. County of	Death				
THE JOHNS HOPKINS  5. Social Security Number 6. S		s. last birthday) If	Under 1 Year	BALTIMOR		N/I	A Birthplaca (State or Foreign				
168-34-0910	RM 2□F 56		onths Days	Hours Min	8. Data of Birtl (Month, Day DEC 15	1941G	Country)  IBRALTAR, P				
Usual Residence of Decedent  10a. Stata  10b. County	10c. 0	City, Town or Locatio	n				10d. Inside City Limits				
PA	BERKS		EXET	ER TWP			1 ☐ Yes 25 No				
10e. Street and Number		10	Of. Zip Code			10g. Citizen of Who	at Country?				
499 GIBRALTAR	RD		196	06		U.S.A.					
11. Marital Status  1 □ Never Married 2∑ Married	12. Was Decedant Ever in Armed Forces? 1 ☐ Yes ②☐ No If Yes, Give				Specify Yas or No- to Rican, etc.)	Bleck,	American Indian, White, etc.				
3 Widowed 4 Divorced	Year or Dates:		ras XXNo	, ,			BLACK White				
15. Decedent's Ed (Specify only highest gra	de completed)	16a. Decedent's (Give kind life. DO N	of work done IOT use retire	pation duning most of wo d)	orking	16b. Kind of Bush	ness/industry				
Elementery/Secondery (0-12)	College (1-4or 5+) N/A	Stock R	oom W	orker		PLASTI	C COATING				
17. Father's Name (First, Middla, Last)					me (First, Middle,						
RICHARD L. EN					A WEIL						
19a. Informant's Name/Reletionship (1 DORCAS J Engleh					EADING,	r, City or Town, St					
20a. Method of Disposition	20h	Place of Disposition	(Name of		Date Date	PA 196 20c. Location - Ci					
1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State FC	REST HII	LLS M	EM PK	5-2-98		TWP., PA				
21. Signature of Ameral Service Licenses  22. Name and Address of Facility BETTS FUNERAL HOME											
23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximately 2.1.2.1.3.											
Immediate Cause (Final disease or condition resulting in death)  a. LIVER TAILURE											
resuming in death)		(or es e consequenc					2				
	b. AORT	(or as a consequence		ECTIO!	N.		3 DAG.				
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	1. 1.	ART		NSPLA	IN		7 month				
Cause (Disease or Injury that initiated events rasulting in death) Last		(or as a consequance	-	1 B L CI	,		, 1110/0/15				
	d ISC	HAEMI	C	CART	ormon	MTAS	· YEARS,				
						· · · · · · · · · · · · · · · · · · ·					
Part II. Other algnificant conditions of	ontributing to death but not re	esulting In the under	ying cause gi	ven in Part I.			ibute to the ceuse of death?				
						2010	E Producty 4 to continue				
						an autopsy	24b. Were autopsy findings avalleble prior to				
							completion of cause of death?				
					101	es 2 No	1 ☐ Yes 2 ☒ No				
25. Was case referred to medical examiner?	Hospital:		10		eath (Check only o	ne)					
1 ☐ Yes 2 ☑ No 27. Manner of Death	Hospital: 1 Inpatient 2 28a. Date of Injury	☐ ER/Outpetient 3 28b. Time of	L DOA		-	lence 6 Other					
1 Naturel 5 ☐ Pending	(Month, Day Year)	iryet ork? ]Yes 2 ☐ No	ZOG. DOSCHOOT	iow injury occurred							
3 ☐ Suicide 6 ☐ Could not be		home, farm, street, f	factory, office		28f. Location (5	Street and Number	or Rural Route Number,				
4 Homicide	building, etc. (Spe	city)			City or Tox	ni, Sielej					
(Check only 2 Medical Exam	velcien: To the best of my k										
one)	and manner stated.										
29b. Signature and title of certifler	. 1	~	29c. Licen	C C		O A	Month, Day, Year)				
your	aphigh I	MD	1	167-C	000	17481L	24. 1440				
30. Name and eddless of person who	completed cause of death (It	em 238) (Type, Print	42 4	CLT	гино	HOPKIN	10 KRODITAL				
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		12 - 11		711117	1 7 11 17 1					

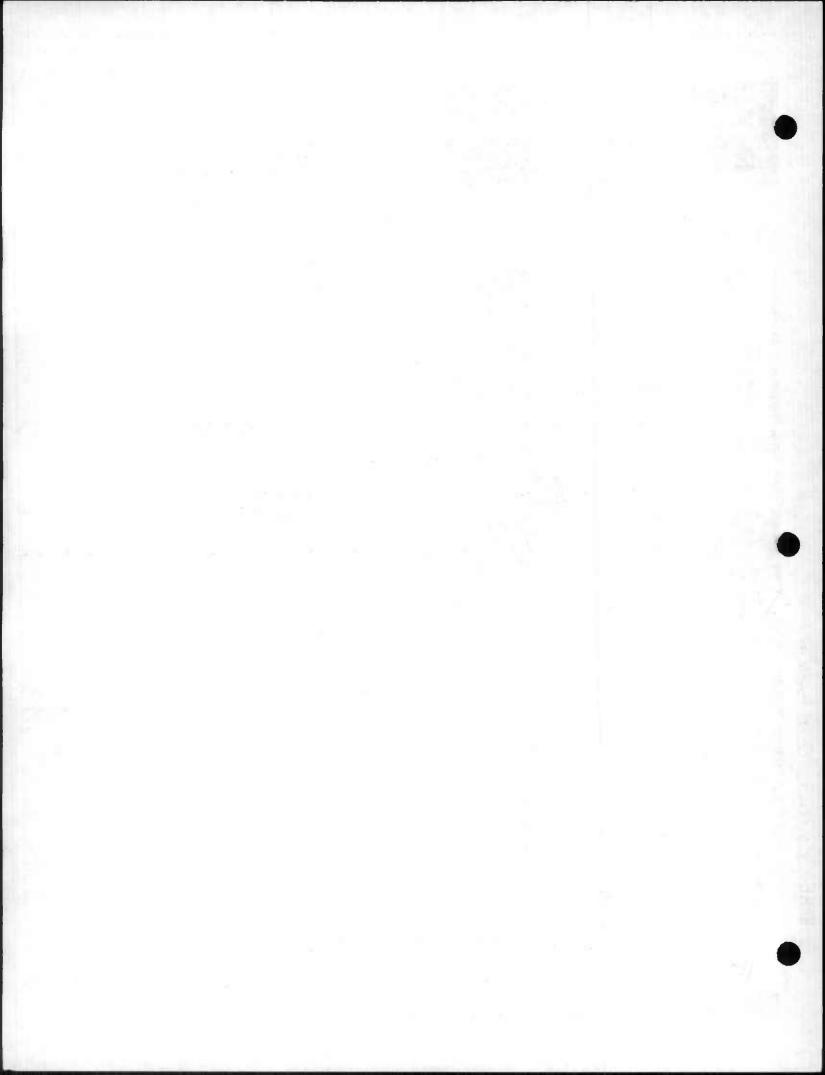


		I	State of Maryland / Department of Health and Metems: 28a, 31 per M.D G-759 5/6/98 reb Certificate of Death		gieneg 8	13928
	Physic: /Medi	ian	1. Decedent's Neme (First, Middle, Last)	2. Dete of Dee Month April	th Day	Yeer 3. Tima of Death 1:02 AM
	Funeral Director	ner	4a. Facility Name (If not institution, give street and number)  4b. City, Town, or Loc  MARINER HEALTH OF KENSINGTON KENSING		MONT	9. Birthplece (State or Foreign Country)
	ter death with the Marylar items 23s or 26s-f show inst.must be notified at	Director	10e. Street and Number 10f. Zip Code 20712		U.S.A.	1 ☐ Yes 2 ☐ No /hat Country?
020	hours after death lursif, or items 23 at Examiner mus	by Funeral	11. Marital Status unknown  1 □ Nevar Married 2 □ Merried  3 ☒ Widowed 4 □ Divorced  12. Was Decedent Ever in U,S. Armed Forces? unknown  1 ☐ Yes, Give Yes, Give Yes, Give Yaar or Datas: 1 − 1942 1 1 □ Yas 2 □ No Specify:	cify Yas or No- lican, etc.)	14. Race Bleck	- American Indian, k, Whita, etc. White
Maryland 21215-0020	d within 72 ho giene. er then "netur the Medical.	Completed	15. Decedent's Education (Specify only highest grada completed)  Elementery/Secondery (0-12) Unknown  16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired)  Unknown  Driver	9	16b. Kind of Bu	
land	d be file ental Hy cad othy c event	To Be (	17. Fathar's Nema (First, Middle, Last)  James Farrell  Mary McV	100	Meiden Sumem	9)
	and 2 should eath and Men n 27 is marks or traumatic	+	19a. fnformant's Neme/Reletionship (Type, Print)  19b. Meiling Address (Street and Number or Rural unknown		r, City or Town,	Stete, Zip Code)
Baltimore,	Pages 1 a nent of Hea int: If Nem ury or othe		20e. Method of Disposition  1 □ Burial 2 □ Cremetion 3 □ Ramoval from Stete  4 □ Donation 5 ☑ Other (Specify) Ln State	Dete	20c. Location -	City or Town, Stata
Balt	Departi Departi Imports any inj gncs.		21 Signeture of Fuheral Service Licensee  1		W. Balt	imore Street
	Physician /Medical Examiner		Part T. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or shock, or heart fellure. List only one cause on aach lina.  Immediate Cause (Finel disease or condition resulting in deeth)  a.   ### TA STATIC LUNG CA  Due to (or as a consequence of):  ### RESPIRATORY FAIL  Due to (or as a consequence of):			Approximete Intervel Between Onset and Deeth  MONTHS
Box 68760,	the death certificate be executed y the attending physician and sched for use as the bunk-transit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last  Due to (or es a consequenca of):  Due to (or es a consequenca of):  Due to (or es a consequenca of):	URE		HOURS
.O. B	the atte	Physician/Me	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did t	obacco use con	tributs to the causs of death?
0		by Ph	DIABETES MELLITUS	101	rss 2□No	3 Probably 4 Unknown
Records,	aw requir 1s been s 2 should	Completed	COPD	24e. Wes a perfor	an autopsy med?	24b. Were eutopsy findings available prior to completion of causa of deeth?
Vital R	Page Page		25. Wes case referred to medical 28. Place of Death	1 🗆 Y		1 Yes 2 No
of Vi	0 00	To Be	28. Piece of Death exeminer?  1  Yas 2  OA			or (Specify)
Division o	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	1 Shetural 5 Pending (Month, Day Year) Injury Work? 2 Accident Investigation M 1 Yas 2 No		ow Injury occurre	ed  or Or Rural Route Number,
Div	Hospital or / 24 hours after Funeral Dire stely filled in b		building, etc. (Specify)  29a. Certifying Phyafcfan: To the best of my knowledge, deeth occurred et the time, dete end pleca, er	City or Tow	n, State)	nner as stated.
	To the Ho within 24 I To the Fu completel	Medical	(Check only one)  2 Medicat Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred end menner steted.  29b. Signature and title of certifier  29c. License number	d et the time, o	lete end pleca, a	(Month, Dey, Year)
	5 vily Co		1 /hhow 1 10. 14932	,	4/9	3/98
			30. Nemerand eddress of person who completed cause of death (Item 23a) (Type, Print)  3HUKDEO SANKAR			
	Sta Registr		31. Dete filed (Month, Day, Year)  MAY 0 6 1998	or Hands	382	



State of Maryland / Department of Health and Mental Hygiene

				, , , , , , , , , , , , , , , , , , , ,	Cert	ificate of	Death		Reg. No.	8	13020		
Physician		1. Decedant's Name (First, Middle, La	•					2. Date of Dea	ath Day	Year	3. Time of Death		
/Medical		CHARLES RA	AYMOND GAI	LLAGHEI	R, SR.			MAY	03	1998	000: 40AM		
Examiner	۱	4a. Facility Nama (If not institution, giv		r)			4b. City, Town, or L		4c. County				
	Ä,	ST. AGNES HOS					BALTIMO			N/A			
Funeral Director		5. Social Security Number  219-16-5520  Usual Residence of Decedent	ex 7. A	nga (In yrs. las 73	Yrs.	If Under 1 Yaar Months Days		8. Date of Bird (Month, Da Feb 23	y, Year) 1925	9. Birthplace (State or Foreign Country) Maryland			
land	- 1-	10a. State 10b. County		10c. City,	Town or Loca	ation				10	0d. Inside City Limits		
Mary 1 sh		Maryland N/A		Ba1	timore	City					1 Yes 2 No		
vith the Ma t or 28a-f s be notified		10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	try?		
3ª o		1305 Heather Hi	11 Road			212	239		A				
of the country of the	-	11. Marital Status	12. Was Deceden		13. W		Hispanic Origin? (Spoan, Maxican, Puarto	ecify Yes or No		a - Amaric			
D2(		1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1 XYas 2 If Yas, Give Year or Dates	] No		Yas, specify Cul		Hican, etc.)	Specif	ck, White, o			
l 21215-002 ed within 72 hours ygiena. wer than "natural; nt, the Medical Exa		15. Decedent's Ed (Specify only highest gra	lucation		16a. Deceda	nt's Usuel Occu	pation	ring	16b. Kind of B	usinass/inc	lustry		
	-	Elementary/Secondary (0-12)	College (1-4o	5+)	life. Do	O NOT use retire	during most of work ed)	ung					
Son Party Po		12th			Credit	Manage			ıy				
aryland 2121 should be filed within and Mental Hygiena. I marked other than "I umatic event, the Men To Be Comple		17. Fathar's Nama (First, Middle, Last)					18. Mothar's Nam	a (First, Middle,	Maiden Suman	ne)			
yla Menidi Menid		James Millard	Gallagher	:			Rosina	Caroli	ne Scha	ar			
S me short	19a. Informant's Name/Ralationship (Type, Print)  19b. Mailing Addrass (Street and Number or R								er, City or Town,	Stata, Zip	Code)		
Baltimore, Maryland 2121 permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: if Item 27 is marked other than any injury or other traumatic event, the Mana any injury or other Traumatic event, the Mana and injury or other Traumatic event, the Mana and injury or other traumatic event, the Mana and injury or other traumatic event, the Mana and injury or other traumatic event, the Mana and injury or other traumatic event, the Mana and Injury or other traumatic event ev		Mrs. Ellen Eugeni	a Gallagh	ner	1305	Heather	Hill Ros	d. Balt	imore.	MD 21	239		
of He		Mrs. Ellen Eugenia Gallagher 1305 Heather Hill Road, Baltimore, MD 21239  20a. Method of Disposition  20b. Place of Disposition (Name of Disposition (Name of Disposition (Name of Disposition (Name of Disposition of Disposition (Name of Disp											
Pag nant int: H		4 Donation 5 Other (Specify			nev V	allev M	em Grdns	16/98	Timoniu	m Ma	ryland		
Darth Party		21. Signature of Funeral Service Licer	see	Dale	22.	Name and Addr	ess of Facility	10120	TTHOUTE	عديد واللا	Lyland		
Depa Depa any is		Mitchell-Wiedefold Home											
	1	23a. Part 1. Enter the disaasa, or com	SOII	ed the death.	Do not antai	00 York	Road Ba	1timore	Mary1	and 2	1093 Approximata		
Physician	Martin D. Hawson  23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, on haart failure. List only one cause on each line.												
/Medical	١	Immediate Cause (Final		ACUT	-R	myo	CARDIAL	INTE	m c T		1 MINUTE		
Examiner	١	disease or condition rasulting in death)	a		s a consequ			,,-,-,	7-1-110				
je je	I			D00 10 (01 0	a a consequ	unos ory.				1			
A GENERAL TE	Sequentially list conditions, if any, laading to immediate cause Enter Indeptylog												
68760 fifficate betting physician as the burit		that mitiated evants											
		rasulting in death) Last											
P.O. Box sat the death ce d by the attends efached for use Physician/	-	Part II. Other eignificant conditions o	ona contributing to death but not resulting in the underlying cause given in Part I.						tobacco use co	ntributa to	the cause of death?		
P.O. vat the de d by the setached Physic		•							Yee 2□ No		pably 42 Unknown		
IS, F as tha igned te del by P									100 2010		, ,		
								24a. Wes	an autopsy	24b. Wa	ara autopsy findings		
w reconstruction								репо	rmed?	cor	allabla prior to mpletion of causa death?		
Record  The taw requir cate has been a page 2 should								101	res 2 XNo				
Vital Total: The certificate rector, pe		25. Was case referred to medical					00 81 ( Day			1	Yes 2 No		
Division of Vita or Attending Physician; allafar debat of the famenal director, in by the famenal director, and perfect of the famenal director, and by the famenal director, and by the famenal director, and a second or a s		examinar?	Hospital:	tient 2 EF	1/Outpotions	3 DOA OI	26. Piece of Dear			on /Coonit	.1		
Physic Physic of the seal dim		27. Manner of Death			Bb. Time of	-		ome 5 Resid	now injury occur		9		
ding ding the		1. Staturel 5 Pending Invastigation	28a. Data of In (Month, D	ay Year)	Injury	28c. tnju Wo	ork? ]Yes 2 ☐No		.,,				
Division of Attending Pray after death.  In all Directors After the funeration by the funeration: Certification:		3 Suicide 6 □ Could not be		niury - At homi	e. farm. stree	at, factory, offica		28f. Location (S	Straat and Numl	ber or Rura	l Routa Number.		
Div Lor A sther Direc d in by		4 Homicide	building, e	tc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	,, (00.01), 000		City or Tov					
2000年年 一一		29a. Certifier 1 Certifying Ph	velcles: To the bee	t of my knowle	dae death	occurred at the t	lma, data and placa,	and due to the	nauco(c) and m	annor ac et	etod		
the Hospi hin 24 hou the Funer inpletely til		(Check only 2 Medical Exam	Iner: On the basis	of examination	and/or inva	stigation, in my	opinion, daath occur	red at the tima,	data and place,	and due to	the cause(s)		
Me The Man	-	29b. Signatura and title of certifiar	and marinar a	natou.		29c. Lican	sa number	1	29d. Data signe	d (Month. i	Dav. Year)		
2328		1 Moch 6	il lista	- n	71)		051865		MAY.				
11.	-	<i>U</i> -	- 000										
1/0		30. Name and address of person who	CURTIS	3	57.	AGN	es Mos,	MITTIE	BA	LTIM	ore, ms		
State Registrar		31. Data filed (Month, Day, Year) MAY 0 6 1998		trar's Signatur									



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month HERMAN GAYNOR 4.40 PM 1998 MAY 4a Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE HARBOR CENTER HOSPITAL If Under 1 Year If Under 24 Hrs. 6. Date of Birth (Month, Dey, Year) Z - 20 - [9] 7 Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) 1 X M 2□ F Months Yrs. N.C. 229-22-741 Usual Residence of Decedent 10d. Inside City Limits 10a. State 10b. County 10c. City, Town or Location Baltimore 1 Yes 2 No Catonsville Ma 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U, S.A 21228 GIBSONWOOD Road 14. Rece - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Merital Status 1 Yes 2 □ No 1 Never Married 2 Married 1 Yes 2 No Specify: Black 3 \ Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 18. Mother's Name (First, Middle, Meiden Surname) 5th grade Une Worker NA 17. Fether's Neme (First, Middle, Last) Sam San Gaynor 19a. Informent's Neme/Relationship (Type, Print) Grandson Close +10551e 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Stacey 1431 Catonsuille, ad Gibsonwood Road Hrmstead. 20b. Placa of Disposition (Neme of comptery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition Dete 1 Buriel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) butus Memorial Park 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility 21215 F. H. U Y lada cerebash Avenue Balto and 00 W 23e. Part1. Enter the disease, or emplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. OA · CEREBROVASCULAR Immediate Cause (Finel disease or condition resulting In death) 5 HOURS ACCIDENT Due to (or es e consequence of): HYPEROLYCEMIA 2 DAYS 3 YEARS CANCER ESOPHAMEAL Due to (or es e consequenca of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPERTENSION 24b. Were autopsy findings aveileble prior to completion of cause 24e. Wes an eutopsy CONGESTIVE HEART FAILURE 1 Yes 2 No 1 Yes 2 No 25. Wes case referred to medicel exeminer? 26. Place of Deeth (Check only one) Hospital:

**Physician** /Medical Examiner physickan and the buriel-transit

Completed

Be

2

Certification:

Medical

**Physician** 

/Medical

Examiner

Director

Funeral

þ

Completed

**Funeral** 

Director

must be r

7 is marked other than "natural", or items traumatic event, the Medical Examiner m

Pages 1 and 2 should be filed within 72 hours efter into f health and Mental Hydiene.
Intel if tem 27 is marked other than "natural", or ften inty or other traumatic event, the Medical Enamier iny or other traumatic event, the Medical Enamier.

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.

death with the Merylend

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that intitleted events resulting in deeth) Lest Physician/Medical

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1□ Yes 2□No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Impatient 2 ER/Outpetient 3 DOA 28e. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28c. Injury et Work? 28b. Time of 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29e. Certifier

(Check only one) 29b. Signature end title of certifler

29c. License number

29d. Dete signed (Month, Dey, Year)

Dagg Thomas, NEDICINE RESIDENT AS 2441614-38 MAY-4. 1998.

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)
LIZY THOMAS. HARBOR HOSPI HOSPITAL CENTER, BALTIMORE, MD HARBOR

Registrar

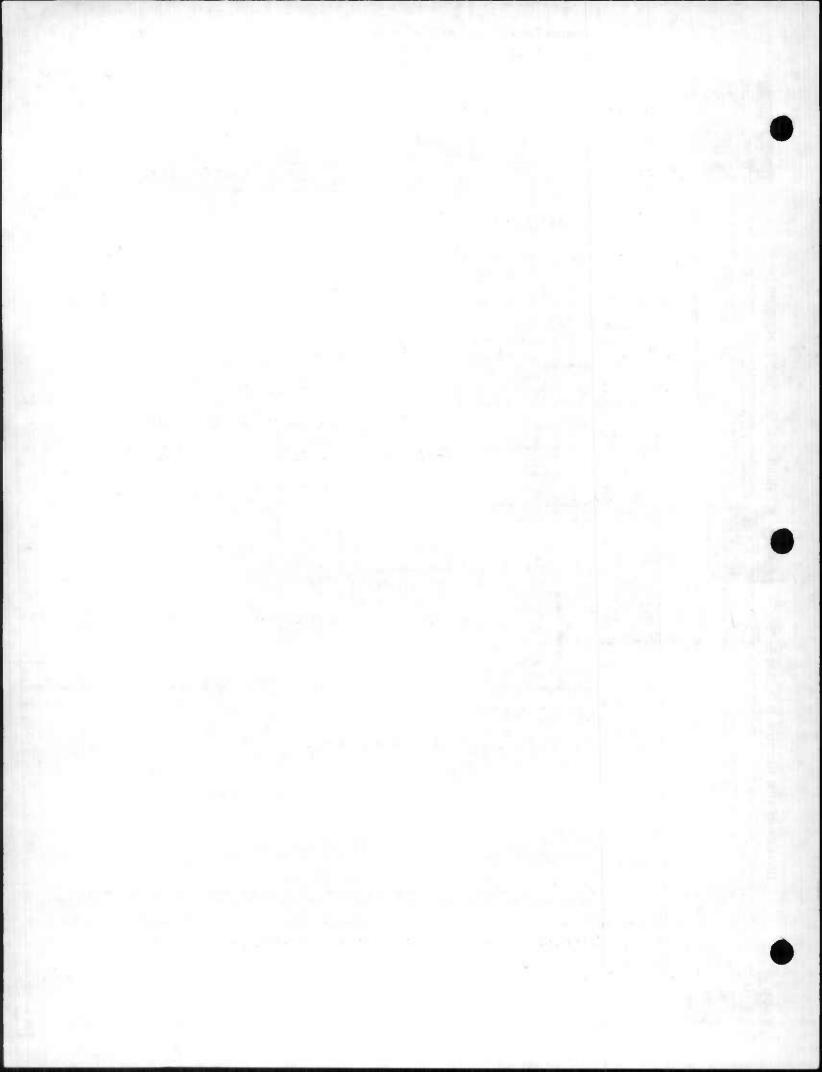
31. Dete filed (Month, Day, Year) MAY 06



i or Attending Patter death. After

n 24 hours after dea ne Funeral Director nataly filled in by th

To the Hosp within 24 ho To the Fune completaly fi



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** BETSY DILLARD COMER MAY 1, 1998 9:42 PM /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) Examiner MERIDIAN AT BRIGHTWOOD LUTHERVILLE BALTIMORE If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys Months 1 M XXX Hours 579-34-4428 Yrs. 73 Director 07-03-1924 N. CAROLINA Usuel Residence of Decedent with the Meryland 10e. State 10b. County 10c. City, Town or Location 10d. insida City Limits "naturel", or items 23e or 28a-f ehow edical Examiner must be notified at LUTHERVILLE MD. BALTIMORE 1 Yes XZ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21093 ROAD U.S.A. 515 BRIGHTFIELD Funeral deeth 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 12. Wes Decedent Ever In U.S. Armed Forces?
1 ☐ Yes ※※ No
If Yes, Giva d 2 should be filed within 72 hours after th end Mentel Hygiene.
7 ie marked other than "naturel", or itei treumatic event, tre Medical Examinati 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes X2X No Specify: Specify: WHITE py XX Widowed 4 Divorcad Yeer or Detes Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) College (1-4or 5+) TEACHER EDUCATION PLUS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) . Peges 1 end 2 should be fill ment of Health end Mentel Hant: If item 27 is marked oth lury or other traumatic even Be PENN DILLARD MILDRED BOOKER GEORGE 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) 7821 CHELSEA ROAD, BALTIMORE, MARYLAND, 21204 BETSY B.YEARLY (DAUGHTER) 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Dete 1 ☐ Burial XX Cremetion 3 ☐ Removel from Stete Department of important: If any injury or once. GREEN MOUNT CREMATORY 5-4 BALTO., MD., 21202 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility
HENRY W. 21. Signeture of Funeral Service Licensee JENKINS AND SONS COMPANY - Ruth 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Batween Onset and Death **Physician** /Medical Immediate Cause (Finel CARDIAC - PULMONARY ARREST MINS. diseese or condition rasulting in death) Examine Due to (or as e consequance of): Examiner RUPTURED AORTIC **ANEURYSM** DAYS Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): physician s the burial Box 68760. Physician/Medical thet the death certificate be Due to (or es e consequence of): 80 ettending p by the e 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. o 1 Yee 2 No X Probably 4 Unknown ۵, SENILE DEMENTIA signed t Records. by The law requires 24b. Were autopsy findings available prior to completion of cause of deeth? bluods 24a. Was en autopsy performed? Completed s certificate has b 1 ☐ Yes XXNo 1 ☐ Yes 2 ☐ No Division of Vital director. Physician: Be 25. Wes case raferred to medicel exeminer? 26. Placa of Daeth (Check only one) Other: XX Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 Yes X2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this After thi funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? or Attending XX Natural 5 Panding 1 ☐ Yes 2 ☐ No death. Investigation 2 Accident Director: / 6 ☐ Could not be datermined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) nfter 4 | Homicide To the Hospital or A within 24 hours after To the Funeral Directompletely filled in b. 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and placa, end due to the ceuse(s) and manner as steted. edicai (Check only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. one 29d. Date signed (Month, Day, Year) 29b. Signature applittle of minti 29c. License number D 27569 MAY 4, 1998 30. Name end address of person who completed cause of death (flam 23e) (Type, Print) SHOROFSKI, M.D., 515 FAIRMONT AVENUE, TOWSON, MARYLAND, 21204 M. nistrar's Signature 31. Data filed (Month, Day, Year)

**DHMH 16 Rev 6/95** 

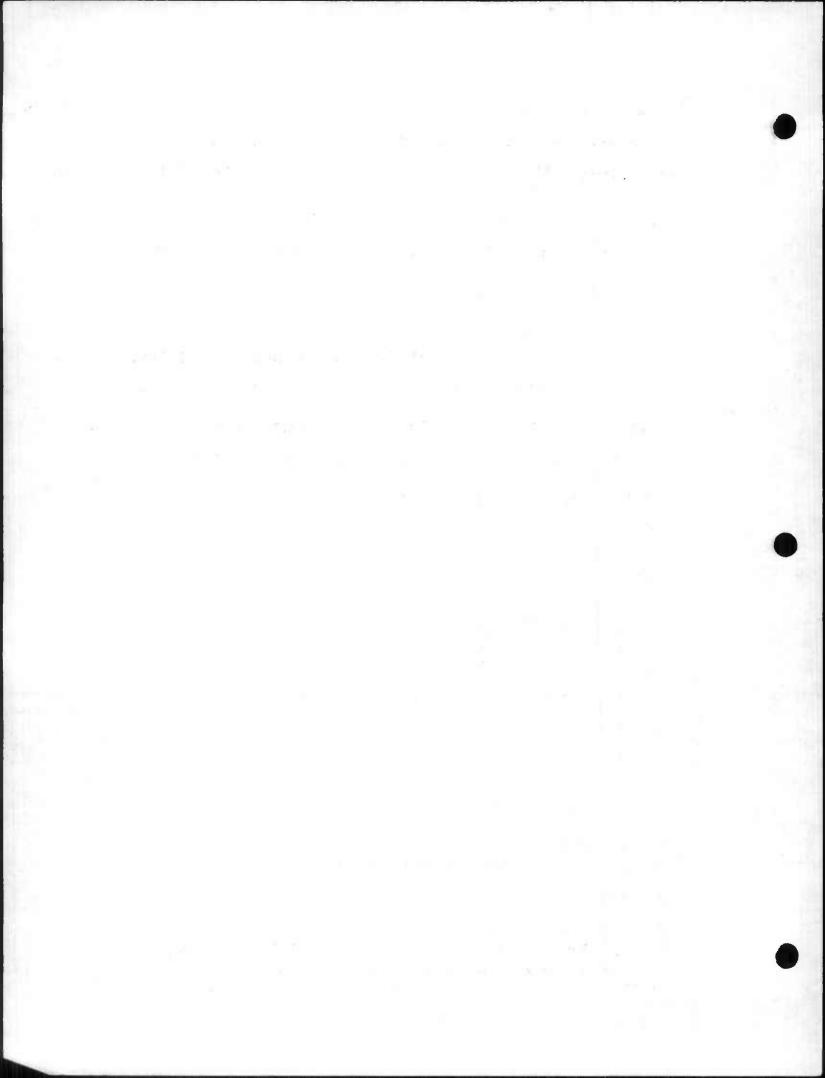
Registrar

MAY

0 6 1998

18 Tox Self-Turby Miles V Maria Programme Committee 5.57 The same of the sa masses, the of consist of the first course. It is it is the second of the consist of the second of t THE REPORT OF THE PARTY OF THE elitabelle servis de l'acteur

				State of Man	yland / L	Departmer Certificat				giene		3932
	Physici	an	1. Decedent's Name (First, Middle, Last)		- 1	`^			2. Date of De Month	ath Day	Year	3. Time of Death
	/Medi		William		odn	117		a. Ob. T	May	3 1	999	4; 50 lm
1	Examir	ner	4a. Fecility Name (If not institution, give		Con			4b. City, Town, or Lo				, mul
Н	Funeral		Social Security Number 6. S	x 7. Age (ii	n yrs. iast bir	Ad-mak-	r 1 Year Days	if Under 24 Hrs. Hours Min.	6. Dete of Birt	h	9. Birtho	plece (State or Foreign
	Director		207-01-1798 Usual Residence of Decedent	<b>X</b> M 2□ F	79	Yrs.	Days	riours Mill.	9/10219D1	1978	PEN	MSYLVANIA
	/land		10a. State 10b. County	10	Oc. City, Tow	n or Location					1	10d. Inside City Limits
	a Mar	ctor	MD BALT	IMORE		(	CATC	ONSVILLE				1 □ Yes 2XXVo
	th with th	Funeral Director	719 MAIDEN CH	OICE LANE	E HR	621 10f. Zij	Code	21228		10g. CitIzen of V U.S		ntry?
020	permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, tra Medical Examine must be not the ancade.	by	11. Maritai Status  1 □ Never Merried  2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	or in U,S.	if Yes, spe	13. Was Decedent of Hispanic Origin? (Specify Yes or No- if Yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ Yes 2 ☑ No Specify:					can indian, etc.
21215-0020	hin 72 ho	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation e completed) College (1-4or 5+)	16a.	Decedent's Usu (Give kind of wo life. DO NOT u	ork done	during most of work	16b. Kind of Busine			dustry
	ygiane ygiane er the	Com		4	I	NDUSTRI	IAL	ENGINEE		PROCT		GAMBLE
and	d be fill	Be	17. Father'a Name (First, Middle, Last) WILLIAM M. GO	ODWIN SE	>			18. Mother's Name		. (BLA	11	
Maryland	should nd Me mark umatic	To	19a. Informant'a Name/Relationship (Ty		1	. Mailing Addres	s (Street	and Number or Run				<sup>Code)</sup> 21228
	and 2 saith a n 27 is		RUTH T. GOODW		7	19 MAII	EN	CHOICE				21220
Baltimore,	or oth		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐ R		cemete	Disposition (Nary, crematory or	other pla		Date / F /	20c. Location -		
Him	artmer ortant: Injury		4 ☐ Donation 15 ☐ Other (Specify)  21. Signeture of Funeral Service License	99	BALT			CREMATOR	_			EL, MD
Ba	Departimbor		Polet Sun	Buh				ONDSON A				MES, INC., MD 2122
i	Division		23a. Pert1. Enter the disease, or control shock, or heart failure. List only or	Cations that caused the ie cause on each line.	e death. Do	not enter the mod	de of dyi	ng, such as cardiac	or respiratory a	rrest,	-	Approximete Interval Between Onset and Death
ä	Physician /Medicai		immediate Cause (Final disease or condition	As	picat	rion	6	nemor	19		† 	hous
ı	Examiner		resulting In death)	Due	e to (or as a	consequence of)		nemor				
7	bet nsit	Examiner	e t	)	レナ・ソ	50.15	D	11'Slase				41913
o é	in and his tra	Exar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or trijury that initiated events	Due C	e to (or as e	consequence of)						Ma15
68760	cate be pracuted physician and s the burial transit	dicai	Cause (Disease or trijury that initiated events resulting in death) Last	Due	01-	consequence of):						1
	0 0 0	w		J								
Box	death of for u	Physician/M	Pert ii. Other significant conditions con	stributing to death but a	at requiting in	the underlying	nouna ab	ron in Dort I	22h Did	obana usa sa	ndelbude 6	o the cause of death?
P.O.	res that the dai	Phys	Total. Other algumeant conditions con	tributing to oeath but in	ot resulting ii	t the underlying t	ause gr	veirii Faiti.	1 🗆	- 4	3 Pro	
	signed be de	by									T	
Records,	need peen shoul	Completed								an autopsy med?	av co	fere autopsy findings rallable prior to empletion of cause death?
		Com							10	res 30 No	1[	☐ Yes 2☐ No
Vita	ysician: The I s cartificata he director, paga	Be	25. Was case referred to medical exeminer?	lospitai:			0#	26. Piaca of Death				
Division of Vital	유독교	lon: To	27. Manner of Death  Naturel 5 Pending	1 ☐ inpatient  28a. Date of injury (Month, Day Ye	2 ER/Ou 28b. 1		28c. inju Wo	ry at rk?		dence 6 Oth		у)
N S	or Attend ftar death lirector: In by tha	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Place of tnjury building, etc. (3	- At home, fa			Yes 2 No	28f. Location (: City or To	Street and Numb vn, State)	er or Run	al Route Number,
	To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: Aftar th complataly filled in by the funeral	edical Ce	(Check only 2 Medical Examin	nician: To the best of m	y knowledge amination an	, death occurred	at the ti	me, date and place,	and due to the	cause(s) and ma	unner as s	itated.
	ithin 2 o the	Med	one) 29b. Signeture end title of certifier/	and manner stated	l.			se number		29d. Date signe		
	► 3 ► 0		) / h	UN			15	インリイン		My 4	1845	8
	30		30. Name and address of person who co		(Item 23a)	(Type, Print)	ch	uc Lan	9 (	fusul	61	May
	Sta	te	31. Dele filed (Month, Day, Year)	32. Hegistrar's	V	D	- 11			1		1
E	Registr	ar	MAY 06 1998	Sharke	m/don/-	Markovar						



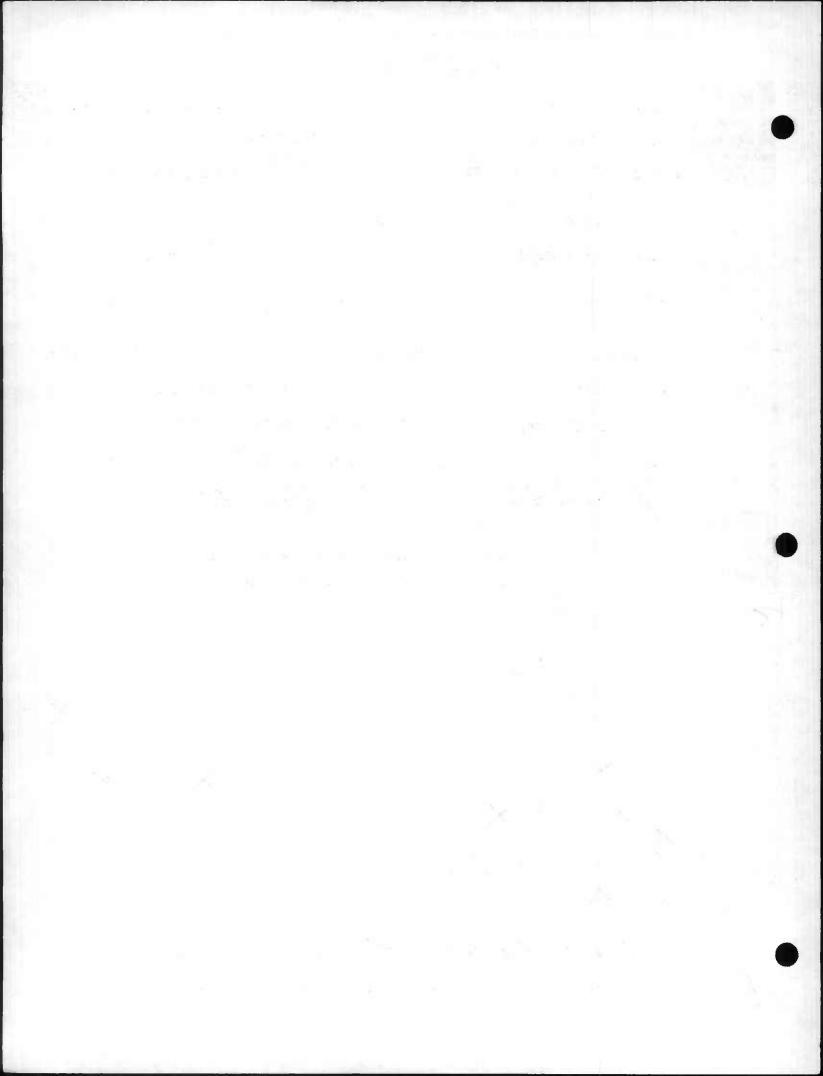
State of Maryland / Department of Health and Mental Hygiene 00

2	- 1	10	0	-
-1		3.7	3	
- [	. 1	-	. 1	. 7
	The of	100	$\vee$	$\sim$

		Donadostic N	o (Einst Stinketo 1 -	n#1		Cei	rtificate of	Death		Reg. No.		To Town 15		
Physician	ı		e (First, Middle, La						2. Date of De Month	Dey	Yeer	3. Time of Death		
/Medicai	H		M. HEWIT					the Other Towns and	May	4 199		20:45 PM		
Examiner	ľ		If not institution, giv ES HOSPIT		m <i>ber)</i>			4b. City, Town, or BALTIMOR			ty of Death N/A			
unerai	1	5. Social Security N			7. Age (In yrs.	lest birthdey)	If Under 1 Year		8. Date of Bir	rth	9. Birth	place (State or Foreign		
irector		219-03-7	/10	□м 2√Д F	77	Yrs.	Months Deys	Hours Min.	8. Date of Bir (Month, De JUNE 2	9,1920	MAR	YLAND		
*	-	Jsuel Residence o 10e. Stete	f Decedant 10b. County		10c Cit	ty, Town or Lo	ocation					10d. Inside City Limits		
or Po		MD	BALTIMO	)RF	100.0.	BALTI						1 ☐ Yes 2 No		
be nothing Director	-	10e. Street and Nu		ICE		DAUITI	10f. Zip Code		10g. Citizen of Whet (			into/?		
200			ISIANA AV	ENUE			2122	7	U.S.A.			THUY!		
r toms 23a	-	1. Marital Status		12. Wes Dec	. Wes Decedant Evar In U,S.		Was Decedent of			Rece - American Indian,				
er, or he Exemple by Fur		1 Never Marr	lad 2 Marriad	Armed Fo 1 ☐ Yes If Yas, Gi Yeer or D	2€ No ve		Was Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ Yes 2 ☒No Specify:			Black, White, etc.  Specify: WHITE				
it, the Medical is Completed		(See	15. Decedent's Ecify only highest gre	lucation		16e. Dece	dent's Usual Occu	ipation a during most of wor ad)	rkina	16b. Kind of Businass/Industry				
al de	-	Elementary/Seco		College (				ed)	King					
Cor	-		GRADE			WELD	ER				_ 、	PPLIANCE)		
Be			(First, Middle, Last,					, Maiden Sume	me)					
To To		JAMES RI		Euro Pototi		401-14-11			IAN SCH					
n 27 is her trau		eme/Reletionship (					et end Number or Ru							
	2	JOHN B. 20e. Mathod of Dis	HEWITT (	SON)	20b. F	NA AVENUE		20c. Location						
		1 Burial 2	☐ Cramation 3 ☐		Steta	-	natory or other plant	ece)	5/8/98					
in in	4 □ Donation 5 □ Other (Specify) CRESTLAWN MEMORIAL GARDEN MARRIOTTSV  21. Signature of Funerel Service Lipensee 22. Neme end Address of Fecility											LLE, MD		
any ir		HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229												
	+	23a. Pert1. Enter ti	he diseese, or com	olications that	caused the deet	h. Do not ent	107 WILK er the mode of dv	ENS AVENU	JE-BALTI or respiretory e	MORE, M	D 21			
ician		shock, or hae	rt feilure. List only	one cause on o	ech line.			•				Approximete Intarvel Between Onset end Death		
dicai		Immediate Ceuse ( disaase or conditio		POOF	RLY DIFI	FERENTI	ATED MAI	LIGNANT N	EOPLASM		1			
iner		resulting In deeth)		Θ				M AND RIG						
i i			_	TNVC	DLVING 7	THE MEI	DIASTINUN	M AND RIG	HT LUNG		į,	Years		
ial-transit		Sequentielly list co	nditions,	0	Due to (d	or es e conseq	juenca of):							
		Sequentielly list co if eny, leeding to in cause. Enter Unde Ceuse (Disease or	orlying Injury	c										
9 2		thet initieted events resulting in daeth) i	3	Dua to (or as a consequence of):  d.  a contributing to death but not resulting in the underlying cause given in Pert I.										
			L											
Physician/	-	Part II. Other elanif	leant conditions o						22h Did	tohecco use c	ontribute t	to the cause of death?		
be detached for us by Physician/	.   '	orth. Other argini	Tourn conditions o	or tributing to u	oath but not 193	alling in the a	ildeliyilig cause g	Well lift oit i.			3 □ Pro	1		
by F														
should t									24a. Wes	en eutopsy ormed?	24b. W	Vere eutopsy findings valleble prior to		
2 sh											of	ompletion of cause f deeth?		
rector, page 2 should									1	Yes 2□No		Yes 2□ No		
director,		25. Wes case refer exeminer?	red to medical					26. Plece of Dea	ath (Check only	one)		1		
P P	-	1 ☐ Yes 2	No			ER/Outpatier	IT BOA		lome 5 Resi			(y)		
funera tion:	2	27. Menner of Deat Naturel	5 Pending		of Injury th, Day Year)	28b. Time of Injury	Wo		28d. Describe	how injury occu	irred			
in by the fertificati		2 ☐ Accident 3 ☐ Suicida	Investigation 6 Could not b		of Inline	omo 4		Yes 2 No	29f Lanction (	Street and Ali-	harar	rol Poute Atumber		
completely filled in by the funera Medical Certification:		4 Homicide	determined	289. Place	of Injury - At he ing, etc. (Specif		aet, factory, office	,	City or To	wn, Stete)	Der Of Huf	rel Route Number,		
0	-	29a. Certifier	Certifying Ph	ysician: To the	best of my kno	wledge, death	occurred at the t	lime, date end place	, end due to the	ceuse(s) and n	nenner as	steted.		
pletely fil		(Check only one)	2☐ Medical Exam	iner: On the b	asis of examine ner stated.	tion end/or inv	vestigetion, in my	opinion, deeth occu	rred et the time,	date end plece	, end due t	to the cause(s)		
completely filled	1	29b. Signature end	title of cartifier	0	00		29d Licen	ise number		29d. Dete sign	ed (Month	, Dey, Year)		
		1/11	utail	71	elas	71-	DOG	9990		Mary 5	100	0		
.t		n Name and addr	ess of person who	completed cause	se of death from	n 23e) (Type	Print)	, , , ,		May 5	1390	3		

Dr. Michael E. Pelczar St. Agnes HealthCare 900 Caton Avenue Baltimore, MD 21229
31. Deta filed (Month, Dev Year) 1998

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

13934

10d. Inside City Limits

1 Yes 2 No

Physician	
/Medical	
Examiner	

DOROTHY M. HOWARD 4e. Fecility Neme (If not institution, give street and number)

1. Decedent's Neme (First, Middle, Last)

2. Dete of Deeth Month 02 MAY

3. Time of Death 6:35p.m

**Funeral** 

5. Sociel Security Number 215-14-0643 Usuel Residence of Decedent HOSPITAL CENTER 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 1 ☐ M 2 🖫 F

75

4b. City. Town, or Location of Deeth BALTIMORE

BALTIMORE Birthplece (State or Foreign Country)

WHITE

Director

28a-f show Director

with the Maryland

Peges 1 and 2 should be filed within 72 hours efter death with the Maryla nent of Heelth and Mentel Hygiene.
Int: If item 27 ie marked other than "natural", or itema 23a or 28a-f ehov unt: If item 27 ie marked other than "natural", or other traumatic event, the Medical Examiner must be nothed at Department of Heelth ar Important: If item 27 le any Injury or other traugonce.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

Physician/Medical Examiner Division of Vital Records, P.O. Box 68760 The law requires that the death cermonts þ Completed To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, p Be Certification: To Medical

HARBOR 10a State MD Funeral þ Completed 1 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

10e. Street and Number 3012 PENNSYLVANIA AVENUE 1 ☐ Never Merried 2 ☐ Merried 3 N Widowed 4 Divorced Elementery/Secondery (0-12) 8TH GRADE 17, Father's Neme (First, Middle, Last)

20e. Method of Disposition

10h Counts BALTIMORE 10c. City. Town or Location

Yrs.

BALTIMORE 10f. Zip Code

10g. Citizen of Whet Country?

21227

U.S.A. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc.

Specify:

4c. County of Death

NOV 16, 1922 FAIRHILLS, MD

1 ☐ Yes 2 X No Specify:

16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) BOTTLE PACKER

GLASS COMPANY 18. Mother's Neme (First, Middle, Malden Surname)

EDWARD L. KRENZ

19e. Informent's Neme/Relationship (Type, Print)

IINKNOWN 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Dete

PATRICIA A. LUDWIG(DAUGHTER)

20b. Plece of Disposition (Name of cemetery, crematory or other place)

2717 NORLAND ROAD - BALTIMORE, MD 20c. Location - City or Town, Stete

ELKRIDGE, MD.

MEADOWRIDGE MEMORIAL PK 15/6/98 22. Name and Address of Facility
HUBBARD FUNERAL HOME INC.

re of Funeyli Service Ligensee hanne achie a

4107 WILKENS AVENUE-BALTIMORE, MD 23e. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, so heart fellure. List only one cause on each line.

Approximete Interval Between Onset end Deeth

21229

Immediete Ceuse (Finel diseese or condition resulting in deeth)

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest

INTRA CEREBRAL HEMORRHAGE

EREBRO VASCULAR ACCIDENT Due to (or es e consequence of):

MYOCARDIAL

Due to (or es e consequence of): INFARCTION.

HYPERTENSION

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

MELLITU DIABETES

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown

24e. Wes an eutopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

1 Yes 2 No

25. Wes case referred to medical examiner? 1□ Yes 2□ No

Hospitei: 28e. Dete of Injury (Month, Day Year) 5 Pending investigation

1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of Injury

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Piece of Deeth (Check only one)

28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

27. Menner of Death

1 Neturel

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated.

29b. Signeture end title of certifier N. Savjanya

RESIDENT

29c. License number AS-2441614 29d. Dete signed (Month, Day, Year) 05/02/1998

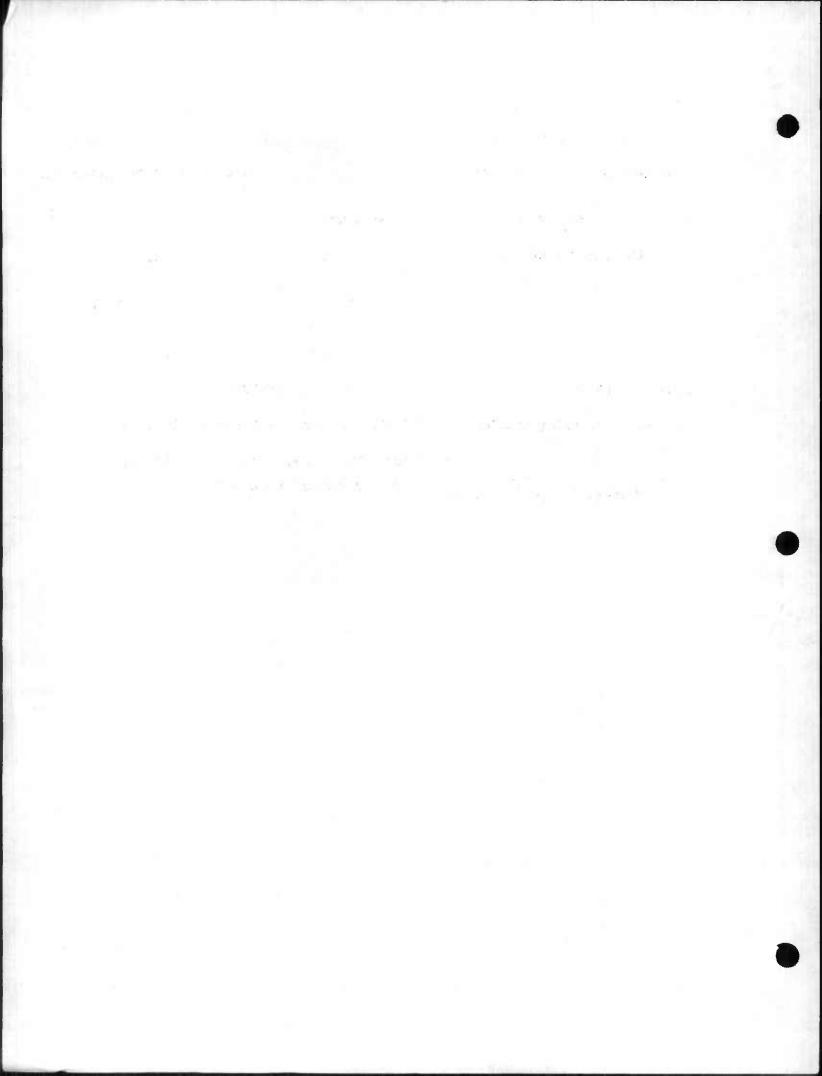
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

SOWJANYA NAGABHIRAVA, 3001 S. HANOVER ST. BALTIMORE, MD.

State Registrar 31. Date filed (Month, Day, Year) MAY 06

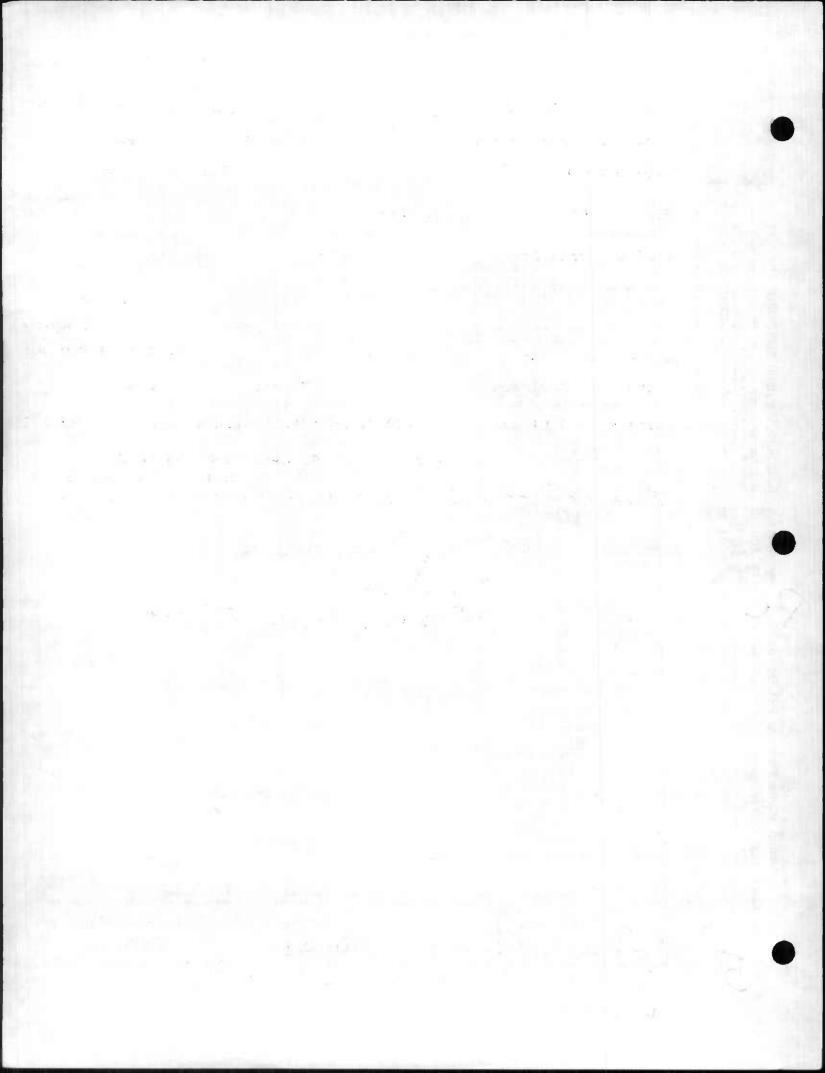
6 Could not be





State of Maryland / Department of Health and Mental Hygiene 98 13935

												-	
an	Decedent's Nam										eath Dey	Yeer	3. Time of D
n al	Pearl		Holley							Month May	03,	98	5:00
er	4a Fecility Name (/									cation of Deet	h 4c. County	y of Deeth	
			att Str			lí Hodor	1 Year	Balt			46	NA	
-	5. Social Security N 218-44		. Sax 1 □ M 2 □ 🛣	7. Age (In yrs.	lest birthday) Yrs.	Months	Deys	Hours	Min.	8. Date of Bir (Month, Di 06-07	ay, Year)	9. Birthp	plece (Steta or F ntry)
	Usuel Residence of			61						06-07	-36 Md.		
	10a. Stete	10b. County		10c. Cit	y, Town or Lo	Town or Location						1	Od. Inside City
	Md.	NA		Ba	ltimo	re							XXYes 2
	10e. Street and Nur	mber				10f. Zip	Code				10g. Citizen of	Whet Cour	ntry?
2	1132 E	. Prati	t Stree	t		21	202				USA		
runeral Director	11. Marital Status		Armed Fo	adent Ever in U	S. 13. V	Wes Deced	dent of H	ispenic Ori	gin? (Spe , Puerto	cify Yas or No Rican, etc.)		ce - Amaric	
2		led 2 Married	If Yes, Giv	2 ₩ No		1 ☐ Yes	2/DyNo	Specify:				<sup>∱y:</sup> Bla	
	3 X Widowed		Yeer or D	etes:	10.0			No.			40h Kind of F	. вта	.CK
	(Spec	15. Decedent's cify only highest	Education grade completed)	life DO NOT use retired)			ation during mosi	of worki	ng	160. Kind of E	susiness/in	dustry	
	Elementery/Seco		College (1	1-4or 5+)				( <del>0</del> 0)			Balti		
	6th Gr 17. Fathar's Nema	ade (First, Middla, La	NA NA		Laborer 18. Mother's Name (Fi					(First, Middle			
200	Henry		binson			Minnie					Farm	er	
	19a. Informent's Na				19b. Meilin	ng Address	s (Street			I Route Numb	per, City or Town		Code)
	Roseli	e R. R	obinson		1200	N	Bon	anar	te 1	venue	Balti	more	, Md.
	20a. Method of Disp	position			riece of Dispo	sition (Ner	me of			Date	20c. Location		
			Ramovei from	Stete					one	05-07	-98 Dis	ndal	k. Ma
	4 Donation 5 Other (Specify) Voshell Mem. Garden's 05-07-98 Duno												
	21. Signetured Funarei Sarvice Licensee  22. Nama and Address of Facility Baltimore, Maryland 212  WM.C. March FH 1101 E. North Avenue												
-	and the	neg	- Coe	un								In AV	
	23a. Per I. Enter ti	he diseese, 🐙 🗗	omplications that o	nunnd the deat	h. Do not ente	er the mod	le of dyin	g, such es	cerdiec o	r respiretory	errest,		Approximete
ician dical	shock, or hea	he diseese, and rt feilure. Line	ity one ceuse on e	ech iine.	h. Do not ent	er the mod	de of dyin	ng, such es	cerdiec (	or respiretory e	errest,		Intervei Betw
	Immediate Ceusa	(Finel	ly one ceuse on e	ech line.	h. Do not entr	er the mod	de of dyin	d L	cerdiec	or respiretory e	errest,	1	Intervei Betw
		(Finel	e.	Ruby	1 B	den	4	dusc dusc	cerdiec	or respiretory o	errest,		Intervei Between
	Immediate Ceusa diseese or condition	(Finel	e.	Ruby	n. Do not entr	den	4	dusc	cerdiec o	or respiretory e	errest,		Intervei Betw
aminer	Immediate Ceusa diseese or condition resulting in deeth)	(Finel n	e. DO	SUN BNO (O	or este consequence	deniquence of):	4	diac	m	P			Intervei Betw
	Immediate Ceusa diseese or condition resulting in deeth)	(Finel n	e. DO	SUN BNO (O	1 B	deniquence of):	4	discount es	m	P		9	Intervei Betw
icai Examiner	Immediate Ceusa i disease or condition resulting in deeth)  Sequentially list condition of the condition of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or the ceuse of th	(Finel anditions, maidiate orlying linjury	eb	On Brusho (co	or este consequence	quence of):	4	g, such es dec	m	er respiretory of		9	Intervei Betw
edicai	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list confirm, leading to incause. Enter Unde Ceuse (Disease or Ceuse) (Disease or Ceuse)	(Finel anditions, maidiate orlying linjury	eb	On Brusho (co	or esta consequence of the conse	quence of):	4	g, such es desc per	m	P		9	Intervei Betw
VMedical	Immediate Ceusa i disease or condition resulting in deeth)  Sequentially list condition of the condition of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or the ceuse of th	(Finel anditions, maidiate orlying linjury	e. DOC	On Brusho (co	or esta consequence of the conse	quence of):	4	g, such es doc pen	m	P		0	Intervei Betw
VMedical	Immediate Ceusa i disease or condition resulting in deeth)  Sequentially list condition of the condition of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or that inities devents of the ceuse (Disease or the ceuse of th	(Finel in in in in in in in in in in in in in	e	Due to (o	or esa consequir es e consequir as a consequir	quence of):	de	pen	rde	e at di		Ontribute t	Iniervei Betw Onset end De
VMedical	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list confirm, leading to incause. Enter Under Ceuse (Disease or that initiated events resulting in death)	(Finel in in in in in in in in in in in in in	e	Due to (o	or esa consequir es e consequir as a consequir	quence of):	de	pen	rde	e at di	abete		o the cause of
by Physician/Medical	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list confirm, leading to incause. Enter Under Ceuse (Disease or that initiated events resulting in death)	(Finel in in in in in in in in in in in in in	e	Due to (o	or esa consequir es e consequir as a consequir	quence of):	de	pen	rde	e at di	abate	3 □ Pro	o the cause of
by Physician/Medical	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list confirm, leading to incause. Enter Under Ceuse (Disease or that initiated events resulting in death)	(Finel in in in in in in in in in in in in in	e	Due to (o	or esa consequir es e consequir as a consequir	quence of):	de	pen	rde	23b. Did	abate	3 □ Pro	o the cause of bably 4 U
by rugsicial medical	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list confirm, leading to incause. Enter Under Ceuse (Disease or that initiated events resulting in death)	(Finel in in in in in in in in in in in in in	e	Due to (o	or esa consequir es e consequir as a consequir	quence of):	de	pen	rde	23b. Did	tobacco use co	3 ☐ Pro	o the cause of bably 4 L
by ruysiciarymedical	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list confirm, leading to incause. Enter Under Ceuse (Disease or that initiated events resulting in death)	(Finel in in in in in in in in in in in in in	e	Due to (o	or esa consequir es e consequir as a consequir	quence of):	de	pen	rde	23b. Did	tobacco use co	3 Pro	o the cause of bably 4 U
manager of a manager of	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list condition in the condition of eny, leading to incause. Enter Under Ceuse (Disease or that initiated events resulting in death).  Part II. Other alignifications are conditionally in the condition of the	nditions, nmadiate shyling Injury s Lest	e	Due to (o	or esa consequir es e consequir as a consequir	quence of):	de	per on in Part I	rde	23b. Did	tobacco use collyes 2000 san autopsy ormed?	3 Pro	o the cause of bably 4 U
Be Completed by Physician/Medical	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list condition in cause. Enter Under Ceuse (Disease or that initiated events resulting in death)  Part II. Other significance or support the condition of the condition of the ceuse (Disease or that initiated events resulting in death).	nditions, madiate shyling Injury S. Lest	e. D	Due to (o	or esa consequir es e consequir as a consequir	juence of):	All Dates giv	per on in Part I	The of Deet	23b. Did 10 24a. Wei	tobacco use collyes 2000 san autopsy ormed?	3 Pro	o the cause of bably 4 U
to be completed by ruysicially medical	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting to incause. Enter Under Ceuse (Disease or that initieted event resulting in death)  Part II. Other signification resulting in death)  25. Wes case refare a marminer?  1  Yes 2 2	nditions, madiate shyling linjury scheet to medical No	e. Discontributing to de Hospitel:	Due to (o	or esa consequence of a sa a consequence of a consequence of a consequence of a consequence of a consequence o	quence of):  uence of):  nderlying of	do do do do do do do do do do do do do d	per per la per l	of Death	23b. Did 1 24a. We: perf	tobacco use collyes 2 100 one)	24b. W	o the cause of bably 4 U
to be completed by Physician/Medical	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition results list condition to include. Enter Under Ceuse (Disease or that initiated events resulting in death)  Part II. Other alignification of the condition of t	nditions, nadiate riving linjury scant conditions  red to medical No h	e. Discontributing to del Hospitel: 1 1 28e. Date (Monitor)	Due to (co	rese consequences a consequence according to the united sequences and the united sequences are a consequences as a consequence as a consequenc	quence of):  uence of):  nderlying of	OA Oth	per per la per l	of Deet	23b. Did 1 24a. Weiperf 1 1 1 1 (Check only ma 5 Res 28d. Describe	tobacco use colly yes 2000 one)  san autopsylomed?  Yes 2000 one)  sidence 6 00 how injury occur	3 Pro  24b. W  av  cc  of  11  ther (Special	o the cause of bably 4 Left to the cause of
to be completed by this sicial medical	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list condition results. Enter Under Ceuse (Disease or that initiated event resulting in death).  Part III. Other alignifications are examiner?  1 Yes 2 127. Mennar of Deat 1 1 Neturel	nditions, noticel noticel notice to medical	e. Discontributing to de la contributing to de la contributing to de la contributing to de la contributing to de la contribution to be la contribution to	Due to (or Due to (or	es a consequence of the conseque	juence of):  uence of):  uence of):  ndarlying of  M	OA Oth	pen in Part I	of Deet	23b. Did 1 24a. Weiperfi 1 1 1 1 (Check only) ma 5 Res 28d. Describe	tobacco use colly yes 2 2 No one)	3 Pro  24b. W  av  cc  of  11  ther (Special	o the cause of bably 4 U
Certification: 10 be Completed by Physician/Medical	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list confirm the confirm of the ceuse	red to medical No h 5   Pending Investigal	e. Discontributing to de la contributing to de la contributing to de la contributing to de la contributing to de la contribution to be la contribution to	Due to (continue t	es a consequence of the conseque	juence of):  uence of):  uence of):  ndarlying of  M	OA Oth	pen in Part I	of Deet	23b. Did 1 24a. Weiperfi 1 1 1 1 (Check only) ma 5 Res 28d. Describe	tobacco use colored and tops of the colored and tops o	3 Pro  24b. W  av  cc  of  11  ther (Special	o the cause of bably 4 U
Certification: 10 be Completed by Physician/Medical	Immediate Ceusa disease or condition resulting in deeth)  Sequentially list confirm resulting in deeth)  Sequentially list confirm resulting to incause. Enter Under Ceuse (Disease or that inflieted event resulting in death)  Part II. Other significant resulting in death)  Part II. Other significant resulting in death)  25. Wes case refare a marriant resulting in death)  27. Mennar of Deat 1. Neturel 2. Accident 3. Suicide 4. Homicide  29a. Cartifier	nditions, madiate shyling Injury SLest  red to medical No h 5 Pending Investigat 6 Could no determine	e. Do	Due to (c  Due to (c  Due to (c  Due to (c)  Due to (c	ER/Outpetier 28b. Time of Injury whedge, deeth	uence of):  uence of):  uence of):  ndarlying of  M  aat, factory	OA Othorse give word of the time word of	Per 26. Piece ar: 4 Nu Xet Yes 2 D	of Deeth	23b. Did 10 24a. Wei perf 10 11 11 11 11 11 11 11 11 11 11 11 11	tobacco use collyes 2 2 No one) sidence 6 One how injury occur (Street and Number), State)	3 Pro  24b. Way occ of  11  ther (Specialred	o the cause of babbly 4 U  Vere autopsy findelible prior to implation of ca death?  Yes 2 / / / / / / / / / / / / / / / / / /
edical Certifications, 10 be completed by rugsicial/medical	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in death in cause. Enter Under Ceuse (Disease or that initiated events resulting in death)  Part II. Other alignification in the condition of the cause of the condition of the conditi	nditions, madiate shyling Injury SLest  red to medical No h 5 Pending Investigat 6 Could no determine	e	Due to (c  Due to (c  Due to (c  Due to (c)  Due to (c	ER/Outpetier 28b. Time of Injury whedge, deeth	juence of):  uence of):  uence of):  M  M  reat, factory  recurred vestigation	OA Othorse give y, office et the tir., In my o	26. Plece ear: 4 No. Yes 2 Ome, dete en pinlon, dee	of Deeth	23b. Did 10 24a. Wei perf 10 11 11 11 11 11 11 11 11 11 11 11 11	tobacco use college of the second of the sec	3 Pro  24b. Way oct of of of the control of the con	o the cause of the
edical Certifications, 10 be completed by rugsicial/medical	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in death in cause. Enter Under Ceuse (Disease or that initiated events resulting in death)  Part II. Other alignification of the condition of the con	nditions, normadiate withing injury stept to medical normalization in the step injury step	e	Due to (or Due to (or	ER/Outpetier 28b. Time of Injury whedge, deeth	juence of):  uence of):  uence of):  M  M  reat, factory  recurred vestigation	OA Othorse give y, office et the tir., In my o	Per 26. Piece ar: 4 Nu Xet Yes 2 D	of Deeth	23b. Did 10 24a. Wei perf 10 11 11 11 11 11 11 11 11 11 11 11 11	tobacco use collyes 2 2 No one) sidence 6 One how injury occur (Street and Number), State)	3 Pro  24b. Way oct of of of the control of the con	o the cause of the bably 4 University of the cause of the cause of the bably 4 University of the cause of the
careal certification. To be completed by hit straightfording	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list condition results. Enter Under Ceuse (Disease or that initiated eventer esulting in death).  Part III. Other alignification of the country	nditions, normadiate withing injury stept to medical normalization in the step injury step	e	Due to (or Due to (or	ER/Outpetier 28b. Time of Injury whedge, deeth	juence of):  uence of):  uence of):  M  M  reat, factory  recurred vestigation	OA Othorse give y, office et the tir., In my o	26. Plece ear: 4 No. Yes 2 Ome, dete en pinlon, dee	of Deeth	23b. Did 1 24a. Weiperf 1 1 1 Check only ma 5 Res 28d. Describe 28f. Location City or To	tobacco use colly yes 2 10 No one) sidence 6 00 to how injury occu. (Street and Number), State) se ceuse(s) end in dete and place 29d. Data sign	3 Pro  24b. Way occ of  11  ther (Special urred  menner es s., and due I  and (Month,	o the cause of the
Physician/Medical	Immediate Ceusal disease or condition resulting in deeth)  Sequentially list condition results. Enter Under Ceuse (Disease or that initiated eventer esulting in death).  Part III. Other alignification of the country	nditions, normadiate withing injury stept to medical normalization in the step injury step	e	Due to (or Due to (or	ER/Outpetien 28b. Time of Injury whedge, death	juence of):  uence of):  uence of):  nderlying of  M  reat, factory  restigation	OA Othorse give y, office et the tir., In my o	26. Plece ear: 4 No. Yes 2 Ome, dete en pinlon, dee	of Deeth	23b. Did 1 24a. Weiperf 1 1 1 Check only ma 5 Res 28d. Describe 28f. Location City or To	tobacco use college of the second of the sec	3 Pro  24b. Way occ of  11  ther (Special urred  menner es s., and due I  and (Month,	o the cause of the



State of Maryland / Department of Health and Mental Hygiene 98 13936

HAM			Certific	cate of Death	Re	g. No.	10000
Physician	1. Decedent's Name (First, Middle, Last)	^			2. Dete of Death		3. Time of Death
Physician /Medical	Mary	Hnn	Ham		MAY 0	1, 1998	7:42 PM
Examiner	4e Fecility Neme (If not Institution, give s 501 DOLPHIN ST. A				Location of Deeth	4c. County of	Deeth
	5. Sociel Security Number 6. Sex		(In yrs. lest birthdey) If t	BALTI		NIA	9. Birthptece (Stete or Foreign
Funeral Director		IM 2 <b>X</b> F		nths Deys Hours Mi		1918	South Carolina
yland	10e. Stete 10b. County		10c. City, Town or Location				10d. Inside City Limits
the Mer	Md. NA		Baltin	nore			1 Yes 2 No
or 28	10e. Street end Number	C.	1 10	f. Zip Code	10	g. Citizen of Wh	af Country?
s 23a	501 Dolphin	Stree	ET Apt 414	21217	(01/-)	U.	S.H.
fer death with the Mei frame 23a or 28e4 a fine must be notified funeral Director	11. Maritat Status 1 Never Married 2 Married	12. Was Decedent E Armed Forces? 1 Yes 2 N	lf Yes	ecedent of Hispenic Origin? specify Cuben, Mexican, Pue	orto Rican, etc.)	Bleck,	American Indien, White, etc.
020  ors after death with the Merylan et, or itams 23a or 28a-f show Examiner must be notified at by Funeral Director		If Yes, Give Year or Dates:	1 U Y	es 2 No Specify:		Specify:	Black
15-0020 72 hours after death with the Meryland 72 hours after death with the Meryland returns; or farms 23a or 28a-f show rates! Exertines must be notified at each by Funeral Director	15. Decedent's Educ (Specify only highest grade	cation completed	16e. Decedent's	Usual Occupetion	ndkina	16b. Kind of Busi	ness/Industry
T 5 1.8 5	Elementery/Secondery (0-12)	College (1-4or 5-	H) life. DO N	of work done during most of w OT use retired)	V	C1 .	0
a filed within the hygiene. other than vent, the heart t			Upho	Istery W	ome (First, Middle, M	Char Sumama	r Compani
d be antel of the control of the con	TOONI	SAV		1/:	tania	. (~	· · · · · · · · · · · · · · · · · · ·
laryla 2 should and Men and Me	19e. Informent's Neme/Reletionship (Type	pe, Print)	19b. Mailing Ad	dress (Street end Number or	Rurel Route Number,	City or Town, S	tete, Zip Code)
Z 9505	Amy Wrigh	+	855 h	Vodcote St	reet Wir	ston, So	Jen North Carolin
of Heal	20e. Method of Disposition  1 Burial 2 Cremetion 3 Re	amount from State	20b. Place of Disposition cametery, cremetory	(Neme of or other place)			tty or Town, Stete
altimor mit. Pages partment of I portant: If It y Injury or o	4 Donetion 5 Other (Specify)	amover from State	Metro (	remotory	5-4-98 (	Baltima	ce. Macukad
Baltim pemit. Pag Department Important: I any injury once.	21. Signeture of Funerel Service License	00	22. Nar	ne end Address of Equility	on Jr. Fu	reral 1	tone PA.
W 205 9 9	Sharron A	J. Do	URUS 2140	N. Fulton F	Frence Ba	Himpre.	Maryland 21217 Approximate Interval Between
	23a. Part1. Enfer the diseese, or complic shock, or heart failure. List only on	e ceuse on each lim	death. Do not enter the	mode of dying, such es cerd	ac or respiratory erre	est,	Approximete Intervel Between
Physician /Medical	Immediate Ceuse (Finel	11 .	~ +				Onset and Deeth
Examiner	diseese or condition resulting in deeth) e.	Hupante	nsut at	should be	cardio	vasal	2
P P P P P P P P P P P P P P P P P P P		0,	Due to (or es e consequenc	e of):		73	2026
The second	Sequentially list conditions,	[	Due to (or es e consequenc	e of):			
S ATT	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury c.						
Physic at the particular of th	thet initieted events resulting in death) Lest	E	Due to (or as e consequence	of):			
T 2 2 4	d						İ
P.O. Box let the death cert of by the ettendin eteched for use	Part II. Other significant conditions cont	tributing to doub bu	t not soculting in the underly	the cause sizes in Bort i	22h Didto	hacco use cont	ributa to the cause of death?
of the de by the exteched the shysic	Part II. Other significant conditions con	inbuting to death but	t not resulting in the underly	ing cause given in Pert t.			B □ Probably 4 ☑ Unknown
E 270					-		
Records, he law requires the hes been signed age 2 should be completed by					24e. Wes en		24b. Were eutopsy findings evelleble prior to
Deccession in the specific mple						100	completion of cause of deeth?
= - 60 0					1 □ Y€	s 2000	1 Yes 2 No
/ita	25. Wes case referred to medical examiner?	ospitat:			eeth (Check only on	θ)	
To To	1 M 162 5 140	1 LI Inpatier			Home 5 Reside		
ision (death. stor: After the funer Ication:	1 Netural 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey	Year) Injury N	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	200. 5000/100 110	w injury occurre	
Division or Attending effer death. Director: After Jin by the fune ertification	3 Suicide 6 Could not be determined	28e. Pleca of Inju	ry - At home, farm, street, for	actory, office			or Rural Route Number,
Division of the format of the	4 🗆 Homicide	building, etc.	. (Specify)		City or Town	, Stete)	
Div To the Hospital or # within 24 hours effor To the Funcal Dire completely filled in b	29e. Certifier (Check only one)	er: On the basis of	exemination and/or investig	rred et the time, date end ple ation, in my opinion, deeth oc	ce, end due to the ce curred et the time, de	ouse(s) end meni ete end placa, an	ner es stated. nd due to the cause(s)
ithin of the omple omple Med	29b. Signature end title of certifier	and magner stat	ed.	29c. License number	2	9d. Dete signed	(Month, Dey, Year)
F 3 F 8	1			O.C.M.E.		1AY 02,	
17	30. Name engliddress of person who go	mpleted cause of de	eath (Item 23a) (Type, Print)			•	
-1	MINIX	1		Street, Baltin	nore, Mary	land 21	201
State	31. Date fied (Month, Day Year) 6 10	98 32. Registr	resignature don- Mar		-		
* Registrar	mm1 00 13	130					

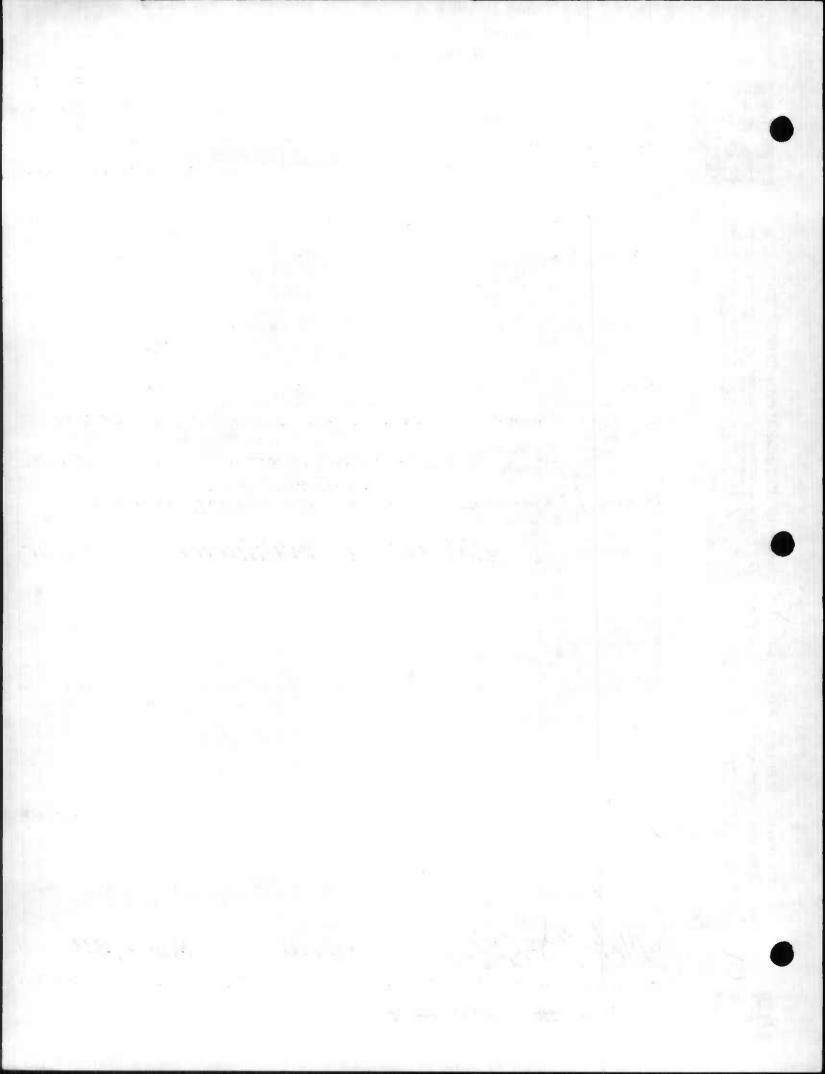
Division of Vital Records, P.O. Box 68760

Time The tourse playful fire spired and row post-sylve 54 C V F F V minute description of the food of the second of The W see I

State of Maryland / Department of Health and Mental Hygiene

	1. Decedant's Name (First, Middle, L.	ast)					2. Dete of Der	ath		3. Time of Death
ysician			LEY				Month May	Day	Yaer 998	1:30 A.M.
ledical	4a Facility Neme (If not institution, gr					4h City Town o	r Location of Deeth			1.50 A.H.
aminer								,		
neral	5411 St. Albans 5. Social Security Number 6.		a (In yrs. lest I	oirthday)	If Under 1 Yaar		imore s. 8. Date of Birt (Month, De		I/A 9. Birthpl	lece (State or Foreign
ctor	031-20-3538 Usuel Residence of Decedant	1□ M 2▼F	68	Yrs.	Months Deys	Hours Mir	Nov. 28	B, 1929	Massa	achusetts
	10e. Stete 10b. County		10c. City, To	wn or Loc	cation				10	0d. Insida City Limits
rector	Maryland Harfor	rd.	Ja	arret	tsville					1 ☐ Yes 2 ☐ No
Funeral Director	10e. Street end Number				10f. Zip Coda			10g. Citizan of V	What Count	itry?
O ie	2431 Lemmon Road	l			21	L084	7	U.S.	Α.	
ner	11. Meritai Stetus	12. Was Decedent Armed Forcas?	Ever in U,S.	13. W	Ves Decedent of H	lispanic Origin? (	Specify Yaa or No erto Rican, atc.)	14. Rac	e - Amarica	
by Fu	1 Never Married 2 Married 3 Widowed 4 Divorced				☐ Yes 25 No		nto thourt, ato.,	Specify		
P P	15. Decedent's E	Education	16	e. Deceda	ant'a Usuel Occup	pation	ndring	16b. Kind of Bu	usiness/Ind	dustry
Completed	(Specify only highest g	Collega (1-4or 5	5+)	life. D	kind of work done OO NOT use retire	d)	UNNILY	Freed	20	
Con	12 years			Но	orse Bree			Equi		
Be	17. Fathar's Nama (First, Middla, Las	·	2.7				ama (First, Middle,			
2	Robert		well			Mary			olly	
	19a. Informent'a Name/Ralationship						Rural Routa Numbe			
		husband)				oad Jar	rettsvil			
	20e. Mathod of Disposition 1   ☐ Burial 2 ☐ Cramation 3	□Ramoval from Stete	20b. Piece ceme	tary, cram	sition (Neme of setory or other ple	ca)	Date	20c. Location -	City or To	own, State
	4 Donetion 5 □Othar (Spec		High	view	Memoria]	L Cemete	ry 5-7-98	3 Falls	ton,	Maryland
83	21. Signature of Funeral Service Lice	ensee			Nama end Addre		Home Inc			
8 8	12. 1 E						altimore		md 21	1212
	23a. Part 1. Enter the disaase, or con shock, or heart failura. List onl	mplications that caused	d the death. D	o not ente	or the moda of dyi	ng, such es cardi	ac or respiretory e	rrest,	110_Z1	Approximata
cian	snock, or neart fallura. List onl	y one cause on each III	na.							Intarval Betwaen Onset and Deeth
cai	Immediata Cause (Finel	all	iphla	cto	VAAA	10011/-	1-1	10		1 2.12
ner	diseese or condition	01/1				1/1/11/11/11	THUVI		,	1 110111
	rasulting in daath)	е	Dualatata	SICA	vvu	mail	tiforn	U	1	1 year
<u>ē</u>	rasulting in daath)	е	Dua to (or as	a consaqu	uanca of):	mail	TTORY	W	1	year
ımlner		b	,			man	TTOVYI	u		1 year
Examiner		b	Dua to (or as			mun	TFORFI	W.		] year
	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disaasa or injury that initieted events	b	Due to (or es	e consequ	uence of):	mun	TFOVVI	W.		] year
edicai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury.	b	,	e consequ	uence of):	mu	TFOVVI	W.		] year
edicai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disaasa or injury that initieted events	e	Due to (or es	e consequ	uence of):	mull	TFOVVI	W.		] year
edicai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disaasa or injury that initieted events	d	Due to (or es	e consequ a consequ	uence of):				ntribute to	y eav
edicai	Sequentielly iist conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last	d	Due to (or es	e consequ a consequ	uence of):		23b. Did	tobacco use co		o the cause of death?
edicai	Sequentielly iist conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last	d	Due to (or es	e consequ a consequ	uence of):		23b. Did	tobacco use co		
edicai	Sequentielly iist conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last	d	Due to (or es	e consequ a consequ	uence of):		23b. Did 1 □	tobacco use co Yes 2⊠No en eutopsy	3 Prot	bably 4 Unknown ere eutopsy findings allable prior to
edicai	Sequentielly iist conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last	d	Due to (or es	e consequ a consequ	uence of):		23b. Did 1 □	tobacco use co Yes 2⊠¶o	3 ☐ Prot	bably 4 ☐ Unknown
edicai	Sequentielly iist conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last	d	Due to (or es	e consequ a consequ	uence of):		23b. Did 1 □	tobacco use co Yes 2⊠No en eutopsy ormed?	3 Prot	bably 4 Unknown  fere eutopsy findings fallable prior to simpletion of causa
Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disaasa or injury thet initieted events resulting in death) Last	d	Due to (or es	e consequ a consequ	uence of):	van in Part I.	23b. Did 1 □ 24a. Wes perfo	tobacco use co Yes 2 700 en eutopsy mned?	3 Prot	bably 4 Unknown ere eutopsy findings allable prior to ampletion of causa deeth?
Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer?	d	Due to (or es	e consequ a consequ g in the un	uence of):  uenca of):  idertying causa gi	van in Part I. 26. Place of D	23b. Did 1 □ 24a. Wes perfo	tobacco use co Yes 2 No en eutopsy med? Yes 2 No one)	3 Prot	bably 4 Unknown ere eutopsy findings allable prior to mpletion of causa deeth?  Yes 2 No
To Be Completed by Physiclan/Medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disaasa or injury that initiated events resulting in death) Last  Part II, Other significant conditions  25. Was case raferred to medical axeminer?  1  Yes 2 No  27. Manger of Deeth	dcontributing to death b	Due to (or es	e conseque a conseque	uence of):  uenca of):  iderlying causa gi	van in Part I.  26. Place of D her: 4 □ Nursing	23b. Did 1 □ 24a. Wes perfo	tobacco use co Yes 2 No en eutopsy med? Yes 2 No one)	3 Prot	bably 4 Unknown ere eutopsy findings allable prior to ampletion of causa deeth?  Yes 2 No
To Be Completed by Physician/Medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disaasa or injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer?  1   Yes   24 No  27. Manger of Deeth  1   Neturel   5   Panding	d	Due to (or es	e conseque a conseque principal formation of the consequence of the co	uence of):  uenca of):  iderlying causa griderlying causa griderly	van in Part I.  26. Place of D her: 4 □ Nursing	23b. Did 1 □ 24a. Wes perfo	tobacco use co Yes 22No en eutopsy mmed?  Yes 2MNo one) dence 8 Moth	3 Prot	bably 4 Unknown ere eutopsy findings allable prior to mpletion of causa deeth?  Yes 2 No
To Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceusa (Disasas or injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer?  1 Yes 2 No  27. Manger of Death 1 Neturel 5 Panding investigati 2 Accident Ceutanion	Hospitel: 1 Inpatie (Month, De	Due to (or es	e conseque a conseque grin the un	uence of):  uenca	26. Place of D her: 4 □ Nursing ry et rk? J Yas 2 □ No	23b. Did 1	tebacce use co Yes 22 No en eutopsy mmed?  Yes 2 No one) dence 8 Moth how injury occur	3 Prot	bably 4 Unknown ere eutopsy findings allable prior to mpletion of causa deeth?  Yes 2 No
To Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer? 1   Yes 2   No  27. Manger of Deeth 1   Neturel   5   Panding investigeti	Hospitel: 1 Inpatie (Month, De	Due to (or es	e conseque a conseque grin the un	uence of):  uenca of):  iderlying causa griderlying causa griderly	26. Place of D her: 4 □ Nursing ry et rk? J Yas 2 □ No	23b. Did 1 □ 24a. Wes perfo	tebacce use co Yes 22 No en eutopsy mmed?  Yes 2 No one) dence 8 Moth how injury occur	3 Prot	bably 4 Unknown  fore eutopsy findings allable prior to impletion of causa deeth?  Yes 2 No  DAUG NTER 'S (Y) RESIDENCE
tuneral director, page z should be detached for use as the but idon: To Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disaasa or injury thet inlieted events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer?  1   Yes   2   No  27. Manger of Deeth 1   Neturel   5   Panding investigations   1   Neturel   2   Accident   3   Suicide   4   Homicida   1   Certifying P	Hospitel: 1 Inpatie 28e. Dete of Inju (Month, De to be d 28a. Pleca of Inju building, et	Due to (or es  Dua to (or as	e conseque a conseque	uence of):  uenca of):  derlying causa given the second of	van in Part I.  26. Place of D her: 4 □ Nursing ry et rk? ] Yas 2 □ No	23b. Did 1 □ 24a. Wes performed to the control of t	tobacco use co Yes 2 No en eutopsy med?  Yes 2 No one) dence 8 Moth how injury occur wri, Street and Number, Street and Number, Street and number,	3 Prot 24b. We every condition of the second	deep eutopsy findings allable prior to impletion of causa deeth?  Yes 2 No  DAUG HTER'S  TO RESIDENCE
tion: To Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initieted events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer?  1 Yes 2 No  27. Manger of Deeth 1 Meturel 5 Panding investigeti 6 Could not determine 3 Suicide 4 Homicida  29e. Certifier (Check only 2 Medical Exe	Hospitel: 1 Inpatie  28e. Dete of Inju (Month, De	Due to (or es  Dua to (or as	e conseque a conseque	uence of):  uenca of):  derlying causa given the second of	26. Place of D her: 4□ Nursing ry et rk? ] Yas 2□ No	23b. Did 1 □ 24a. Wes performed to the control of t	tobacco use co Yes 2 No en eutopsy med?  Yes 2 No one) dence 8 Moth how injury occur wri, Street and Number, Street and Number, Street and number,	24b. We ever of fired and dua to	bably 4 Unknown  fere eutopsy findings allable prior to impletion of causa deeth?  Yes 2 No  DAUG HTER 'S (Y) RESIDENCE  al Route Number,  stated. o the causa(s)
edical Certification: To Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse, Disasas or injury that initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer? 1   Yes 2   No  27. Manner of Deeth 2   Accident   5   Panding investigeti   1   Meturel   5   Could not   4   Homicida   1   Certifying P (Check only one)   2   Medical Exemple   1   Certifying P   2   Medical Exemple   Medical Exemple   2   Medical Exemple   1   Med	Hospitel: 1 Inpatie 28e. Dete of Inju (Month, De to be d 28a. Pleca of Inju building, et	Due to (or es  Dua to (or as	e conseque a conseque	uence of):  uenca of):  aderlying causa given the control of the c	26. Place of D her: 4□ Nursing ry et rk? ] Yas 2□ No ima, data and ple opinion, deeth oc	23b. Did 1 □ 24a. Wes performed to the control of t	en eutopsymmed?  Yes 2 No one) dence 8 Moth how Injury occur  Street and Number, Stete)  causa(s) and m data end pleca, 29d. Date signe	3 Protestal 24b. We every condition of the ev	bably 4 Unknown  fere eutopsy findings allable prior to impletion of causa deeth?  Yes 2 No  DAUGHTER'S  TO RESIDENCE  al Route Number,  stated. o the causa(s)  Day, Year)
Medical Certification: To Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer?  1 Yes 2 No  27. Manger of Deeth 1 Neturel 5 Panding investigeti 6 Could not determine 3 Suicide 4 Homicida  29e. Certifier (Check only one)  29b. Signeture and little of certifier (Check only one)	Hospitel:    1   Inpatie     28e. Dete of Inju (Month, De to de to	Due to (or es  Dua to (or as	o consequence a	uence of):  Jenca of):  Identifying causa given the street of the street	26. Place of D her: 4□ Nursing ry et rk? ] Yas 2□ No	23b. Did 1 □ 24a. Wes performed to the control of t	tobacco use co Yes 22No en eutopsy med?  Yes 2No one) dence 8 No one) dence 8 No one) causa(s) and m data end pleca,	3 Protestal 24b. We every condition of the ev	bably 4 Unknown  fere eutopsy findings allable prior to impletion of causa deeth?  Yes 2 No  DAUGHTER'S  TO RESIDENCE  al Route Number,  stated. o the causa(s)  Day, Year)
Medical Certification: To Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer? 1 Yes 2 No  27. Manger of Deeth 1 Meturel 5 Panding investigeti 6 Could not determine 3 Suicide 4 Homicida  29e. Certifier (Check only one)  29b. Signeture and little of certifies  30. Neme and eddress of person who	Hospitel:    1   Inpatial     28e. Dete of Inju (Month, Detention     28a. Pleca of Inju (iding, effort)     28a. Pleca of Inju (iding,	Due to (or es  Dua to (or as   e conseque a conseque	uence of):  uenca of):  t 3 DOA Other  28c. Inju Wo aat, fectory, office  occurred at that tiestigation, in my office  Print)	26. Place of Dher: 4 \( \text{Nursing ry et } \) Yas 2 \( \text{No} \) No sa number	23b. Did 1	tobacco use co Yes 2 No en eutopsy med?  Yes 2 No one) dence 8 Noth how injury occur  Street and Numb wn, Stete)  causa(s) and m data end pleca, 29d. Date signe  May	24b. We ever condition of the condition	bably 4 Unknown  ere eutopsy findings allable prior to impletion of causa deeth?  Yes 2 No  DAUGHTER'S  W RESIDENCE  al Route Number,  stated. o the causa(s)  Day, Year)	
Medical Certification: To Be Completed by Physician/Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disasas or injury thet initiated events resulting in death) Last  Part II. Other significant conditions  25. Was case raferred to medical axeminer?  1 Yes 2 No  27. Manger of Deeth 1 Neturel 5 Panding investigeti 6 Could not determine 3 Suicide 4 Homicida  29e. Certifier (Check only one)  29b. Signeture and little of certifier (Check only one)	Hospitel: 1 Inpatie 28e. Dete of Inju (Month, De ton be 28a. Pleca of Inju building, et  Physician: To the bests or end mennar st o completed causa of c	Due to (or es  Dua to (or as   e conseque a conseque	uence of):  uenca of):  t 3 DOA Other  28c. Inju Wo aat, fectory, office  occurred at that tiestigation, in my office  Print)	26. Place of Dher: 4 \( \text{Nursing ry et } \) Yas 2 \( \text{No} \) No sa number	23b. Did 1	tobacco use co Yes 2 No en eutopsy med?  Yes 2 No one) dence 8 Noth how injury occur  Street and Numb wn, Stete)  causa(s) and m data end pleca, 29d. Date signe  May	24b. We ever condition of the condition	bably 4 Unknown  fere eutopsy findings allable prior to impletion of causa deeth?  Yes 2 No  DAUGHTER'S  TO RESIDENCE  al Route Number,  stated. o the causa(s)  Day, Year)	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Dete of Deeth

9000 Franklin Square Drive Baltimore MD 21237

**Physician** /Medical Examiner **Funeral** Director

1. Decedent's Neme (First, Middle, Last)

Pages 1 end 2 should be filed within 72 hours after death with the Manylend nent of Health and Mental Hygiene. 7 is marked other than "natural", or itama 23a or traumatic evant, the Medical Examiner must be r

**Physician** /Medical Examiner

27

= 5

Baltimore,

The law requires that the death certificate be executed physicien er s the buriel-t Division of Vital Records, P.O. Box 68760 attanding pl signed by the a pege 2 Hes certificate Attending Physician: Aftar after deatl Director: ò

Mary Ann Harr May 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Min. Time 16, senter Square Hospita 7. Age (In vrs. last birthdev) 6,1953 213-62-0560 1 M 2 F Months Deys 44 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location Maryland Baltimore Essex Director 10e. Sfreet end Number 10f. Zip Code 10g. Citizen of Whet Country? 1216 East Homberg Avenue 21221 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 11. Meritel Stetus 1 Never Married 2 Merried 1 Yes 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4or 5+) Owner / Operator Taxi 18. Mothar's Nama (First, Middla, Maidan Sumeme)
Annie E. Paugh 17. Father's Neme (First, Middle, Last)
William E. Burke Be 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Coda) 19a. Informant's Neme/Raletionship (Type, Print) James A. Harr (HUSBAND) 1216 East Homberg Avenue Essex, Md. 21221 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 1 Burial 2 Cremation 3 Removel from Stete Cedar Hill Cemetery 5/7/1998 Donetion 5 Other (Specify) a of Funeral Egrylos Licensee Bruzdziński Funeral Home P.A. 1407 Old Eastern Avenue Essex. Md. her the disease, or complications that couse in a death. Do not enter the mode of dying, such as cerdiac or respiretory errest, haart failura. List only one cause on aech line. Immediate Cause (Final Asthma diseese or condition rasulting in daath) Due to (or es e consequance of) Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): 23b. Dfd tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings evailabla prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? 2 No 25. Wes cese referred to medicel axaminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2X No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 DOA 28c. Injury et Work? Certification: 27. Manger of Death 28e. Dete of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 5 Panding investigation 1 Natural 2 Accident 3 Sulcide 6 Could not be detarmined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as steted.

— Medical Examiner: On tha basis of axamination and/or invastigetion, in my opinion, daath occurred at the time, data and place, and due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29c. Licensa number 29d. Dete signed (Month, Day, Year) 29b. Signeture end title micertifier

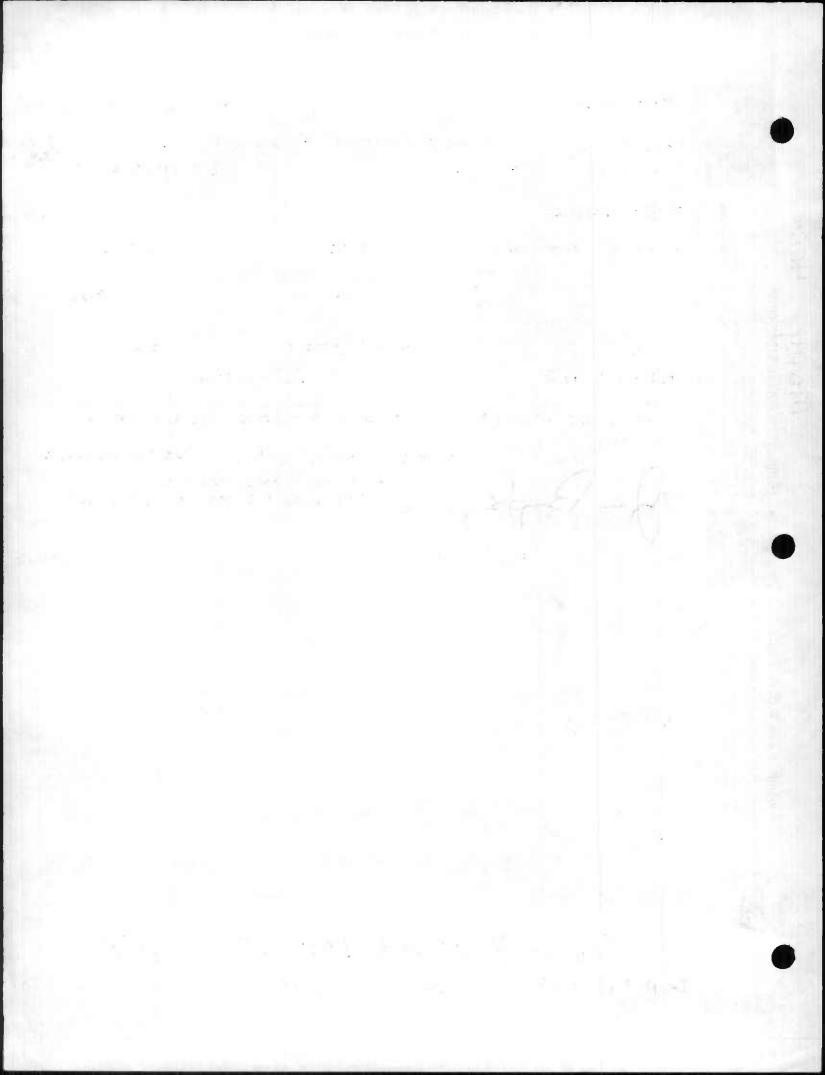
ORico

32. Registraris Signature

3. Time of Death 1998 Baltimore 9. Birthplece (Stete or Foreign Country) Maryland 10d. Inside City Limits 1 ☐ Yes 2 No U.S.A. 14. Race - American Indian, Bleck, White, etc. White 20c. Location - City or Town, Stete Anne Arundel Co., Md. 21221 Approximate Intervel Between Onset end Daath

1 ☐ Yes 2 ☐ No

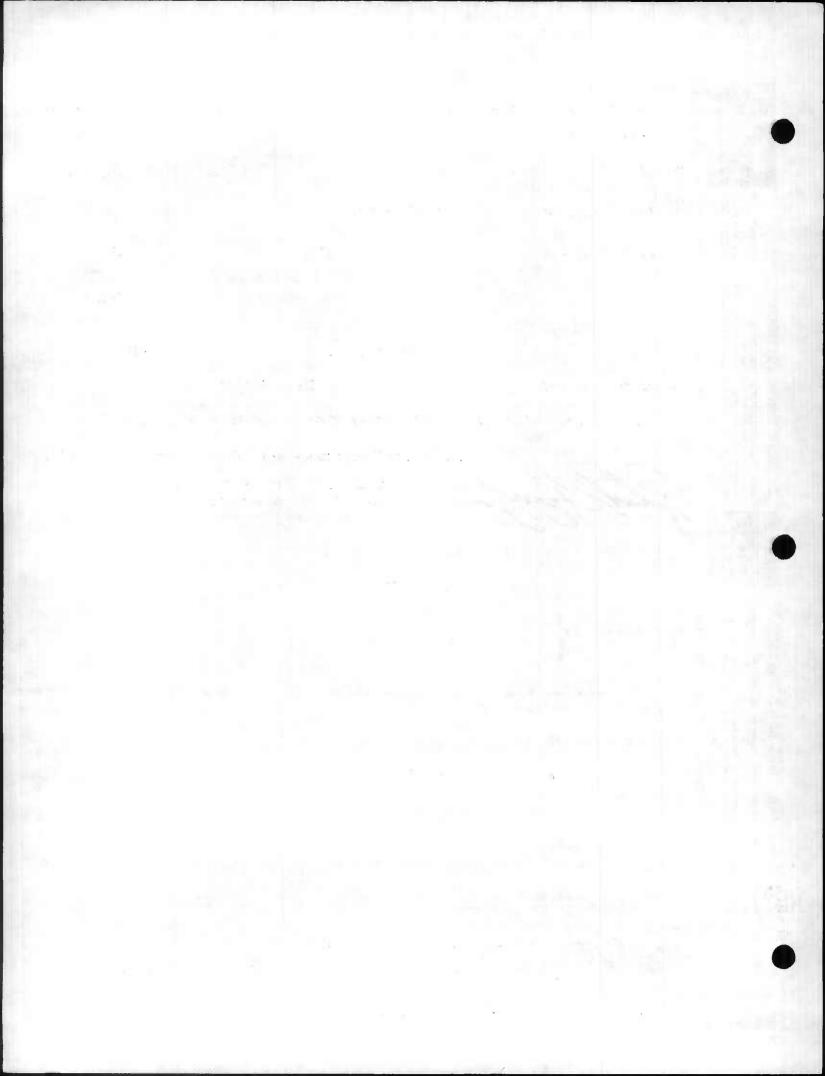
State Registrar



State of Maryland / Department of Health and Mental Hygiene ()

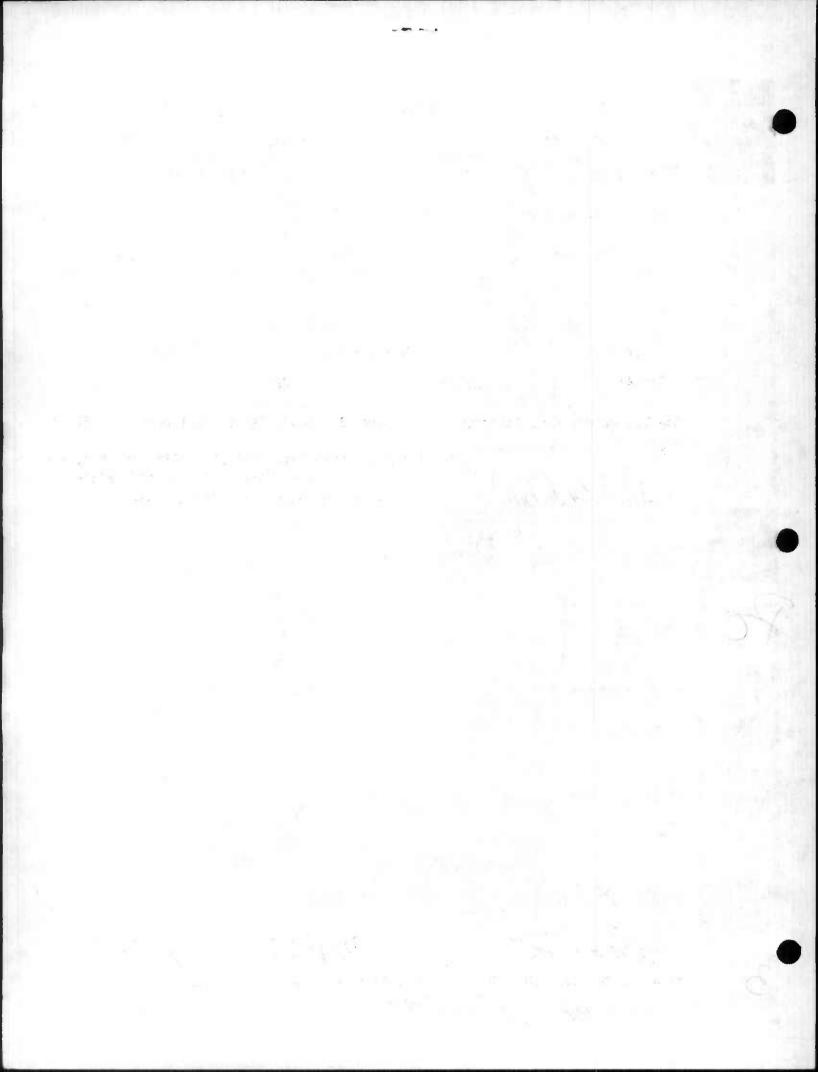
Certificate of Death 2. Date of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death Month **Physician** Alice Virginia Hardman May 1998 9:40AM /Medical 4a Facility Name (If not institution, give street and number)
20 Blister Street 4b. City, Town, or Location of Deeth Middle River 4c. County of Deeth
Baltimore **Examiner** 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month Days Hours Min. April 18, 1948 5. Social Security Number Birthplace (State or Foreign Country) Funeral 1□M 20 F 214-52-1716 Maryland **Director** Usual Residence of Dacedent the Maryland r 28a-f show 10a State 10c. City, Town or Location 10d. Inside City Limits Middle River Maryland Baltimore 1 ☐ Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit Pages 1 and 2 should be filed within 72 hours after death with t Department of Health and Mental Hydione.
Important II item 27 is marked other than "naturel", or items 23e or 2 any injury or other traumatic event, the Medical Examiner must be an one. 20 Blister Street 21220 U.S.A. Funeral 14. Rece - American Indian. 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Maritel Status Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elemantary/Secondary (0-12) College (1-4or 5+) Telemarketer Sales 18. Mothar's Name (First, Middle, Maidan Sumama) 17. Father's Neme (First, Middle, Last) Randolph Silvious Clara Gordon 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) 20 Blister Street Middle River, Md. 21220 Clayton F. Hardman (Husband) 20b. Place of Disposition (Name of cemetery, crematory or other place)
Holly Hill Mem. Gardens 5/4/1998 20c. Location - City or Town, State 20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Baltimore Co., Md. 5 Other (Specify) re di Seperal Service Licensee 22 Name and Addrass of Facility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 Part 1. Entitl the disease, or confuse tio a that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only yet ause on each line. Approximata Interval Between Onset and Death **Physician** MYOCARDIAL /Medical INFARCTION Immediate Cause (Final disease or condition resulting in death) Examiner Dua to (or as a consequence of): CORONARY DISEASE Examiner ARTCLY physician and the burist-transit Sequentially list conditions, if eny, laading to immediate ceusa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ADVLT ONSET DIABETES MELLITUS 1 Yes 2 No 3 Probably 4 Unknown 6 signed be de by HEALT 24b. Wera autopsy findings available prior to completion of cause of daath? CON GESTIVE FAILURG 24a. Was an autopsy Completed ATRIAL FIBRILLATION HY PERLIPIDEMIA 1 Yes 2 No 1 ☐ Yes 2 ☐ No oertificate Physician: 25. Was cese rafarred to medicel examiner? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5X Residence 6 ☐ Other (Specify) 10 1 Yas 2 No 14 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: After Athending 1 X Natural 5 Panding 1 Yes 2 No death. investigation Director: 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, straet, factory, office building, etc. (Spacify) or A 4 Homicide edicai Certifying Phyeiclan: To the best of my knowledge, death occurred at the time, date and place, end due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29a. Cartiliar 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number laws D41255 7. Culy 05/04/ MD 9.000 FLANKLW JOUAKE 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DRIVE HOSPITAL FRANKLIN SQUARE 40 BALTIMORE 21237 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar



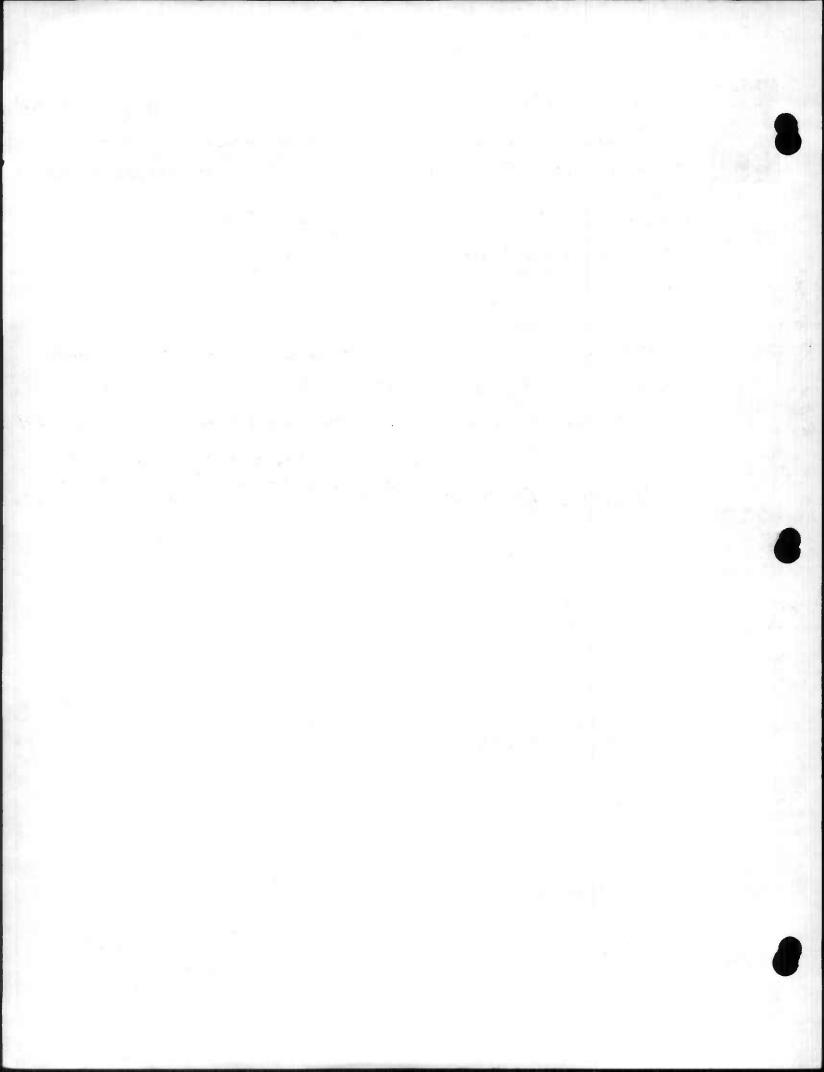
## Please Type or Print In Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 3 9 4 0

					Cert	ificate of	Death		Reg. No.		
0.0		1. Decedent's Name (First, Middle, L	ast)					2. Date of I	Deeth	M. St.	3. Time of Death
Physic /Medi		DELMA		HE	SSLER			Month	5. 1998	Year }	7:00 AM
Exami		4a. Facility Name (If not Institution, g	ive street and numbe	er)			4b. City, Town	or Location of De			7.00 ///
		Manor Car	e - Ruxto	n			Towso		Ba	altimo	ore
Funeral Director		5. Social Security Number 6. 220-20-8436  Usual Residence of Decedent	Sex 7. / 1 □ M 2 ☑ F	Age (In yrs. last 96		If Under 1 Yee Months Day			Day, Year)		elace (Stete or Foreign stry) yland
Maryland     Ale show     Maryland	ctor	10a. State 10b. County Maryland Baltim	ore	10c. City, To	own or Loca OWSON	ation			7.	1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
ter death with the Man items 23a or 28a-f sh inter man be notified	rai Director	10e. Street and Number 500 Virginia Ave				10f. Zip Code 21204			10g. Citizen of	What Cour	ntry?
ours ef	by Funeral	11. Marital Status  1 Never Married 2 Married  3 XWidowed 4 Divorced	12. Was Deceder Armed Forces 1  Yes 2 If Yes, Give Yeer or Dates	s? <b>X</b> No	if Y	as Decedent of Yes, specify Cu ☐ Yes 2 No	ban, Mexicen, P	? (Specify Yes or Nuerto Ricen, etc.)		ce - Americ ck, White,	
"naturel",	etec	15. Decedent's E (Specify only highest g	Educetion ade completed)	10	8a. Decede	nt's Usuel Occi	ipation o during most of	working	16b. Kind of B	usiness/Ind	dustry
s within 72 ho liene. r than "natur	Completed	Elementary/Secondery (0-12)	College (1-4o	r 5+)	life. Do	O NOT use retir	9d)		0 1		
Hygie ther t	ပိ	8 yr S	*1		Hou	sewife	10 Mathada	Name (First, Midd	Own H		
ed its	To Be	Samuel C	•	Holmes				ace	e, maiden Sumar	Colen	nan
d 2 should th end Mer 7 is marke treumatic		19a. Informant's Name/Relationship						r Rural Route Num			Code)
and ealth n 27		Charles Wargo, E	sqAttori					Street B	altimore	, MD	21224
permit. Pages 1 an Department of Heal Important: If Iem 2 eny Injury or other once.		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec		0		tion (Name of tory or other pi		Date 5-8-98	Baltimo		
Departition Departments Imports any Injura		21. Signature of Funeral Service Lice	nsee					Baltimore			
88 E 8 8		1/2/2/201	in trust As					,Inc. 5			
Physician /Medical Examiner	ner	23a. Part! <sup>®</sup> Enter the disease, or cor shock, or heart failure. List only Immediate Cause (Final disease or condition resulting In death)	V	Due to (or as	tig					1	Approximate Interval Between Onset end Death
ate be a con-	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (or as	G 1H-1.					1	
eath certific ettending p i for use as	2	L	d			_1					
requires that the death certificate seen signed by the ettending prin hould be detached for use as the	Physician/	Part II. Other significant conditions	contributing to death	but not resulting	g in the und	erlying ceuse g	iven in Part I.		d tobacco use co		the cause of death?
aw 2 s	Completed by								is an autopsy formed?	ava	ere autopsy findings aliable prior to appletion of ceuse death?
E ag	Con							1	Yes 2 No	10	Yes 2□ No
ysicien: The la is certificate ha director, pege	Be	25. Was cese referred to medicel examiner?					-	Death (Check only	one)		
	10	1 Yes 2 No	Hospital: 1 ☐ inpar			3 DOA		g Home 5□ Re	sidence 6 Oth	er (Specify	)
To the Hospital or Attending Physicien: within 24 hours effer death.  To the Funerel Director: Affer this certific completely filled in by the funeral director,	Certification:	27. Manner of Death  1		jury 28b ay Year)	o. Time of injury	28c. Inju	ork? ] Yes 2 □ No	28d. Describe	how injury occur	red	
tal or Att rs efter d el Direct led in by	Certifi	3 Suicide 6 Could not be determined	289. Place of II	njury - At home, etc. <i>(Specify)</i>	farm, stree	t, factory, office	e e		(Street and Numbown, State)	er or Rura	i Route Number,
To the Hospital of within 24 hours et To the Funerel D completely filled it	edicai	29a. Certifler (Check only one) 1 Certifying Pl	nysician: To the bes miner: On the basis and menner s	of exemination a	ge, deeth o and/or inves	ccurred at the t stigation, in my	ime, date end pl opinion, death o	ace, and due to the occurred at the time	e cause(s) end me e, date and place,	enner es st end due to	ated. the cause(s)
To the Company	M	29b. Signeture and little of certifler	1 -			29c. Licen	se number		29d. Date signe	d (Month, I	Day, Year)
		Henry				Dix	1831		5/5	198	
2		30. Name and eddress of person who					1001		//	10	
)		Anderson Renick,				uite 40	I Twoso	n, MD 21	204		
Sta Registr		31. Date filed (Month, Dey, Year)  MAY 0 6 1998	2. Regis	ar's Signature	andell						



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Certificate		Reg. No. 98 1394
100.00	ysician Medical		2. Data of D Month M Oug	FIFTH 1998 7-00 AM
200	caminer	4a. Fecility Nema (If not institution, give street end number)	4b. City, Town, or Location of Dee	
		J' KNOLLS NURSING HOME	Year If Under 24 Hrs. 8. Date of B	
110000	ector	5. Social Security Number 6. Sax 7. Age (In yrs. lest birthday) If Under 1  2.15-2.2-0.5771 M 2.24 774 Yrs.  Usuel Rasidence of Decedant	Deys   Hours   Min.   (Month, L	Sirth Dey, Year)  9. Birthplece (Steta or Foreign Country)  5. 1924 SOUTH CAROLINA
death with the Maryland	rd at	10a. Stete 10b. County 10c. City, Town or Location	2	10d. Inside City Limits 1 ☑ Ves 2 ☐ No
the M	Director	MARYLAND NA GA.  10a. Street and Number 10f. Zip C	LTIMORE CITY	10g. Citizan of Whet Country?
h with	# D	3631 GELSTON DRIVE	21229	USA
ع ق ا	edical Examiner must be notified at effect by Funeral Director	11. Marital Status  12. Was Decedent Evar in U,S. Armed Forces?  1 Never Married 2 Married  1 Yes, Sive 1 Yes, Give 1 Yes 2	nt of Hispenic Origin? (Specify Yas or N y Cuben, Mexican, Puarto Rican, etc.)	
	n, the Medical I	15. Decedent's Education (Specify only highest grade complated)  Elamentery/Secondery (0-12)  College (1-4or 5+)	done during most of working	16b. Kind of Business/Industry
aryland 212: should be filed within nd Mental Hygiene.	ent, the	8+ttGRADE DON 17. Father's Neme (First, Middle, Last)	1ESTIC WORKER  18. Mother's Nema (First, Middle	
e, Marylan 1 and 2 should be Health and Mental am 27 le marked to	To Be	GEORGE HOLLOWAY SR.	ANNIE	DRAFT
Mar 12 sh and	raum		Street end Number or Rural Route Num	
Ore, es 1 an of Heal	eny injury or other traumatic event, the Ma once. To Be Compl	1 Rurial 2 Cramation 2 Demouslitrom State	or prece)	E, BALTIHORE, MD 21229 20c. Location - City or Town, Stete
Baltim pemit. Pag Department	eny Injury	4 Donetion 5 Other (Specify)  21. Signeture of Funerel Service Licensee  22. Nema and	Address of Fecility	LANSDOWNE, MO. P. FUNERAL HOME BALTIHORE, MO. 21217
<b>m</b> 88 <u>E</u>	- 8	Sharron N. Konkin 2140	N. FULTONAVE.	BALTIHORE, MD. 21217
Physic /Med Exam	lical	shock, or heart teilura. List only one ceuse on aach line.  Immediate Ceusa (Finel disease or condition	or dying, such as cardiac or respiratory	arrast, Approximate Interval Between Onset and Deeth
		resulting in death)  e. Sue to (or es a consequenca of):		
(A)	Examiner			
X 6876	n/Medical	resulting in deeth) Last		
O. Box to death cent the attending	toru			
O. Par yo	Ph Ph		10	d tobacco use contribute to the cause of death?  Yes 2 No 3 Probably 4 Unknown
cords requires been sign	should be		eul – 24a. Wa	24b. Were eutopsy tindings eveilabla prior to completion of cause of deeth?
Vital Rec	Page 2		10	Yas 2 No 1 Yas 2 No
of Vita Physician:	Be	25. Wes casa reterred to medical axaminer?	26. Plece of Deeth (Check only	
Phys of	tuneral di			sidance 6 Other (Specify) show Injury occurred
Division To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After	completely filled in by the tuneral	2 Accident Investigation 3 Suicida 6 Could not be determined 28e. Place of Injury - At home, farm, street, tectory, building, etc. (Specify)	office 28f. Location	(Street end Number or Rurel Routa Number, own, Stata)
To the Hospital Within 24 hours	pletely fille edical C		the time, deta and placa, end due to the my opinion, deeth occurred at tha time	e cause(s) end manner es steted. a, dete end plece, and dua to tha cause(s)
To th withir	Me		Licensa number  7 3 9 1 2 7	29d. Data signed (Month, Day, Year)  5/5/98
6	~	30. Nema and address of person who complated cause of deeth (Itam 23a) (Type, Pripi)—  821 Eul au STReed Ralli M	DO MA	12.01
Pe	State	31. Date filed (Month, Dey, Year)  MAY 06 1998  32. Registre Store Fandell	or From	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Catherine Jenkins 1998 May 4, 9:00 a.m. /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Pickersgill Retirement Center Towson Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Oct. 19, 1912 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthpiaca (State or Foreign **Funeral** 1□ M 2□ F Maryland Yrs. 213-38-5753 Director Usual Rasidance of Dacedant filed within 72 hours after deeth with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at 1 Yas 2 No Director Maryland Baltimore Towson 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6 615 Chestnut Ave. items 23a 21204 U.S.A.

14. Race - American Indian,
Black, White, atc. 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Was Decedant of Hispanic Orlgln? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yas 2 No Specify: Specify: White Completed by 3 Widowad 4 □ Divorced "natural" 15. Dacedant's Education (Specify only highest grada completed) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry al Hygiena. Elamantary/Secondary (0-12) 12 yrs. Coilega (1-4or 5+) yrs. Librarian & Teacher Balto.Co. parmit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If Item 27 is merked other any Injury or other traumetic event ans 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maldan Sumama) Be Raymond Douglas Piste1 Rena Mc Caig 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) R. Douglas Jenkins/Son 9494 Greco Garth Columbia, Maryland 21045 20b. Place of Disposition (Nama of cometery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata Parkwood Cemetery 5/7/98 4 Donation 5 Other (Specify) Parkville, Maryland 21. Signature of Fundral Sewice Link 22. Nama and Addrass of Facility 1050 York Road Inc. Towson, Md. 21204 Ruck Towson Funeral Home, privide tions that coused the death. Do not enter the mode of dying, such as cordiac or respiratory errest, and one acause on each line. Approximata Intarval Between Onsat and Death **Physician** /Medicai immediata Causa (Final CAncer of uncertain primary disaasa or condition rasulting in daath) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Diseasa or injury that initiated evants resulting in death) Last the bunal-Iran Dua to (or as a consaquance of) been signed by the ettending physician should be detached for use as the buria Physician/Medical Dua to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. 1 Yee 2 KNo 3 Probably 4 Unknown Division of Vital Records, Completed by 24b. Wara autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed? this certificate has 1 ☐ Yas 2 No 1 Yas 2 No Attending Physician: director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatiant 3 DOA 5 Rasidance 6 Othar (Specify) funerel 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: After 5 Pending Invastigation 1 Naturai 2 Accidant 1 Yas 2 No deeth. or Attend efter deeth Director: the 3 Suicida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 Homicida To the Hospital or within 24 hours eff To the Funeral Dis completely filled in 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) 29a. Cartifian Medical and mannar stated 29b. Signature and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) y, was use of death (Jean 20a) (Type, Print) W.A. Rilo N. Charles St. Balto. Md. 2120x 31. Data filed (Month, Day, Year) State 6 0 Registrar

DHMH 16 Rev 6/95

Jank

Atherin

\$\_00 SE SEATER Personal State of the State of 9 6 11 6 THE RESERVE OF THE PARTY OF THE

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Name (First, Middla, Last) 3. Time of Death 2. Dala of Daalh Month Thomas Augustus Jefferson 17:25 MA 15+ 4a. Facility Nema (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE n/a ST. AGNES HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foraign Country) ₩ 2□ F 218-14-3061 79 Yrs. Sept. 22, 1918 Md. Usual Rasidenca of Dacadant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits n/a Baltimore No Yas 2 No 10a Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2754 Winchester Street 21216 USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedani of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) Race - Amarican Indien, Black, Whita, atc. 11. Marital Status Yas 2 No Tres, Giva 1 ☐ Navar Married > Married 1 ☐ Yes \$ No Specify: Specify.Black 3 Widowed 4 Divorcad Yaar or Datas: 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest greda complated) Baltimore Gas & Eiemantary/Secondary (0-12) College (1-4or 5+) Construction Worker Foreman Electric Company 12th Grade 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Surname) Augustus Jefferson Annie R. Phillips 19a. Informant's Name/Relationship (Type, Print) Wife 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Elaine W. Jefferson 2754 Winchester Street Baltimore, Md. 21216 20b. Placa of Disposition (Nama of camatary, crematory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Purial 2 Cramation 3 Ramoval from Stata 4 Donetion 5 Othar (Specify) Arbutus Memorial Park May 6 Baltimore, Md. 22. Nama and Addrass of Fecility Nutter Funeral Homes, Inc. 21. Signature of Funaral Sarvice Longer 2501 Gwynns Falls PKWY Baltimore, Md. 21216 rem 23a. Part f. Entar tha disaasa, or complications that any of the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause of each line. Approximata Intarval Batwaen Onset end Death Immediete Causa (Final BILATERAL PHEUMONIA 1 week disaasa or condition rasulting in daath) Dua to (or es e consequança of): Urinary tract intection Dua to (or es a consaquance of): 1 week CTROKE Dua to (or as a consequence of): pertension STEARS 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Wara autopsy findings evailable prior to completion of cause of death? 24e. Wes an autopsy parformed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical 26. Place of Death (Check only ona)

**Physician** /Medical Examiner

Examiner

Physician/Medical

by

Completed

Be

Certification: To

edicai

certificate

this

After

Hospital or Attending Physician:

death.

after deat

To the Hospital within 24 hours a To the Funeral Completely filled

10

**Physician** 

/Medical

Examiner

Md.

Director

Funeral

þ

Completed

Be

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

death with the Maryland

filed within 72 hours after

I Hygiene.

Peges 1 and 2 should be nent of Health end Mental

marked other

69 nt of Health e If Item 27 is or other tra

permit. Pege Department of Important: If any Injury or

21215-0020

Baltimore, Maryland

68760.

ひつら

2

Sequantially list conditions, if any, leeding to immadiate cause. Enter Undartying Ceusa (Disaasa or injury thet initieted avants resulting in daath) Last

Part II. Other significant conditione contributing to death but not resulting in the underlying causa given in Part I.

28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

axaminer? 1 Yas 2 No 27. Mannar of Daalh

6 Could not ba

Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Data of Injury (Month, Day Yaar) 5 Panding Invastigation

28b. Tima of 28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Other: 4 Nursing Homa 5 Residenca 6 Othar (Spacify) 28d. Describe how injury occurred

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29a Cartifier

1 Neturai

2 Accident

4 Homicide

3 Suicida

1 🕒 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and plece, end due to the ceusa(s) and mannar as steted. 2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, deta and place, end due to the cause(s) and manner stated.

29b. Signetura end titla of certifier Luc

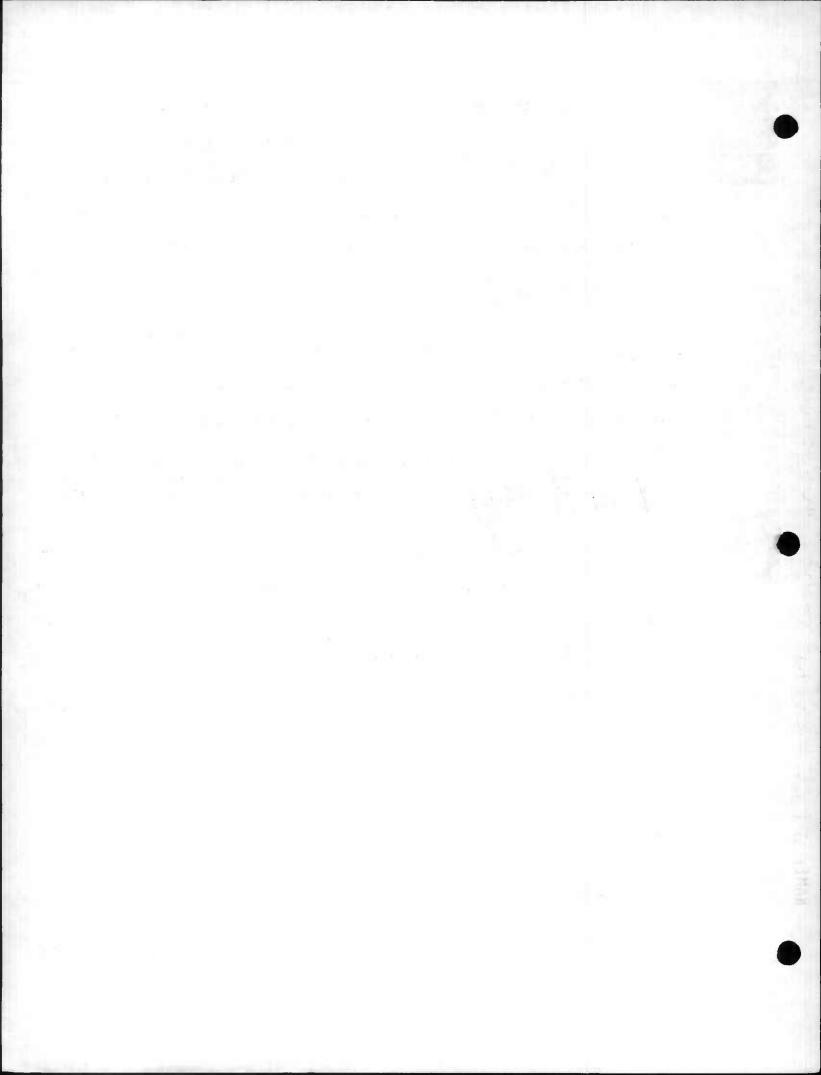
29c. License number

29d. Dete signed (Month, Day, Year)

M.D. 30. Nema and addrass of person who complated causa of death (Itam 23a) (Type, Print)

BRITLORIN MICULES EU, 900 CATON AUF. BALTIMORE 31. Deta filed (Month

State Registrar



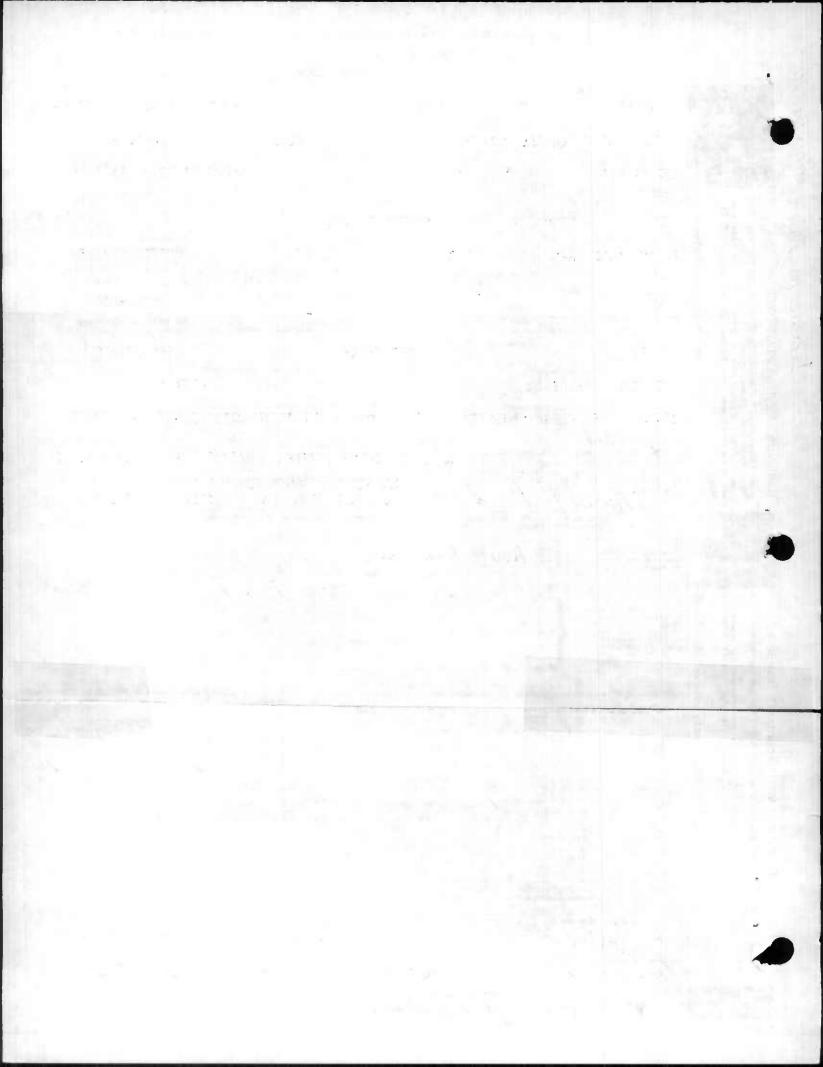
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

-					, i.a. y i.a. i a		ificate of	Death		Reg. No.	3 1	3944
1	Physici		1. Decedent's Name (First, Middle, L. Allen Albert Jon	-					2. Date of De Month	Day	Year	3. Time f the
۹	/Medic Examir		4e. Facility Neme (If not institution, gi 3325 Woodland Av	ve street end numbe	r)			4b. City, Town, or Baltimon			ty of Death n/a	
	Funeral Director		218-62-7487	Sex 7. A	Age (In yrs. les 44	t birthday) Yrs.	If Under 1 Year Months Days			ith ay, Yeer) 8, 1953	9. Birth	nplace (State or Foreign untry) Pa.
	ith the Maryland or 28s-f show	tor	Usuel Residence of Decedent  10a. State  10b. County  Md.	n/a	10c. City, 1	Town or Loca Balt	ition imore					10d. Inside City Limits  XIX Yes 2 □ No
	th with the 23a or 28s	Funeral Director	10e. Street and Number 3325 Woodland Av	enue			10f. Zip Code 21215			10g. Citizen o	f What Cou	intry?
020	er des items	by	11. Marital Status  1 Never Married  3 Widowed 4 Divorced	12. Wes Deceder Armed Forces 1  Yes 2  If Yes, Give Yeer or Dates	s? <b>}</b> No		as Decedent of Yes, specify Cub	Hispanic Origin? (S pan, Mexican, Puer Specify:	specify Yes or No to Rican, etc.)		aca - Ameri ack, White hity: Bla	
1215-0	vithin 72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed) Coilege (1-40)	(5+)			pation during most of wo ed)	rking	16b. Kind of Johnson		ndustry nsportation
land 2	ld be filed ventel Hygie ked other ic	To Be Co	12th Grade  17. Fether's Name (First, Middle, Last Simon Jones	)		Onstr	uction	18. Mother's Nar Ruth Ox		, Maiden Sumi	ame)	
Mary	and 2 should saith and Men n 27 is marke ler traumatic	F	19a. informant's Name/Relationship Theresa Norris	(Type, Print) Gir								
Baltimore, Maryland 21215-0020	Pages 1 arment of Healant: If Item 2		20a. Method of Disposition  1 Septimized 2 Cremation 3 [ 4 Donation 5 Other (Speci	Removal from State	e 20b. Plac	e of Disposit etery, crema	oogrand ion (Name of tory or other pla emetery		Date April30	20c. Location	a - City or T	own, Stete
Ball	Departr Departr Importa any Inje		21. Signature of Funeral Servica Lice	E. Fr	incl	250		s Falls I		Ltimore		21216
The same of the sa	Physician /Medical Examiner	er	Immediate Ceuse (Final disease or condition resulting in death)	one cause on each	ASTI	5 o conseque		LUN (			ER	Approximate Interval Between Onset and Death
x 68760,		/Medical Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last	b	Due to (or as	s a conseque						
P.O. Box	es that the death organization be detached for u	Physician/N	Part II. Other algnificant conditions	contributing to death			erlying cause gi	ven in Part f.		tobacco use o		to the ceuse of death?
cords,	w requires that been signed should be def	by	XIC10(10	1101	13717	31-3			24e. Wes	s an autopsy ormed?	an Cr	Vere autopsy findings valiable prior to ompletion of cause f death?
ital Re	ysician: The lav is certificate hes director, page 2	Be Completed	25. Was case referred to medical					26. Place of Dea	1 🗆	Yes 2 No		Yes 20 No
Division of Vital Records,	Jing Ph. After thi funeral	edicai Certification: To	examiner?  1	e 28e. Plece of Ir	jury 28 lay Year)	Outpetient  b. Time of Injury  a, farm, stree	28c. tnju Wo M 1		28f. Location	how injury occ	urred	rel Route Number,
	To the Hospital or Attend within 24 hours effer deatl To the Funeral Director: completely filled in by the	edicai C	29a. Certifier (Check only one) Certifying Pt 2 Madical Example (Check only one)	nysician: To the besininer: On the basis end manner s	t of my knowle of exeminetion stated.	dga, death o and/or inves	ccurred at the ti	me, date and place opinion, deeth occu	e, and due to the arred et the time,	cause(s) end r date and piece	nenner as a	stated. to the ceuse(s)
	To the to the company of the the the the the the the the the the	Σ	29b. Signature and titia of certifier	Dio	3.6	Que_	- M	e number	عالج	29d. Date sign	ned (Month,	pay, Year 98
	8		30. Name end eddress of person who	completed cause of	ELG-1	Be) (Type, Pri	AUE	WARGEN	P. Co	MEN	_ Z	-1215
	Sta Registr	-	MAY 06 1998	Julia Me	idan-Mi	della						

DHMH 16 Rav 6/95

Please Type or Print In Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 2. Date of Death 3 Time of Death 1. Decedent's Name (First, Middle, Last) APRIL 28,1998 **Physician** IRENE M. JAAX 10:50 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY Hours Min. March Day Year)
MARCH 21,1913 If Under 1 Year 9. Birthplace (State or Foreign 7. Age (In yrs. last birthday) **Funeral** 1 M 2 KF Yrs INDIANA 327 01 8902 85 Director Usuel Residence of Decedent - rene M JAAX 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at 1 Yes 2 No Director MD. MONTGOMERY SILVER SPRING 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 20906 UNITED STATES HOME CREST ROAD 1 - 1914510 Funeral 14. Race - American Indian. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: WHITE p 3 ₩ Wildowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) SECRETARY REAL ESTATE permit. Pages 1 and 2 should be file.
Department of Health and Mentel hyg
Important: If them 27 is marked any injury or 18. Mother's Name (First, Middle, Maiden Surneme) 17. Fether's Name (First, Middle, Last) MICHAEL BRANNIGAN GRACE LOFTUS 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code, 19a. Informant's Name/Relationship (Type, Print) 18413 QUEEN ELIZABETH DRIVE, OLNEY, MD. 20832 DIANE L. VAN CLEVE, DAUGHTER Baitimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 Burial 2 □ Cremation 3 □ Removal from State GATE OF HEAVEN CEMETERY 5/1/98 SILVER SPRING, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee MEINTERN AND BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 Juru 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final CORONARY HR disease or condition resulting in death) Examiner Examiner THEROSCLEROTIC and I-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last physician a Box 68760. ician/Medicai Due to (or es e consequença of) 80 attending esn. for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the bed o DEGENERALINE VOINT DISEASE L'ET pengis by Division of Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an eutopsy this certificate has 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetlent 3 DOA 2 1 Yes 2 No 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of Hospitàl or Attending F 24 hours efter death. Funeral Director: After 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 2 4 Homicide A 24 house the Funeral Direction 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dele end pleca, and due to the ceuse(s) end manner as stated.
2 Madical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and menner steted. Medicai 29a. Certifier To the Fune (Check only one) within 2 To the 29b. Signature and title of pertition 29c. License number 29d. Date signed (Month, Dey, Year) APRIL 29, 1998 D47086 30. Name and otherss of person who completed cause of deeth (Item 23e) (Type, Print) 3414 OLANDWOOD CT, OLNEY, MD 20832 SANJOG K. MATHUR, MD 31. Date filed (Month, Dey, Year) Registrar's Signature War Berilon Royales Registrar 061998

DHMH 16 Rev 6/95



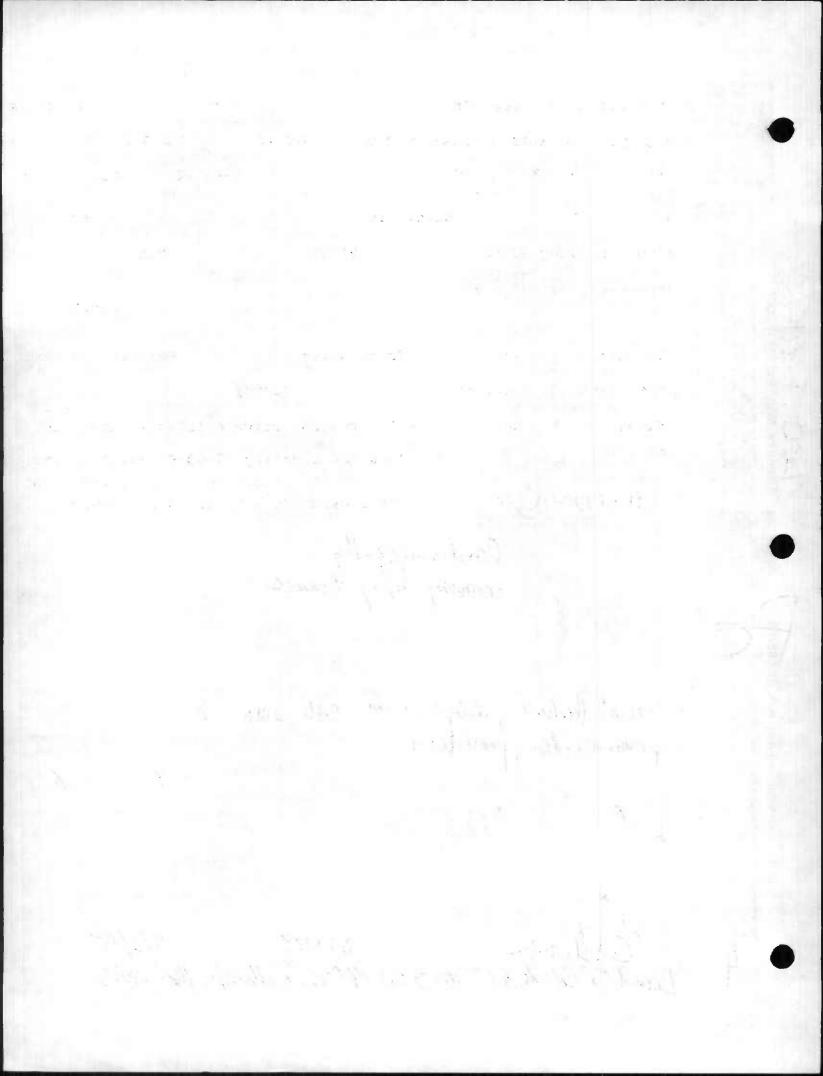
Dhool		1. Decedant's Nam	a (First, Middle, Las	st)	4	301	tificate			2. Dete of D	Reg. No.	Year	3. Time of Deat
Physic Med/			Ruth	· L.	K	RA	r V S	52		April	26, 1	998	11:40
Exami	ner	4e. Facility Neme (I		e street end number ment Home				4b.	City, Town, o	r Location of Dea		ounty of Death  ltimore	
uneral		5. Social Security N				iest birthday)	If Undar 1		If Undar 24 Hi				olece (Stete or For
irector		215-03-7	7517 <sup>1</sup>	□M 2-F 8	4	Yrs.	Months	Deys	Hours Mi			913 Mar	
<b>*</b>		Usuel Residence of 10a. Steta	Decedent 10b, County		10c. City	y, Town or Loc	ation						I Od. Insida City Lin
r 28a-f show notflied at	ō	Maryland	Baltimo	re		wson	ation						1 ☐ Yes 2 ☐
128e	Director	10e. Street and Nu	L		10		10f. Zlp (	Code			10g. Citizer	n of Whet Cour	ntry?
23a or	alD	800 Sou	therly Ro	ad			212	86			U.S.	Α.	
1	Funeral	11. Marital Status		12. Was Deceden Armed Forcas	?		es Decede Yes, specif	ent of Hisp ify Cuben,	oanic Origin? ( Mexican, Pus	Specify Yes or N irto Rican, etc.)	0- 14.	Race - Amaric Bleck, White,	
9	by Fi	1 ☐ Nevar Marri 3 ☑ Widowed	ied 2 Married	1 Yas 2 If Yes, Give		1	☐ Yas 2	₩ No	Specify:		Sp	pecify: Whit	
riural pal Es		2 XX 44100Med	15. Decedent's Ed	Yaar or Dates		16e. Decede	ent's Usuel	Occupati	on			of Business/In-	
Medic	Completed	(Spec	city only highast gra		54)	(Give k	ind of work O NOT use	k done dui e retired)	ring most of w	orking			
the the	Com	12		0	34,	Но	memak	cer			Ow	m Home	
0 5	Be		(First, Middle, Last) Lawrence					1		ema <i>(First, Middle</i> a Pearl			
7 is marked of traumatic ev	2	-				40h Maille	. A	/O					0.40
27 Is m r traum			ame/Rejetionship (7 y Cross/n							ive, Sco			
other		20a. Method of Disp	position		20b. P	tace of Dispos emetery, crem				Date		tion - City or To	
1, o			☐ Cremation 3 ☐ 5 ☐ Other (Specify	Removal from State  y)		emetery, crem	atory or our	ner place)					
y inju		21. Signature of Fu	meral Service Licen	ade / Dire	ator	32	Name and	Address	of Facility	rd, 655	W Ra	ltimore	Street
Ess		Nami	201/	11 100	7	100000				nd 21201		LELMOLE	Derece
		23a. Part1. Enter to	he disease, or comp	plications that cause one cause on each	d the death	THE RESIDENCE OF THE PARTY OF THE PARTY.	Actor to the second state of		CONTRACTOR OF THE PARTY OF THE	ac or respiratory	CONTROL POR		Approximate Interval Between
sician			ecesado — se — Ma Parado		n	- L	- 1						Onset and Deat
edical miner		immediate Cause ( disease or condition resulting in death)	Final n	4.		SA	no K	~					INK
ma nueve	8	MARKET HE ATERIORS			Due to (a	as alconsequ	ence of):	ch	1				121
P Sec	Examiner	Sequentially list con-	ndien C	b	Due to (o	ras a consecu	ence of):	7/4	vice		10		
an an		Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or	mediate stying		1	(2)	w . n	- 01	1. fur	u Der	un ti	h	12
the to	dical	that initiated events resulting in death) I		0.	Due to (or	as a consequ	ence of):	····	1 1/	12			
SE SE	0		· ·	d					- 60				
affor use as	Physician/M												
ed by the a detached (	hyai	Part II. Other signif	icant conditions or	ontributing to death	but not resu	alting in the un	derlying ca	use given	in Part I.	7.042	1	/	the cause of de
deb	by Pi									11.	Yes 27	No allibro	bably 4 ☐ Unio
C 0	pe										s an autopsy formed?	24b. W	ere autopsy findir silable prior to
5.5	Completed									-		co of	silable prior to mpletion of cause death?
s been sign 2 should be	6									10	Yes 200	No 18	Yes 2□No
has been sign je 2 should be	10	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	the country				-		eath (Check only	one)		
has been sign je 2 should be	8	25. Was case reference examiner?		Hospital: 1 ☐ Inpat		ER/Outpatient			AND Nursing	Home 5□ Res			y)
certificate has been sign irector, page 2 should be	To Be	examiner?	NO		ay Year)	28b. Time of Injury	M 28	Work7	it is 2 □ No	28d, Describe	i naw injury o	OCUITHO	
fler this certificate has been sign meral director, page 2 should be	To Be	examiner? 1 Yes ZO  27. Manner of Death 1 Natural	h 5 Pending	28a. Date of Inj (Month, D	W. 17. T. T. T. T. T. T. T. T. T. T. T. T. T.			71117		201 Location		Number or Flure	
fler this certificate has been sign meral director, page 2 should be	To Be	examiner? 1 Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	h 5 Pending investigation 6 Could not be	28e. Place of Ir	niury - At ho	me, farm, stre	et, factory,	office					al Route Number,
fler this certificate has been sign meral director, page 2 should be	To Be	examiner? 1 Yes 20 27. Manner of Death 1 Natural 2 Accident	h 5 Pending investigation	28e. Place of Ir		rne, fárm, stre	et, factory,	office			(Street and hown, State)		al Route Number,
fler this certificate has been sign meral director, page 2 should be	Certification: To Be	examiner?  1 Yes 22  27. Manner of Deatl 1 Natural 2 Accident 3 Suicide 4 Homicide	5 Pending Investigation 6 Could not be determined	28e. Place of in building, e	ijury - At ho lo. (Specify of my know	viedge, death	occurred at	t the time.	date and pla	City or To	iwn, State) e cause(s) an	d manner as s	tated.
fler this certificate has been sign meral director, page 2 should be	edical Certification: To Be	examiner? 1 Yes 22 27. Manner of Dealt 1 Natural 2 Accident 3 Suicide 4 Homicide	5 Pending Investigation 6 Could not be determined	28e. Place of Ir building, e	njury - At ho lo. (Specify of my know of examinat	viedge, death	occurred at	t the time.	date and pla ion, death oc	City or To	iwn, State) e cause(s) an , date and pli	ace, and due to	tated. o the cause(s)
fler this certificate has been sign mensi director, page 2 should be	Certification: To Be	examiner?  1 Yes 22  27. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide  29s. Certifier (Check only)	5 Pending investigation 6 Could not be determined  Certifying Phy 2 Medical Exam	28e. Place of Ir building, 6 ysician: To the best liner: On the basis	njury - At ho lo. (Specify of my know of examinat	viedge, death	occurred at	t the time.	sion, death oc	City or To	iwn, State) e cause(s) an , date and pli	id manner as s ace, and due to signed (Month,	tated. o the cause(s)
fler this certificate has been sign meral director, page 2 should be	edical Certification: To Be	examiner?  1 Yes 22  27. Manner of Death  1 Natural  2 Accident  3 Suicide  4 Homicide  29s. Certifier (Check only one)	5 Pending investigation 6 Could not be determined  Certifying Phy 2 Medical Exam	28e. Place of Ir building, 6 ysician: To the best liner: On the basis	njury - At ho lo. (Specify of my know of examinat	viedge, death	occurred at	t the time, in my opin	sion, death oc	City or To	iwn, State) e cause(s) an , date and pli	ace, and due to	lated. o the cause(s)
fler this certificate has been sign meral director, page 2 should be	edical Certification: To Be	examiner?  1 Yes 22  27. Manner of Death  1 Natural  2 Accident  3 Suicide  4 Homicide  29s. Certifier (Check only one)	5 Pending investigation 6 Could not be determined  Certifying Phy 2 Medical Exam	28e. Place of Ir building, e ysician: To the best niner: On the basis and manner s	njury - At ho fic. (Specify of my know of examinat tated.	wiedge, death lon and/or inve	occurred at estigation, i 29c.	t the time, in my opin	sion, death oc	City or To	iwn, State) e cause(s) an , date and pli	ace, and due to	tated. o the cause(s)

DHMH 16 Rev 6/95

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 98 | 3947

					Ce	rtificat	e of	Death		F	leg. No.		
_	Decedent's Name	e (First, Middle,	Last)							2. Date of Dee Month	th Dev	Yeer	3. Time of Death
hysician /Medical —	Freder	rick 1	D. Lee	Jr.						MAY	2 199		12:45
	a Facility Name (I		4b. City, Town, or Lo					4c. County	of Death				
			IMORE M					TOWS			-	IMOF	₹ <i>E</i>
1 5.	Social Security N 214-22-		S. Sex	7. Age (In yrs. I	last birthday) Yrs.	If Under Months	Days	If Under Hours	Min.	8. Date of Birtl (Month, De) 05-22-	, Year)	9. Birtho Cour MD	
	suel Residenca of De, State	Decedent 10b. County		10c. City	, Town or Lo	ocation					10d. Inside City Lir		
ctor	Md	NA			ltimo	re							XXYes 201
al Dire	0e. Street and Nur 4600 No		od Driv	е		10f. Zip Code 21239					10g. Citizen of Whet Country? USA		
by Funeral	Marital Status     Never Marri     Widowed		Armed F	2 No ive No		Was Deced If Yes, spec		lispanic Or an, Mexica Specify:		ecify Yes or No- Rican, etc.)	Specify:		
Completed	(Spec	15. Decedent's ify only highest		completed) (Give kind of work			Usual Occupation f work done during most of working 77 use retired)			ing	16b. Kind of B		ack
Ē	6th Gr		College (	1-4or 5+)	Truck Driver					15.00	Balt	i m a sa	a 2 a a b a
5 17	7. Father's Name (				Truck Driver  18. Mother's Name (First, N					(First, Middle,	Maidan Sumar	ne)	e Aspha
To Be	Freder		Dorothy						Le	6			
	9a. Informant's Na			, Sr.	19b. Maili	ng Address	(Street				r, City or Town		Coda) 2123
20	Kathar  Da. Method of Disp  OXI Burial 2 [ 4 Donation	State	lace of Dispo em <i>etery, cre</i>	netony or o	na of ther ple	ca)		Date	20c. Location	- City or To			
2	21. Signatur of Funerel Sarvica Licansur 22. Name and Address of Facility Baltimore, Mary.									ryla	nd 2120		
2	WM.C.March FH 1101 E. North At 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart failure. List only one cause on each line.									Ave	Approximata Interval Between		
Medical Examiner	esulting In death) Gequentially list cor any, leeding to mause. Enter Unde Jause (Disease or act initiated events esulting in daeth) L		b	Due to (or		quende of):	dis	las	C				
by Physicianu	art II. Other signifi	/ /1					ause gi	ven in Part	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23b. Dld t			o the cause of dea
	04	el fai	1000	delyd	21	1		1	200V	24e. Was	an autonsy	24b. W	are autopsy finding
2	verifin	· vosc. o	US1 11	restable	CH					perfo	med?	00	vailable prior to empletion of cause death?
	1 4		1 1							101	es 2 No		Yes 20 No
Be Completed	5. Was casa refer	red to madical						26 Plac	e of Death	h (Check only o	1		74.0
ToB	examiner?	No	Hospital:	Inpatient 2	ER/Outpatie	nt 3 DC	DA Ot	ner: 4 N	ursing Ho	me 5 Resid	lence 6 🗆 Oti	her (Specia	fy)
E 2	7. Manner of Death			of Injury ofh, Dey Year)	28b. Time o	1 2	28c. Inju Wo	ry et rk?		28d. Describe h	low Injury occu	rred	
edical Certification:	1. Pandatural 5 □ Panding investigation 3 □ Suicide 6 □ Could not be delemined 4 □ Homicide 28e. Place of Injury - At home, farm, street, building, atc. (Specify)							M 1 Yes 2 No				al Route Number,	
S 2	29a. Cartifier (Check only)  When the causa (s) and manner as a coursed at the time, date end place, and due to the causa (s) and manner as a coursed at the time, data and place, and due												
- Table -	one) and manner stated.  29b. Signaluse and title or pertiller						29c. License number				29d. Date sign	ed (Month,	Day, Year)
20	16	delle	W.D.	es of death (Horris	23a) (Timo	Print)	034	1488			2/3	5/98	
	O. Name and address	9.16	DEAS, 14.1	sa of daeth (Item	53 Fa	Is Mi	#32	5.6	uflo	evite,	Ml. Z	1093	•
State <sup>3</sup>	1. Dete filed (Mont		32.	Registrar's Signa	ture Ran	dall							
	T.A	LUDB	30 d										

DHMH 16 Rev 6/95

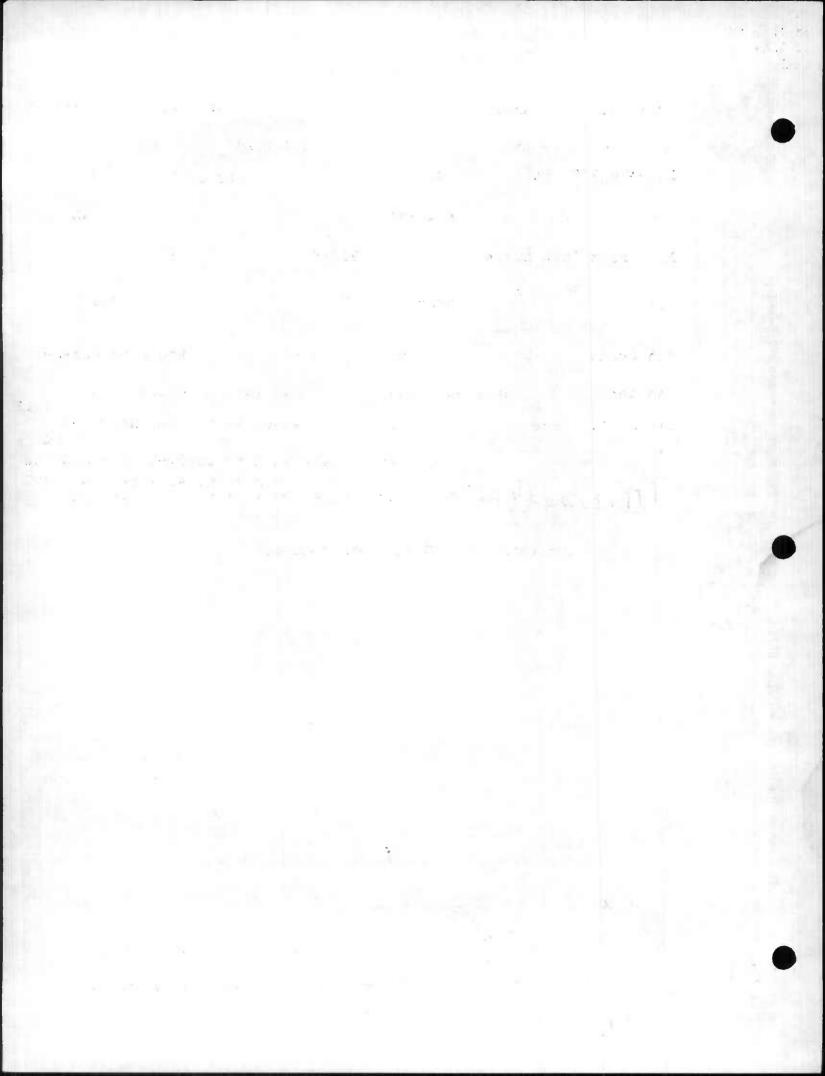


State of Manyland / Department of Health and Mental Hydiene

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2 Date of Death **Physician** 1998 MAY 7:05P.M. William I. Lane /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) Examiner 1823 EAST 30TH. STREET BALTIMORE If Under 24 Hrs. 8. If Under 1 Year 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** Deys Hours Min. 1□M 2□F X X Yrs. 80 Director 212-14-0738 Md 08-03-17 Usuel Residence of Decedent permit. Pages 1 and 2 should be filled within 72 hours after death with the Marylend Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show you injury or other traumatic event, the Modical Exeminer must be notified at page. 10e State 10c. City, Town or Location 10d. Inside City Limits 10b. County Md NA Baltimore XX Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1823 East 30th Street 21218 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Meritel Stetus 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried 1 Yes 2 No Specify: Black þ Army 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Lab Technician Edgewood Arsenal 9th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Webster Juilia Green Walter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 21213 3810 Elmley Avenue Baltimore, Maryland Linda Α. Lane 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete M d . 20e. Method of Disposition 1X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Garrison Forest VA Cem. 05-07-98 OwingsMills, 4 Donetion 5 DOther (Specify) 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate ntervel Betw Onset end Deeth Physician Immediate Ceuse (Finel disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease /Medical Examiner Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760 The law requires that the death certificete be Physician/Medical Due to (or es e consequença of) 88 950 23b. Did tobacco use contributa to the causa of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, é 24b. Were eutopsy findings aveileble prior to completion of ceuse of death? been signature 24e. Wes an autopsy performed? Completed INSPECTION has irector, page 2 1 Yes 2 No 1 ☐ Yes 2 🛣 No or Attending Physician: 25. Was case referred to medicel exeminer? 26. Plece of Deeth (Check only one) Be Hospitel: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1X Yes 2 No 10 this funeral 27. Menner of Deeth 28d. Describe how injury occurred 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Certification: 1X Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No after death. ector: A by the f 2 Accident 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) • Funeral Direction of Filled in billed in bil 4 Homicide To the Hospital o within 24 hours af To the Funeral Di Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steled.

Wedical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) and mapper statud. 29a. Certifier To the Fune completely fi edical (Check only 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. MAY 3, 1998 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Lawid Parla-111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State gandall. Autia Davidson MAY 06 1998 Registrar

DHMH 16 Rev 6/95



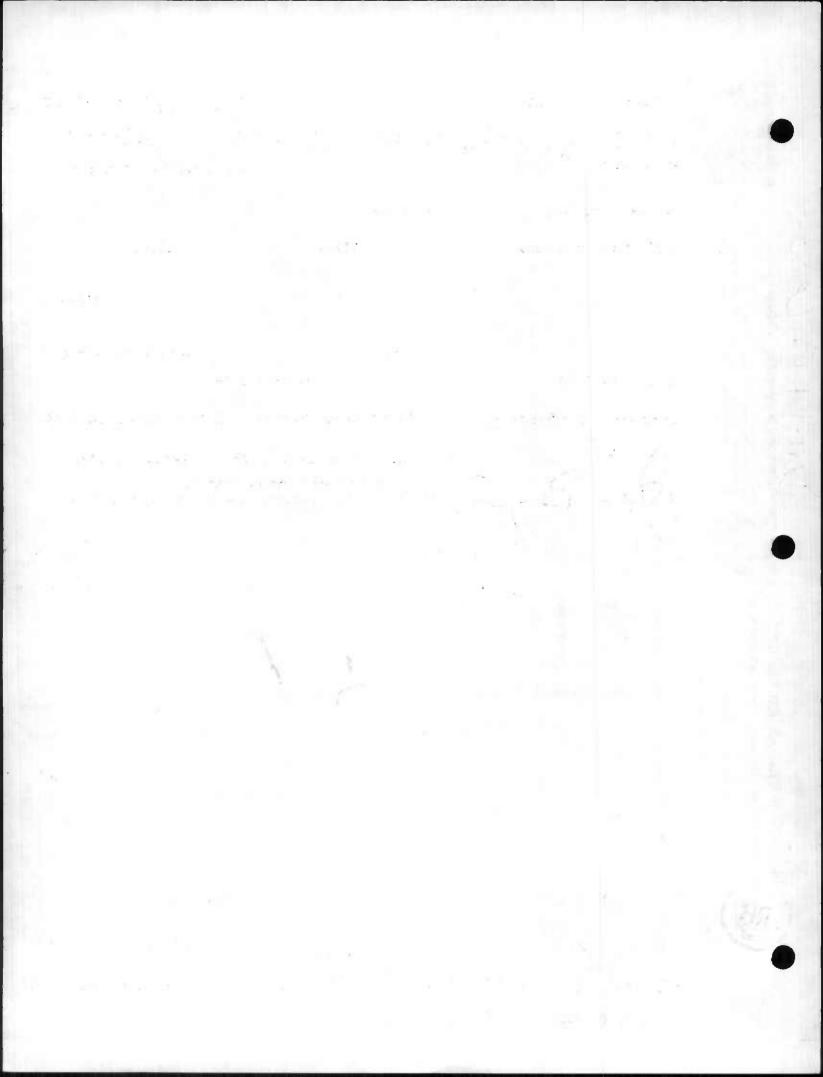
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Date of Deeth 1. Decedent's Name (First, Middle, Last) **Physician** Dorothy E. Leiss /Medical 4e Eacitity Neme (If not institution, give street and purpler) 4b City, Town, or Location of Di Examiner osedale 8. Date of Birth Month, Day, Year 14 Sept. 7, 1914 If Under 1 Year if Under 24 Hrs. 7. Age (In vrs. last birthday) 9. Birthpiace (State or Foreign Social Security Number **Funeral** 1 M 20 F 83 Months Days Hours New York Director Usual Residence of Deceden 10a State 10h County 10c City Town or Location 10d Inside City Limits Maryland Baltimore Edgemere 1 □ Yes 2 N No Director Street and Number 10g. Citizen of What Country? 10f. Zip Code 2825 Lodge Farm Road 21219 U.S.A. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give 11 Marital Status Black, White, etc. 1 Never Merried 2 Married 8 1 ☐ Yes 2 XNo Specify: Specify: White þ 3 XWidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Sales Clerk Department Store 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) and 2 should be Montal John C. Willard Marie Lillie 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Intormant's Name/Relationship (Type, Print) Shawn Cochran (Grandson) of Health I 5344 Dunteachin Drive Ellicott City, Md. 21043 altimore. 20b. Place of Disposition (Name of Date 20c. Location - City or Town, State 20a. Method of Disposition Pages cemetery, crematory or other place) mal 2 ☑ Cremation 3 ☐ Removal from State Greenmount Crematory 5/6/1998 Baltimore , Md. 5 ☐ Other (Specify) e of Funeral Se 22. Name and Address of Fecility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 Efter the disease, or complication, that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final Imoni disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last e to (or as a consequence ot): and Division of Vital Records, P.O. Box 68760 physician Physician/Medical 2 Due to (or as a consequence ot) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à þ 9 24b. Were autopsy tindings available prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed Deen 1 ☐ Yes 2 ☐ No 1 Yes cartificate 25. Was cese referred to medical examiner? 8 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 20 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 器品 28c. Injury et Work? 28d. Describe how injury occurred 27. Manner of Death 28b. Time of or Attending after death. 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No after death. Director: A 2 ☐ Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 15 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29a, Certifie 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature end-title of certifies m completed cause of death (Item 23a) (Type, Print) Square Drive Baltimore, MD

State Registrar

MAY 0 6 1998

31. Date tiled (Month, Day, Yeer)

32. Registrar's Signeture



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. Amend: #5 Per FH Film G760 6-1-98RC 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month MAY **Physician** 5,1998 9:40am MILDRED LANG /Medical 4b. City, Town, or Location of Deeth 4a Facility Neme (If not institution, give street and number) 4c. County of Deeth Examiner FRANKLIN SQUARE HOSPITAL ROSEDALE BALTIMORE If Under 1 Year Hunder 24 Hrs. 8. Date of Birth (Month, Day, Year) 5-Social Security Alymber 231-34-5722 Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 □ M 2 🛛 F Months Days Yrs. 76 **Director** May 30, 1921 VA Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10a. State 10b. County 10d Inside City Limits r 28a-f ahow 1 Yes 2 No Director Baltimore Essex 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be 9 Mingo Lane 21221 USA permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiena. Important: If Item 27 is merked other than "natural", or items 23a any Injury or other traumatic event, the Mod cal Examiner mass any Lauge. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2X No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Maritel Status Bleck. White, etc. 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Ves 2 No Specify Specify: þ White 3X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 8 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Name (First, Middle, Last) George T. Comer Beulah F. Short 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) 3102 California Ave Parkville, MD 21234 Leroy Lang /son 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State May 9 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 1998 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Memorial Middle River, MD 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility
Connelly Funeral Home of Dundalk Colt 7110 Sollers Point Rd 21222 23a. Part 7. Enter the dis-1 se, or complications that caused the death shock, or heart fail (no. List only one cause on each line. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete tnterval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ocal Examiner (or as a consequence of) Examiner The law requires that the death certificate be pascuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) USB signed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Prohimown HBP b 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed is cartificata has director, page 2 1 T Vas 2 Din 1 □ Ves 2 □ No 25. Was case referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 this funaral 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 27. Manner of Death 28b. Time of After 1 ENatural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Division of Vital Records, P.O. Box 68760, or Attending Physician: s after dea. To the Hospital or A within 24 hours after To the Funeral Dire complataly filled in b

tral d attangor 29c. License number

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

ROAD BALTO. M.D. Po OLD NT NORTH 1012

31. Date filed (Month, Day, Year) State 061998 Registrar

4 Homicide

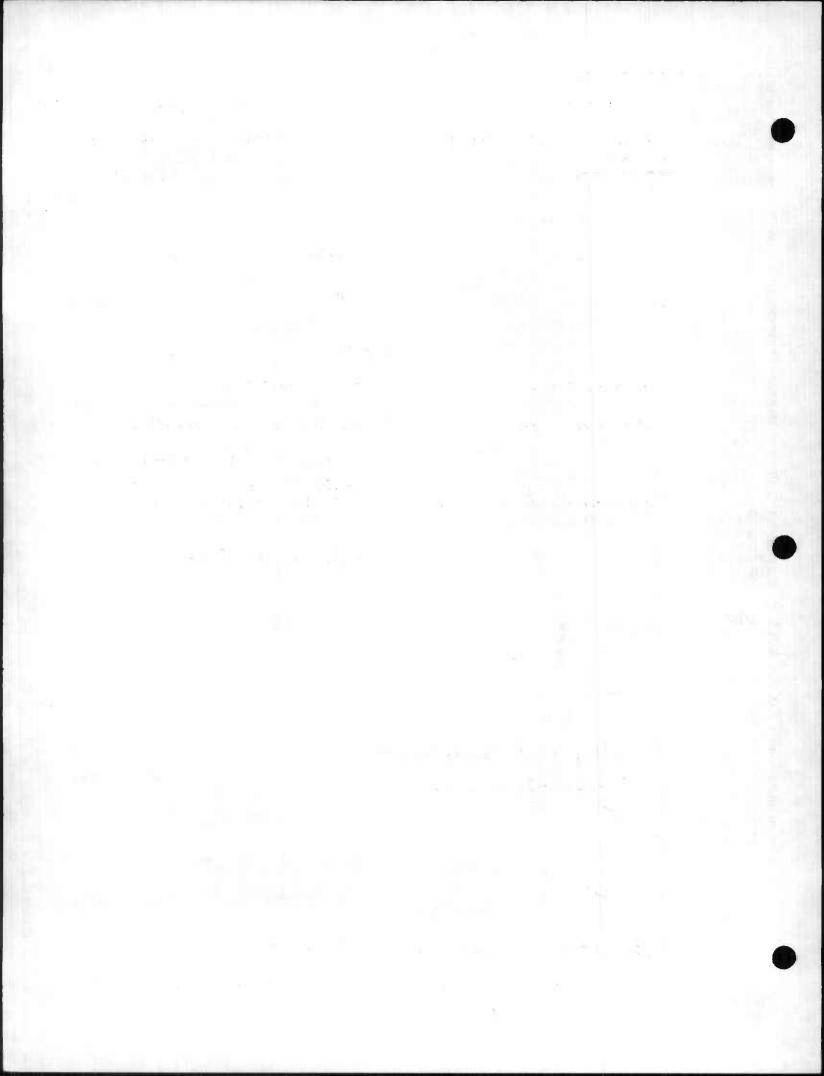
(Check only one)

29b. Signature and title of certifier

29a. Certifier

edical



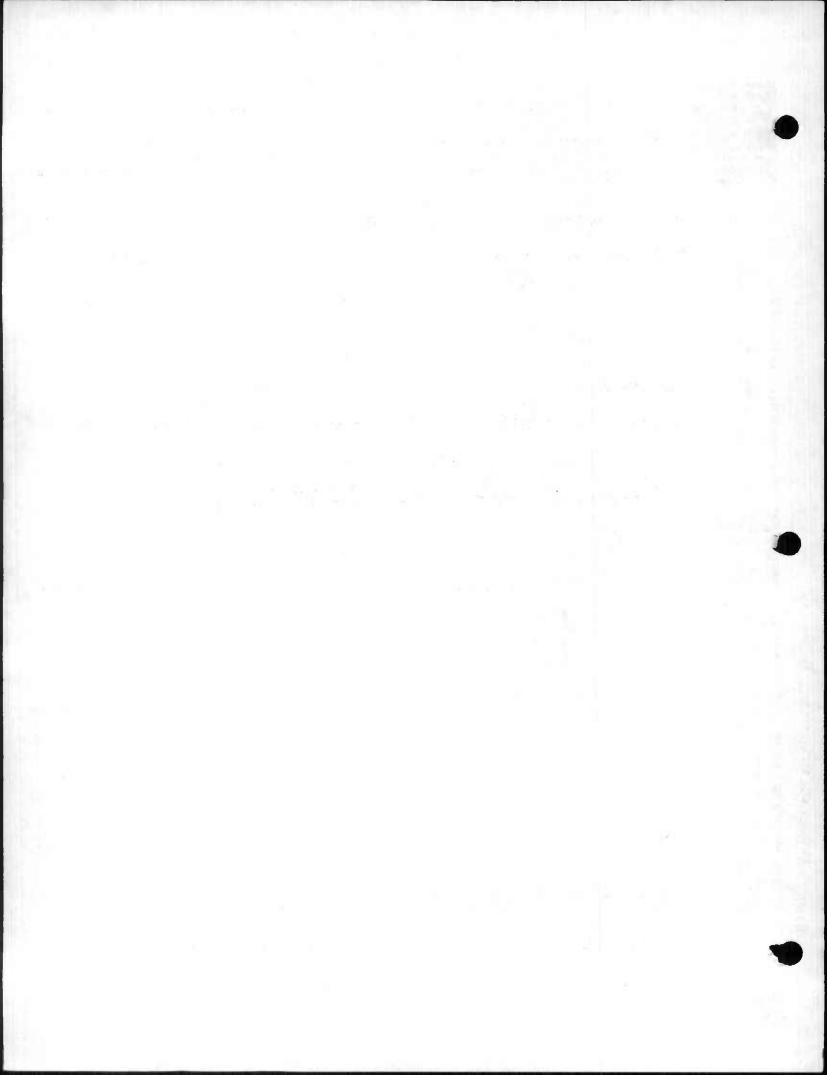


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Month **Physician** May VINCENT RAYMOND MILEO, SR. 12:02 pm 1998 03 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Baltimore ST ALINES HEALTH CARE 14 If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1 ☑ M 2 ☐ F Vrs 218-07-9831 BALTIMORE, MARYLA Director SEPT 1, 1911 Usual Residence of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Madical Examiner must be notified at 1 ☐ Yes 2√ No Director MD BALTIMORE BALTIMORE 10e. Street and Number 10f. Zin Code 10a. Citizen of What Country? 5715 EDMONDSON AVENUE-TAA-2 21228 U.S.A. Funeral death 12. Was Decedant Evar in U,S. Armed Forces? 1 X Yas 2 □ No If Yes, Give Year or Datas: WW I 14. Raca - American Indian, Black, White, etc. 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status filed within 72 hours efter 1 Never Married Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced WW II WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 8TH GRADE MARYLAND STEEL STEEL WORKER permit. Peges 1 and 2 should be file.
Department of Health end Mental Hyg.
Important: If Item 27 is marked other any Injury or other traumers. 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) ANTHONY MILEO ROSE NOTO 19a. Informant's Name/Reletionship (Type, Pnint) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ISABELLA D. MILEO(WIFE) 5715 EDMONDSON AVENUE - BALTIMORE, MD 21228 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑Burlai 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) LOUDON PARK CEMETERY 5/6/98 BALTIMORE 21. Signature of Funeral Service License 22. Name and Address of Facility HUBBARD FUNERAL HOME INC. 112 4107 WILKENS AVENUE-BALTIMORE, MD 23a. Part / Enter the diseasa, or complications that causad tha death. Do not enter tha moda of dying, such as cardiac or raspiratory arrast study, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Respiratury minutes Failure Examiner Due to (or as a consequenca of) days Congestive Failure Heart Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): 68760 Physician/Medical Byth: Due to (or as a consequenca of): 88 Box 900 2 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? o rigned by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🕅 Unknown 0 á Division of Vital Records, 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy Completed **D808** 2 comficate has 1 Yes 2 No 1 ☐ Yes 2 1 No 25. Was case referred to medical exeminer? Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 N Inpatient 2 □ ER/Outpatient 3 □ DOA 1 27. Menner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 ENatural 5 Pending investigation 1 Yes 2 No 2 Accident after death Director: 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital within 24 hours o To the Funeral C 29a. Certifier 1🗷 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and piece, end due to the ceuse(s) end menner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. 29b. Signature and title of cartifiar 29c. License number 29d. Date signed (Month, Dey, Yeer) 03,1998 Duste 5 May P11698 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) R. PARIKH 900 Caton AVE Baltimore, mD 31. Data filed (Month, Day, Year) MAY 06 1998 32. Registrars Signature
Fundalle Registrar

MILEON VINCENT



98-2404-510 Please Type or Print in Black Indelible ink. Assure Ali Copies Are Legible. CMK State of Maryland / Department of Health and Mental Hygiene DARON MITCHELL Items: 23 part I,27 per MEO G-760 6/2/9 Certificate of Death 2. Dete of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** WILLIE-LEE MITCHELL APRIL 29, 1998 0950AM /Medical 4b. City, Town, or Location of Death 4e Fecility Name (If not institution, give street end number) 4c. County of Death Examiner BALTIMORE CITY

If Under 24 Hrs. 8. Date of Birth
Month, Day, HARBOR HOSPITAL E.R. If Under 1 Yeer Birthplace (State or Foreign Country) 5. Sociei Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 1 M 2 □ F Months Days 217-51-9758 Usual Residence of Decedent Yrs. Director with the Maryland permit. Pages 1 end 2 should be filed within 72 hours effer deeth with the Marylan Department of Health and Mentel Hyglene. Important: If Item 27 is marked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Med call Examiner must be notified at once. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director MARYLAND 10e. Street and Number 10g. Citizen of What Country? 901 HVENUE Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status 1 Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Merried 1□ Yes 2☑ No Specify þ BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be BILLIE ANTOINETTE 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 901 SEAGULL AVENUE, BALTIHORE, HD. 212 ce of Disposition (Name of Date) 20c. Location - City or Town, State ANTOINETTE SIMS (MOTHER 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 1 Burial 2 Cremation 3 Removal from Stete MTZION CEMETERY (BABYLAND) 5-5-98 LANSDOWNE, MD 4 ☐ Donation 5 ☐ Other (Specify) Sharron D. JOSEPH H. BROWN JR. FUNERAL HOME 2140 N. FULTON AVE. BALTIMORE, HD. 2121

23a. Parti. Enter the disease, or complications that caused the feath. Do not enter the mode of dying, such as cerdiac or respiratory frest,

Approximate Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) SUDDEN INFANT DEATH SYNDROME [SIDS ] Examiner Due to (or as a consaquence of). Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Division of Vital Records. P.O. Box 6876 Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2 1 Yes 2 No 3 Probably 4. Unknown signed b by 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? peeq s certificata has t Yes 2 No 1 Ves 2□ No Hospital or Attending Physician: director, 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1⊠ Yes 2□ No Certification: To 1 ☐ Inpatient 2EXER/Outpatient 3☐ DOA this funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation XX Natural 124 hours after death.

Funers! Director: After the function of the function o 1 Yes 2 No 2 ☐ Accident 6 ☐ Could not be 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 29a. Certifier 1 Certifying Physician: To the best of pay knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. within 24 hor To the Fune completely fi (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifier

State Registrar

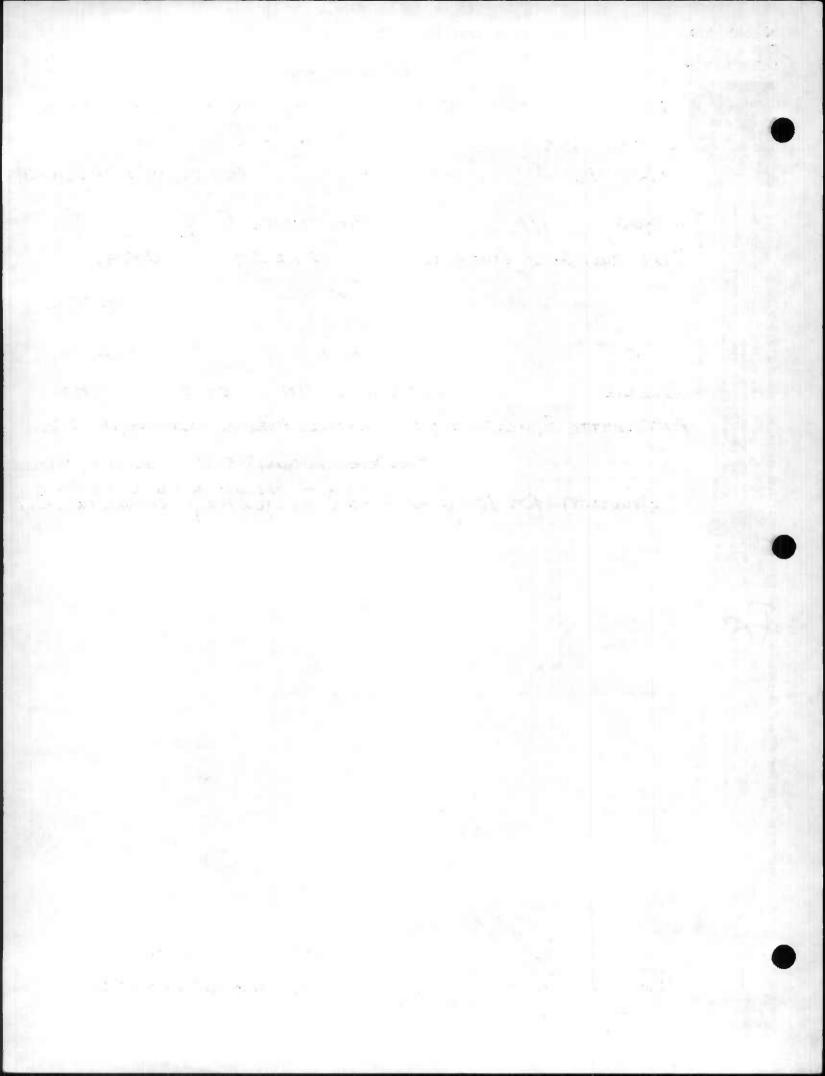
at 31. Dete filed (Month, Day, Yeer)
MAY 0 6 1998

2111 Penn Street, Baltimore, Maryland 21201
32. Refleyar's Sinnature
Tuna Davidson Pendste

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

O.C.M.E.

APRIL 30, 1998

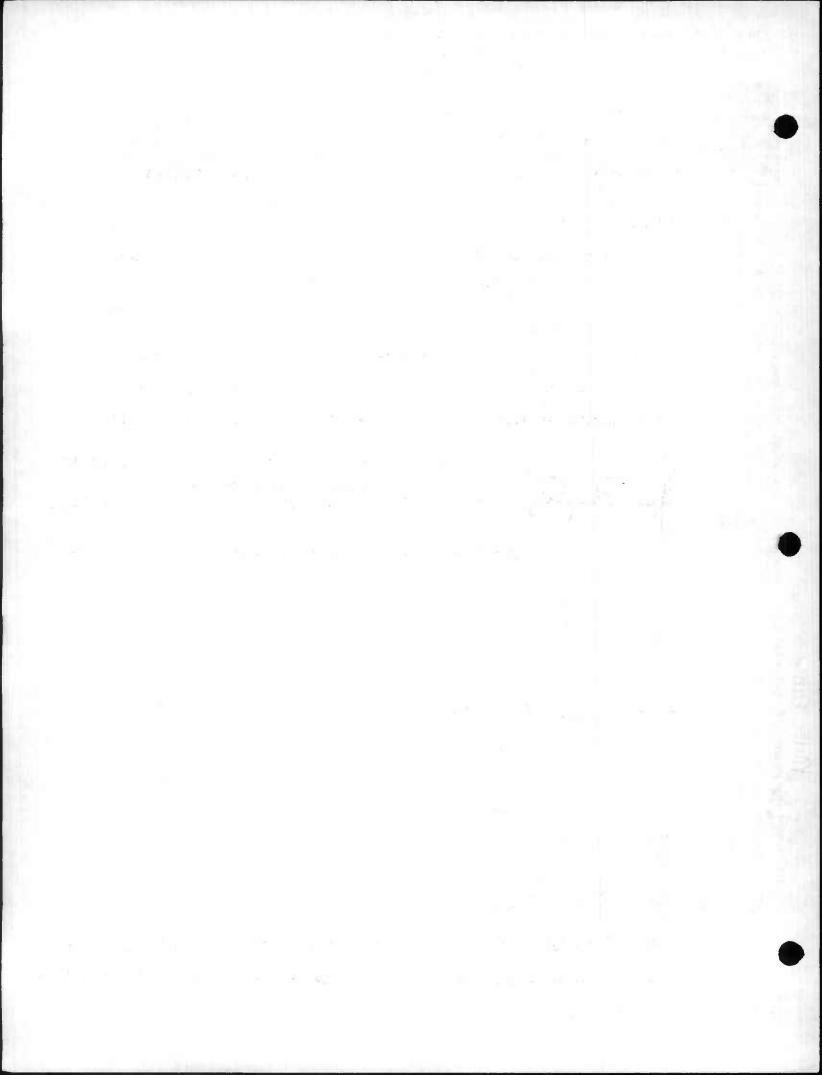


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificat	e of	Death		Reg	g. No.	0 1	3953
Phys	ololor	_	1. Decedent's Name (First, Middle, L.	ast)							te of Death	Day	Yeer	3. Time of Death
	edica	1			Mills					Ap	ril;	30 1	998	3:00 AM
Exa	mine		4a. Facility Neme <i>(If not institution, gi</i> Fallston Gener	- I - VII					tb. City, Town, or Fallst		of Deeth	4c. County		
Funer	ral			-	ge (In yrs. last	birthday)	If Under	1 Year	If Under 24 Hr	s. 8. Da	te of Birth	Harf		ce (State or Foreign
Direct		- 1-	579 05 1640 Usual Residence of Decedent	1□ M 2♥ F	87	Yrs.	Months	Deys	Hours Mir	Fel	onth, Day,	,1911	Mary	YZ
nylan show	١.		10a. Stete 10b. County		10c. City, To	wn or Lo	ocation			10d. Inside Cit				
Sa-f	Director	200	Maryland Harford		Bel	Air							1 Yes 2 No	
with th	È		10e. Street end Number	h 2°	77		10f. Zip				10	g. Citizen of V		y?
eath	Firegra	e	300 Sunflower Dri	12. Wes Decedent		13 1		2101	l 4 lispanic Origin? (	Specify Ve	as or No-		USA e - American	n Indien
hours after death with the Maryland urel', or items 23a or 28a-f show all Examiner must be notified at	hy Elis	2	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces' 1 ☐ Yes 2X If Yes, Give Year or Detes:	?		If Yes, spec	city Cube	on, Mexican, Pue Specify:	rto Rican,	etc.)		ck, White, etc	c.
72 nat	Completed	9	15. Decedent's E (Specify only highest gr	ducation	16	a. Deced	dent's Usua	l Occup	ation during most of w	ndkina	10	6b. Kind of Bu		
d within glene. r than "	a diam	E I	Elementery/Secondery (0-12)	College (1-4or		life.	DO NOT us	e retired	1)	or uning				
a filed v Il Hygle other t	2	3	8 17. Father's Neme (First, Middle, Las	1)		Wait	ress		18. Mother's Na	ame (First	Middle M	Resta		
d ala	8	0	Joseph Dawso									reenhoi		
d 2 should be thend Mental 7 is marked or traumatic eve	F	-	19e. Informant's Name/Relationship		1	9b. Mallir	na Address	(Street	and Number or F					Code)
nd 2 alth e			Patsy Stainbrook						oad Bel					,
permit. Pages 1 and : Depertment of Health important: If item 27 any injury or other tr.			20a. Method of Disposition 1   ☐ Burial 2 □ Cremation 3 [		ceme	tery, crer	matory or o	ther pled		Date		Oc. Location -		
ertme ortani injury		+	4 Donation 5 Other (Special Service Lice	Ty)	FIOSL				L Park 5				rg, Ma	ryland
Dep	once.		1/5 (	$\mathcal{I}$					ss of Facility Ci Funer					
		+	23- Pure Enter the disease of con	nnlications that cause	d the death. D	14	07 Ol	d Ea	astern A	venue	Esse	ex, Mar		21221 Approximete
Physicia	an I		233 Park. Enter the disease, of constant, or heart failure. List only	one cause on each I	ine.	o viot ovit	ioi (iio iiiog	o or ayıı	g, out an out on	20 01 100p1	atory arros		i le	nterval Between Onset end Death
/Medic			Immediete Cause (Final	CAR	CINTOU	14	OF	PH	WERE	45	,		1	YEAR
Examin	er		disease or condition resulting in deeth)	е.	Due to (or as			0 -/	77 -77	,, ,				
D 0	i e	<u> </u>	_	h										
sician and burial-transit	Fxaminer	Yall	Sequentially list conditions,	D	Due to (or as	a conseq	quence of):							
cats be a physician if the burla			if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	C										
0 52	1 =		that initiated events resulting in deeth) Last		Due to (or as	conseq	juence of):						İ	
0 2 2	2	E		d										
death a site of for	Cin	2	Part II. Other significant conditions	contributing to death t	out not resulting	in the u	nderlying o	ause ok	en in Pert I	2	3h Did toh	acco usa co	ntribute to t	he cause of death
that the de ed by the a detached	Physician/			NAL			-	adso giv	on an anti.	-				bly 4 Unknow
ins that signed to d be deli	20	2	HOUTE NE	TOTT	F-712	-071				_				
require been sig should b	7	3								24	ta. Was an	autopsy ed?	evalle	e autopsy findings leble prior to
\$ 10 th	Completed	2									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		comp	pletion of cause eeth?
The standard and a st	100	5									1 ☐ Yes	2 <b>X</b> No	10	Yes 2□ No
clan: settle	a a	2	25. Was case referred to medical examiner?						26. Place of De	eeth (Chec	ck only one	)		
His o	P		1 ☐ Yes 2∰3 No		ent 2 ER/				4 🗆 Nulsing					
Atha	lo	5	27. Menner of Death  1 SNetural 5 ☐ Pending	28a. Dete of inju (Month, De	ly Year) 28t	. Time of Injury	M 2	8c. Injur	y et k? Yes 2 □ No	28d. De	escribe hov	v Injury occur	red	
death death clor: y the	Certification:	2	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not to	oe One Disco of In	iuny - At home	farm etr			162 Z   NO	28f Lo	cation (Stre	et and Numb	er or Rural F	Route Number,
or Attendant after deal Director:	ir.		4 Homicide determined	building, e	ic. (Specify)	raim, su	eet, factory	, onice		Cit	ty or Town,	State)	or or ridiarr	route runner,
To the Hospital within 24 hours a To the Funeral S completely lilled	edicai C		29e. Certifier 127 Certifying Pl	hysicien: To the best miner: On the basis of	of my knowled	ge, death	occurred a	at the tin	ne, date and piac	e, and du	e to the ceu	use(s) and ma	anner es stat	led.
the H	Med	-	one)	end manner st	eted.	ALCO OF HIS				COLOU OF IL				140-2311143
5 × 50	-		29b. Signature and title of certifier  Audsew A	powalio	me	> K			e number ) 0809	6		d. Dete signed		
1			.,,				Print)	/_	0809		//		30,1	1/0
1			30. Name and oddress of person who	WAKOW.		(Type,		25	N. MA	IN S	T. 168	24911	, MI	21014
	State		31. Date filed (Month, Day, Year)	932 Regist	rar's Signature	2.00	1							
Doni	- Augus		WILL A II A VIIM	~ PLOTED \$47.1	NOW SHAREST PROPERTY OF STREET	25 A G. S. S. S.	r.							

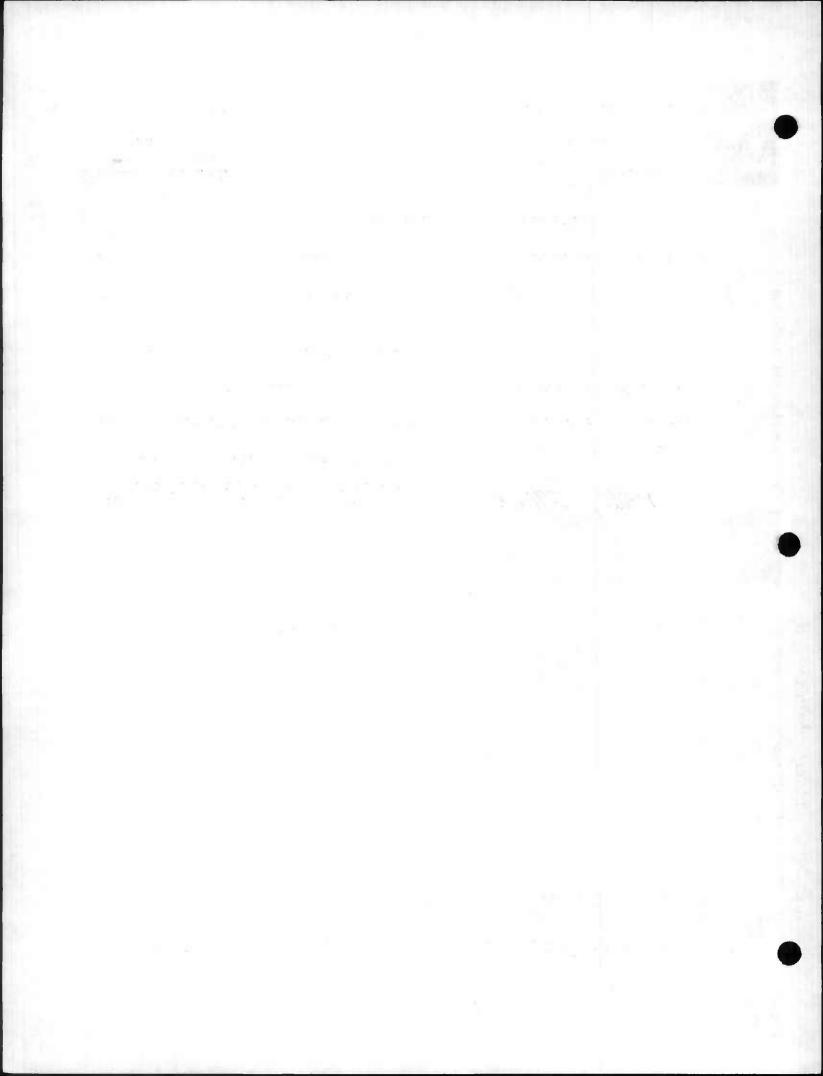
DHMH 16 Rev 6/95



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_			1 Decedent's Name (First I	Aiddle Le				tificate of	Death		Reg. No.	8 1	3954
	Physic	ian	1. Decedent's Neme (First, I							2. Dete of De Month	Dey	Yeer	3. Time of Deeth
1	/Medi	cai	ANDREW BROA							MAY	-	798	4:30 mg
	Examir	ner	4e. Facility Neme (If not insti	tution, giv	e street end num	nber)			4b. City, Town, or Lo		4c. County	of Death	
			8T. AZNES	-	SPITAL				BAGYM			/A	
	Funeral Director		5. Sociel Security Number 230-34-7662 Usuel Residence of Deceder		Sex ZM 2□ F	7. Age (In yrs. 74	last birthday) Yrs.	If Under 1 Year Months Deys	if Under 24 Hrs. Hours Min.	8. Dete of Bin (Month, De 09/17/	h y, Year) 1923	9. Birthp Coun VIRG	ilece (State or Foreign http) INIA
arvland	28a-f show notified at	J.	10e. Stete 10b. Co	unty	MODE		y, Town or Lo					1	0d. Inside City Limits
S et	28a-r	ect	MD B	ALTI	MORE		CATONS	1 100					42
death with the Marvland	23a or	Funeral Director	411 OAK FORES	T AV	ENUE			10f. Zip Code	1228		10g. Citizen of	U.S.	
- 1	al', or its Examine	by	11. Maritel Status 1 □ Never Married 2 🔀 3 □ Widowed 4 □ Divo		12. Wes Dece Armed For 1 4 Yes If Yes, Give Yeer or De	2 □ No		Was Decedent of Information of Info	Hispenic Origin? (Spen, Mexicen, Puerto Specify:	ecify Yes or No Rican, etc.)		ck, White,	etc.
21215-0020 d within 72 hours af	. Par	Completed	15. Dec (Specify only h Elementary/Secondary (0-		ducation ade completed) College (1-		(Give life. L	tent's Usuel Occup kind of work done OO NOT use retire	during most of work d)	ing	18b. Kind of B	usiness/Ind	
D 5	Hygin Hygin	ပိ	17. Fether's Neme (First, Mic	idia Last			CHEMI	CAD ENGI	16. Mother's Nam	e (First Middle			r.
an	and Mental Hygien is marked other th aumatic avent, the	Be								1		10)	
Z oluon	1 Me	To	ANDREW BROADU							GLASCO			
Maryland	is m		19e. Informent's Name/Reie					•	end Number or Rur				
	Heelth em 27 other tr		MARCHETA C. M 20e. Method of Disposition	OON ,	/ WIFE	005.5		AK FORES!	r AVENUE		/ILLE, I		
Baltimore,	0 = 5		1 Buriel 2 Cremei 4 Donetion 5 Othe			Stete	emetery, cren	RK CEMET		Dete /6/98	BALTIMO		
Ball	Departmentimportant: any injury		21. Signature of Funerel Ser	vice Licer	Hart	4	S'		ess of Fecility ASHTON FUI DSON AVE.				228
PI	hysician	7	23a. Pert1. Enter the diveas shock, or heert feilure.	e, or com List only	plications that co	eused the deet ech line.							Approximate Intervei Between Onset end Death
	Medical xaminer		immediate Ceuse (Finel disease or condition		· Pra	monn	+						MONTHS
	Adminici		resulting In deeth)		0	Due to (c	es e conseq	uence of):					
2	- 15	ine			5 SEPT	10641	A					L	NEEVS.
gont	And	Examiner	Sequentielly list conditions,		0		r es e conseq	uence of):					
68760, Reals bein	physician-and the burial-tra	edical E	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	<	· Cong		r es e consequ	The state of the s	ILURE			`	16Ans
Box 6	attending p	Physician/Me		ι	d				~				
- 4	by the at	sic	Pert ii. Other significant con	ditions	ontributing to de	eth but not res	ulting in the ur	nderlying cause giv	ven in Part I.	23b. Did 1	obacco use co	ntribute to	the cause of death
S, P.O.	8.8									10	Yee 2□No	3 Prot	bably 40 Whknow
Vital Records,	should should	Completed by								24e. Wes perfo	an autopsy rmed?	CO	ere eutopsy findings eileble prior to mpletion of cause death?
E #	ate has page 2	S								101	es 20 No	10	Yes 2010
ita	certificate nector, pag	Be	25. Wes cese referred to me exeminer?	dical					26. Piece of Deet	h (Check only o	ne)		
Z olev		To.	1 Yes 2 No		Hospitei: 1 Dr	patient 2	ER/Outpetien	t 3 DOA Ott	ner: 4 Nursing Ho	me 5 Resid	lence 6 Oth	er (Specify	y)
Division of	After fune	Certification:		estigation	n	f Injury n. Dey Year)	26b. Time of injury	Wo	ry et rk? i Yes 2 \( \text{No} \)	26d. Describe l	now injury occur	red	
Divis	원등도	Certific	3 Suicide 6 Co 4 Homlcide de	uid not be termined	286. Piece	of Injury - At he ig, etc. (Specif	ome, farm, stre	eet, factory, office		26f. Location (S City or Tov		per or Rura	f Route Number,
the Hospi	within 24 hours after To the Funeral Dir Completely filled in	edical	29a. Certifier 1 Cert (Check only one) 1 Med	ifying Ph Ical Exen	yalcian: To the be niner: On the be end menn	sis of exemine	wledge, deeth tion end/or inv	occurred et the til restigetion, in my d	me, dete end plece, opinion, death occur	end due to the red et the time,	ceuse(s) and made at the contract of the contr	end due to	ated. the ceuse(s)
Tota	から	2	29b. Signeture and title of ca	pitter	/			29c. Licens			29d. Dete signe	d (Month,	Dey, Yeer)
)	Y		1	-	2 "	no		P	11704		MAY	3.19	798
	17		30. Name and address of part	en .	completed ceuse	C. P. P. C. C. C.	- /	Print)		2 2 8	• • • • • • • • • • • • • • • • • • • •	-,	
	CH	10	31. Dete filed (Month, Day, Y		32. Re	Ofmer's Bern	IWer Care	ortun ,	MQ, 21	LUZ.			
	Sta Registr	-		6 199		Hota-Dass	Mana-Man	ACOTOS"					

MODN, ANDREAL



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene () KAREN LEE MILLER Items: 23 part 1,27 per MEO G-759 5/20/98 reCertificate of Death 2. Date of Death 3. Time of Death 1. Decedant's Name (First, Middla, Last) **Physician** Karen Lee Miller 1998 MAY 04 1110AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Fecility Neme (If not institution, giva street and number) **Examiner** 2653 EBONY ROAD BALTIMORF r If Under 24 Hrs. BALTIMORE COUNTY If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth Birthplece (Stata or Foreign Country) **Funeral** 1□ M 2 F Months Deys Hours Min Yrs. November 13,1953 Mary land 44 Director 217-58-5528 Usual Residence of Decedent with the Menyland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo Maryland Baltimore Carney 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code permit. Peges 1 end 2 should be filed within 72 hours after deeth v
Department of Health end Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a
any injury or other traumatic event, the Medical Experimentation. 21234 United States Funeral 2653 Ebony Road 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Spacify only highast grada complated) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Baltimore County Elemantary/Secondary (0-12) Collega (1-4or 5+) Public Works 4 Administration 17. Father's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be 2 William C. Miller, Jr. Frances A. Flaherty 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Mrs. Frances A. Miller / Mother 1700 Meridene Drive Apt. 501 Balto, MD 21239 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State X Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 5/8/98 Moreland Memorial Park Baltimore, Maryland 21. Signature of Funeral Service Licensee Timothy S. Harman 22. Name and Address of Fecility eonard J. Ruck, Inc. Funeral Home 5305 Harford Road Baltimore, MD 21214 23a. Part 1. Entar tha disaass or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Daath **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or as a consequence of): Examiner physician end the buriel-trensit The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or es a consequence of) ettending p 80 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3 Probably 4 ☐ Unknown à Division of Vital Records, should t 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of ceuse of death? page 2 s hes 1 Yes 2 No Ves 2□ No certificate or Attending Physician: director, 25. Was case referred to medicel examiner? Be 26. Place of Death (Chack only ona) Hospital: Other: 4 Nursing Home 5 A Rasidance 6 Other (Specify) 2 1 XYes 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: After 5 Pending 1XXNatural 1 Yas 2 No death. investigation ector: / 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Numbar, City or Town, Stata) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) within 24 hours after To the Funeral Director completely filled in by efter 4 | Homicide Hospital 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. edical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only one) 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) 1110 O.C.M.E. MAY 05, 1998 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Radentz Stephen 111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Day, Year) 32. Degistrar's Signature 0 6 1998 hia Davidson gandell.

the state of the s 4. . . . . the last particular the state of the first of the state o condition of the last bear because but the and finest A. 2017 . North C. Committee C. C

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Nama (First, Middle, Last) Medairy Month 925 PM erome 03 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Unit Medical Specialty Howard Columbia Lorien If Under 1 Year If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) Months Days Hours 15 M 2□ F Yrs 69 218-26-9857 Usual Residence of Decedent MD Apr. 30, 1929 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Columbia MD Howard 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21045 USA 7224 Wedding Ring Way 12. Was Decedant Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: Korean 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Assoc. of MD Pilots Bay Pilot 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Loretta Codd Bernard Medairy 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 7224 Wedding Ring Way, Columbia, MD 21045 Charlotte R. Medairy (Wife) 20b. Place of Disposition (Name of cametery, crematory or other place) May 20c. Location - City or Town, State 20a. Method of Disposition 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) New Cathedral Cem. 7, 1998 Baltimore, MD 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility Witzke Funeral Homes, Inc. Rela 21045 5555 Twin Knolls Rd. Columbia, MD 23a. Part1. Enter the disease, or Ship ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each lina. Approximate fnterval Between Onset and Deeth Carcinoma of Esophagus Immediate Cause (Final disease or condition resulting in death) 10 Months Brain and Liver Metastasis 6 Months Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 27. Menner of Death 28c. Injury et Work? 1 Netural

**Physician** /Medical Examiner

any injury or o

**Physician** 

/Medical

Examiner

Director

Funeral

à

Completed

**Funeral** 

Director

Item 27 is marked other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Examinal must be notified at

permit. Pages 1 and 2 should be filed within 72 hours aftar death Departmant of Health and Mantal Hygiene. Important: If Item 27 is marked other than "natural", or Items 23.

3altimore, Maryland 21215-0020

the Maryland

Examiner requires that the death cartificate be Physician/Medicai the signed by the a g Completed

certificate has or Attending Physician: aftar daeth. Director: Aftar this certifica funarai

Be

2

Certification:

Medical

Division of Vital Records, P.O. Box 68760,

24 hours a Funerel D

To the To the To the

5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident Could not be determined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of fnjury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 29a. Certifier

1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29d. Date signed (Month, Day, Year) 29c. Licensa number 29b. Signatura and titla of certifian

31. Date filed (Month, Day, Year)

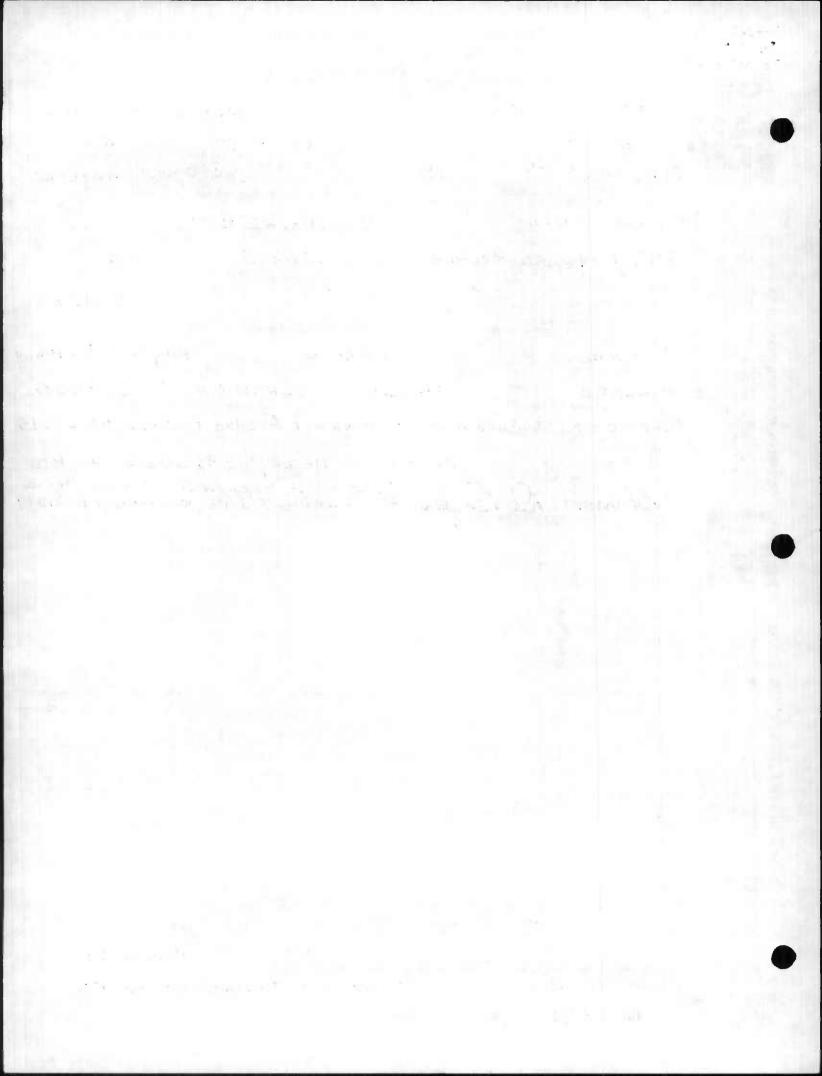
06 1998

Shar, MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 20052940

SANJAY P. SHAH, MD 10805 Hickory Ridge Rd #210, Columbia, MD 21044

Registrar

98-2408-510 CMK	Please	Type or Print In		ent of Health and			le.			
TYRONE MURE				ate of Death		g. No. 9 8	13957			
Items: 23a Pa	art Ia,27 Per ME Film 1. Decedent's Name (First, Middle, L	6/59 5-18-98RC ast)	00/11/10		2. Date of Death		3. Time of Deeth			
Physician /Medical	TYRONE W.	MUREL				APRIL 29, 1998 1411PM				
Examiner	4a Facility Name (If not institution, g			4b. City, Town, or		4c. County of				
A	1624 BOOKER COU			BALTIMOR			N/A			
Funeral	5. Social Security Number 6.	Sex 7. Age (In yi	s. last birthday) If Uni	der 1 Yeer   If Under 24 Hrs is Days Hours Min.	(Month, Day,	Birth 9. Birthplace (State of Country)				
Director	Usual Residence of Decedent		10		JAN, 19	1953	1ARYLAND			
how	10a. State 10b. County	10c. (	City, Town or Location		1		10d. Inside City Limits			
Oufer death with the Maryland ritems 23s or 28s-f show ritest must be metrised at Funeral Director	MARYLAND N	1A		ALTIMORE			1 Yes 2 No			
Dire	10e. Street and Number	Λ	10f.	Zip Code	70	g. Citizen of Wh				
ns 23	11. Marital Status	12. Wes Decedent Ever In		cedent of Hispenic Orlgin? (S	Specify Yes or No-		S A . American Indian,			
or item	1 Never Married 2 Married	Armed Forces?		pecify Cuben, Mexican, Puer	to Ricen, etc.)		White, etc.			
Dours cours cours cours cours	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	1 LJ Yes	2 TNo Specify:		Specify:	BLACK			
15-002 72 hours "naturel", point End	15. Decedent's (Specify only highest g	Education trade completed)	16a. Decedent's U (Give kind of	sual Occupation work done during most of wo Tuse retired)	rking 1	6b. Kind of Busi	ness/Industry			
12. Than	Elementery/Secondary (0-12)	College (1-4or 5+)	1	BORER		LAYDO	N COMPANY			
be filed to the dother, it event, it	17. Fether's Neme (First, Middle, Las	st)			me (First, Middle, M					
			MUREL	VERC	NICA	R.	JOHNSON			
Maryld d 2 should th and Merke traumatic	19e. Informent's Name/Reletionship	(Type, Print)	19b. Malling Addr	ess (Street and Number or R			tate, Zip Code)			
C = N L	VERONICA R.	JOHNSON CHOTHE			ENUE BA	ALTIHOR	E, HO, 21215			
2 2 2 2	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3	Removel from State	. Place of Disposition (i cemetery, crematory	r other place)			ity or Town, State			
Baltimo	4 □ Donation 5 □ Other (Special Signature of Funeral Service Lice		T, ZION				DIONE, MD.			
Baltii permit. P Depertm Importar any injuu	21	0,0	1 2003	EPH H. BA	EOWN J	R. FUND	ERAL HOME			
	23e. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that ceused the de	eath. Do not enter the m	ON FULTO	c or respiratory arre	SALTIHO st,	RE, MD. 21217			
Physician	shock, or heart failure. List on	y one ceuse on each line.					Interval Between Onset end Deeth			
/Medicai	Immediate Cause (Final disease or condition	CHRONIC ALC	OHOL ISM							
Examiner	resulting In death)	α	(or es e consequence	of):						
n end iel-transit		b								
0, executed an end riel-transit	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	Due to	(or as a consequence	of):						
0 0 0 0 0	Course (Disease of Injury	C	/or no n nonneaugene	.6\.						
6876( ifficete be g physicie es the bu	resulting in deeth) Last	D09 (0	(or as a consequence of	.,.						
Box 6 sath certiff ettending for use as		d					1			
al Records, P.O. Box 6876  The law requires thet the death certificate be tale has been signed by the ettending physicic page 2 should be deteched for use as the but completed by Physician/Medical	Part II. Other significant conditions	contributing to death but not r	esulting in the underlying	g ceuse given in Part I.	23b. Did tot	acco use cont	ribute to the cause of deeth?			
P.O. the the de by the deteched					1 □ Ye	e 2□ No	Probably 49 Unknown			
Vital Records, Fulcien: The law requires their certificate hes been signed irrector, page 2 should be delable.					24a. Was an	autopsy	24b. Were autopsy findings			
cord					perform	ed?	available prior to completion of cause of death?			
Received the law ender age 2					177Ye	s 2 No	1 2 Yes 2 □ No			
	25. Wes case referred to medical			26. Place of De	eth (Check only one					
Vision of Vita Attending Physicien: A death. ector: Atter this certific by the funeral director,	examiner? 1 ☑ Yes 2 ☐ No	Hospital: 1 Inpatient 2	□ ER/Outpatient 3□	DOA Other: 4 Nursing I	Home 5 🗵 Reside	nce 6 Other	(Specify)			
ion of nding Phy ath.: After this e funeral ation: 1	27. Menner of Death  1 XX Naturel 5 Pending	28a. Date of injury (Month, Day Year)		28c. Injury at Work?	28d. Describe ho	w Injury occurre	d			
Sio Sio Seath. Ior: A the fu	2 Accident investigate 3 Suicide 6 Could not	he	М	1 Yes 2 No	OPI Leasting (Cts	and and Alumba	r or Rural Route Number,			
Division of or Attending Physelec death. Director: Attenthis in by the funeral dientification: To	4 Homicide determine	28e. Place of Injury - Al building, etc. (Spe	t home, farm, street, fac cify)	tory, office	City or Town,		or noral noble (variber,			
Division C To the Hospital or Attending P within 24 hours effer death. To the Funeral Director: Affer t completely filled in by the funeral Medical Certification:		Phyelcian: To the best of my k								
the Ho hin 24 I the Fu mpletel	(Check only 2 Medical Expone)	aminer: On the basis of exami and manner stated.	ination end/or investigat	ion, in my opinion, death occ	urred at the time, da	te and place, er	nd due to the ceuse(s)			
To the within company	29b. Signature end title of certifier	18/1		29c. License number	29	d. Dete signed	(Month, Day, Year)			
		066		O.C.M.E.	1	APRIL 30	), 1998			
	30 Name and address of person wh	_ /								
State	31. Dete filed (Month, Day, Year)	32. Registrer's Sig		nn Street, Ba	Ltimore, 1	Maryland	1 21201			
State Registrar	MAY 06199	8 John David	bon Pandage							



### Please Type or Print In Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month MAY DAY 1, 1998 12:51 PM **Physician** Plapas William F. /Medical 4c. County of Death
Baltimore 4b. City, Town, or Location of Deeth 4e Facility Name (If not institution, give street end number)
Saint Joseph Medical Examiner Center Towson If Under 1 Yaar 8. Dete of Birth (Month, Dey, Yeer)
Dec. 16, 1919 7. Age (In yrs. last birthdey) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Deys 100 M 2□ F Months Hours 078-16-4063 78 Yrs. Pennsylvania Director Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits e filed within 72 hours efter death with the Marylan al Hygiene.
I dther than "natural", or items 23a or 28a-f show vent, the Medical Examiner must be notified. 1 Yes 2 No Maryland Baltimore Perry Hall Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 9134 Cowenton Avenue 21128 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 (X Yes 2 □ No If Yes, Give Yaer or Detes: WW II Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Marriad 2 Married Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) College (1-4or 5+) Elementary/Secondary (0-12) Manufacturing Supervisor traumatic event, 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fethar's Nema (First, Middla, Last) 12 should be fill h and Mental H is marked oth Victoria Wierchowna Stanislav Plapas 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) permit. Peges 1 end 2 st Department of Health and Important: If item 27 is n any Injury or other traun Mrs. Madeline Plapas 9134 Cowenton Avenue, Perry Hall, MD 21128 (wife) altimore, 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, Steta 1 X Buriai 2 Cramation 3 Removel from State Garrison Forest Vet. Cem. 5/6/98 Owings Mills. MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility 21. Signeture of Funerel Servica Licenses Schimunek Funeral Home, Inc. 23a. Pertf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 21236 Approximete Interval Between Onset end Deeth **Physician** ACUTE ON CHRONIC RENAL FAILURE /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initiated avents resulting in death) Last Due to (or es e consequence of) 68760 Physician/Medical Dua to (or es e consequenca of): Box 8 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. the 1 Yes 2 No 3 Probably 4 Unknown signed by 1. CHRONIC OBSTRUCTIVE PULMONARY DISEASE P Records, 2. CORONARY ARTERY DISEASE 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed 3.ATRIAL FIBRILLATION hes 4. TRANSITIONAL CELL CARCINOMA OF BLADDER 1 Yes 2X No 1 Yes 2 No Division of Vital 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: Attending 5 Pending 1 Tes 2 No death. investigation 2 Accident or Attend efter death Director: 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Hospital of 24 hours e Funeral D Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of exeminetion and/or invastigetion, in my opinion, deeth occurred et the time, date and piaca, end due to the cause(s) and mannar statad. 29e. Certifier edicai (Check only one) To the I within 2 29d. Dete signed (Month, Day, Year) 2 29b. Signatura and title of certifier 29c. Licansa number D30263 5-1-98 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
FRANCIS KHOO, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 Hugistyer's Signeture State Registrar

ASP

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

	Physici /Medic Examir
	Funeral Director
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Medical Examinet must be morified at once.
tal Records, P.O. Box 68760)	And The law requires that the death certificate to exclude the base been signed by the attending physician and include the detached for use as the order-transit.

			(	Certificate of	f Death		Reg. No.	0 13	955	1	
	1. Decedent's Nema (First, Middle, Las	st)				2. Date of De		Year 3	. Time of De	ath .	
in al	DAVID	SAMUEL PYLE				MAY MAY	01 199	98	4:04	A	
	4a Facility Name (If not institution, give	street and number)			4b. City, Town, or	Location of Deat	h 4c. County	of Death			
	MARYLAND SHOCK	TRAUMA			BALTIMO	RE		N/A			
	5. Social Sacurity Number 6. S 218-04-2122	ax 7. Aga (In yrs. 22	lest birth Yi	Months Day		8. Dete of Bir (Month, Pi Dec. 16	th Year) 5, 1975	9. Birthplace Country) Mary	(Steta or Fo	oraign	
$\vdash$	Usual Residence of Decedent  10a. State 10b. County	10c. City	v. Town	or Location				10d.	Insida City L	imits	
	MD Baltin		Bald						1 □ Yes 2		
5	10e. Street and Number 6210 Windy Ridge	e Rd.		10f. Zip Code 2]	1013		10g. Citizen of V				
5 5	11. Marital Status	12. Was Decedant Evar In U. Armed Forces?	,S.	13. Was Decedent of	Hispanic Origin? (S	pecify Yas or No	14. Rac	e - American I	ndian,		
	1 Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 🔀 No It Yes, Give Yaar or Datas:		1 ☐ Yes 2 N		o moun, oro.,		White	e		
-	15. Decedent's Ed (Specify only highest gra	ucation de completad)	16e. C	Decedent's Usual Occ Give kind of work don	upation e during most of wo	rking	16b. Kind ot B	usiness/Indust	ry		
1	Elementary/Secondary (0-12)	College (1-4or 5+)		Give kind of work don ife. DO NOT usa reti	red)	A free					
1	17. Father's Name (First, Middle, Last)	1		Manager	18 Mother's Na	ne (First Middle	Restau Meiden Sumen				
		Cr					, .no.com Sumen	.5/			
	Sidney R. Pyle,		106	Mailing Address (Stre		Johnson	er City or Tour	State Zin Co	del		
	Sidney R. Pyle,	**		210 Windy				21013	ua,		
-	20a. Method of Disposition			Disposition (Nama of cremetory or other p		Date	20c. Location		State		
	1 ☑ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hamovai from State		Valley Me		5/4/98		ium, MD		E	
	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	b. Due to (o	or as a co	sinsequence of): Insequence of): Insequence of):							
	Part II. Other significant conditions of	ontributing to death but not res	ulting in 1	he underlying cause	given In Part I.		tobacco use co Yes 2□ No	ntribute to the	,		
			- 1			24a. Was perf	s an autopsy ormed?	availal	autopsy tindi ble prior to etion ot caus th?		
						103	¥es 2□No	DECY	es 2 No		
	25. Was case reterred to medical examiner?					ath (Check only	one)				
2	1 No 2 No			atient 3LI DOA		1	idenca 8 □Oth				
	27. Manner of Death  1 □ Natural 5 □ Pending  2 □ Accident Investigation	28a. Date of Injury (Month, Dey Year) 5-1-98	28b. Tir Inj	ury W	jury at fork? ☐ Yes 2 ☑ No	mofor ve	how injury occur	cedent	e		
The same of	3 Suicide 6 Could not be determined	28e. Placa of Injury - At he building, etc. (Specific	y) _/	n, street, factory, offic	е	28t. Location City or To	(Street end Numi	ber or Rural Ru			
	29a. Certifier (Check only 2   Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
	one) 2 Medical Exam	and manner stated.		29c. Lica	nsa number		29d. Date signe	d (Month Day	Year)		
	29b. Signature and title of cartifier						230. Date signe	id (Moritii, De)	, , , ,		
	one) 21	V 100 L		The second					, , , ,		
Medical	29b. Signature and title of cartifier	1. Chute no	n 23a) /T	0.C.				1,1998	, , , , , ,		
Medic	one) 21	2. Chute no completed cause of death (Item	n 23a) (T	O.C.		, Baltim	MAY 0:	1,1998			

the "pales the PRESSALLING LINES FOR EACH FIRST CONTRACTOR OF THE PARTY O

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 26 per M.D G-759 5/6/98 reb Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death DELORES 1,48 RM PUTH 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 6000 reet mor If Under 5. Social Security Number If Undar 1 Year 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) 1 M 2 F Months Days Hours Min. 215-30-990 Yrs 3 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland more 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 212 622 otreet 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yas 2 No Specify: Black 3 Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewi th Homemaker 2 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Mornis Kobert Jorothy ohnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore Maryland 21217 Date 20c. Location - City or Town, State Street Morris (dayshter) 622 -ornaine (role 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore Maryland reenmoun 21. Signature of Farmful Sarvice Licensea 22. Name and Addrass of Facility Funeral arroll Baltimore Maryland 1712 W. North Avenue 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) COR RUMONAGE YEAR Due to (or es a consequenca of): YEAR SEVENE BBSTONTHE LUNG PITEASE Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown MINEY-MORPHY OPESITY 24b. Were autopsy findings available prior to completion of ceusa of deeth? 24a. Was an autopsy

**Physician** /Medical Examiner

Bud

physician

the buriel-tran

be deteched for use as the P

> page 2 hes

funeral director,

the

completely filled in by

this certificata

After

after death.

Hospital
 24 hours a
 Funeral D

To the I within 2

or Attending Physician:

signed by

The law requires that the death certificate be assecuted

Box 68760.

Division of Vital Records, P.O.

Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medical

**Physician** 

/Medical

Examiner

Director

by Funeral

Completed

Be

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examinar maint be notified at

ai Hygiena.

permit. Pages 1 and 2 should be file Department of Health end Mental Hy, Important: If Item 27 Is marked other any Injury or other traumatic event, once.

the Marylend

deeth

filed within 72 hours efter

Maryland 21215-0020

Baltimore,

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

DURSETES MEULTUS

1 ☐ Yes 26. Place of Deeth (Check only one)

No No 1 Yes

25. Was case referred to medical examiner? 1 Yes 2 No 27. Menner of Death 1 Natural 2 Accident

Hospital: 1 Inpatient 28a. Dete of Injury (Month, Day Year)

2 ER/Outpatient 3□ DOA 28b. Time of

28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier (Check only one)

3 Suicida

4 Homicide

31. Date filed (Month,

12 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and mannar stated.

29b. Signature and titla of certifier 6 Whipp IN

5 Pending

investigation

6 ☐ Could not be determined

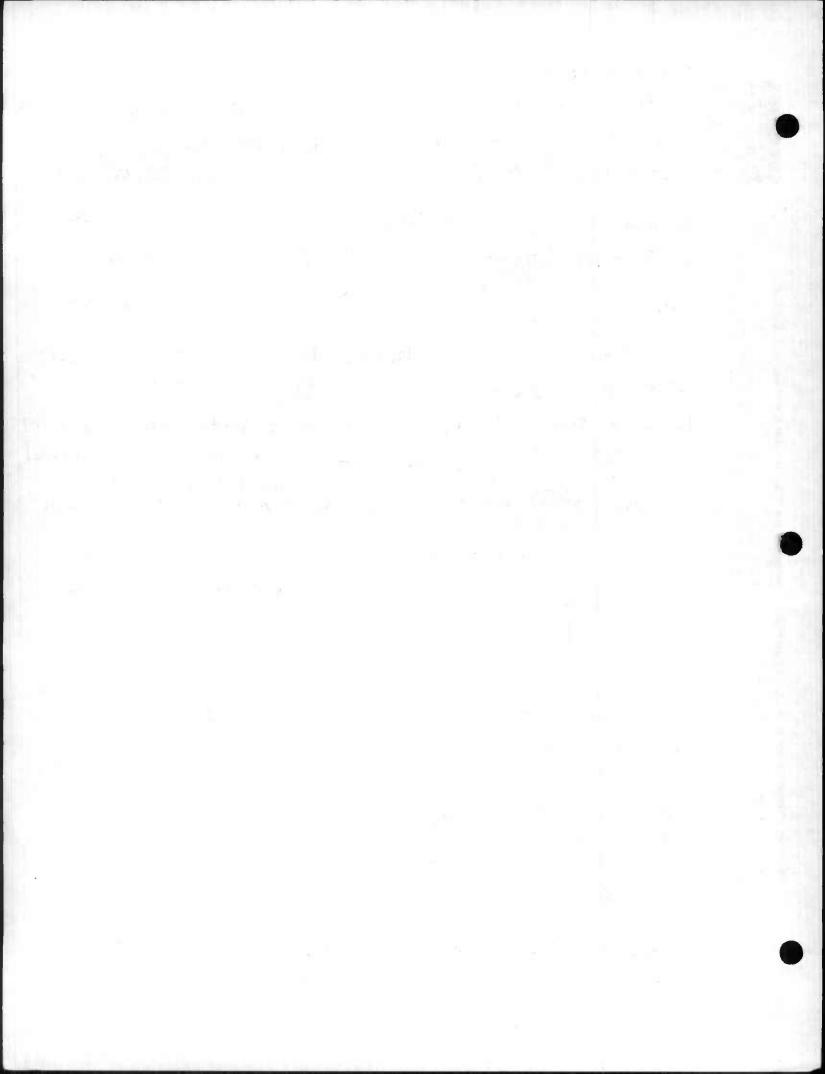
29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

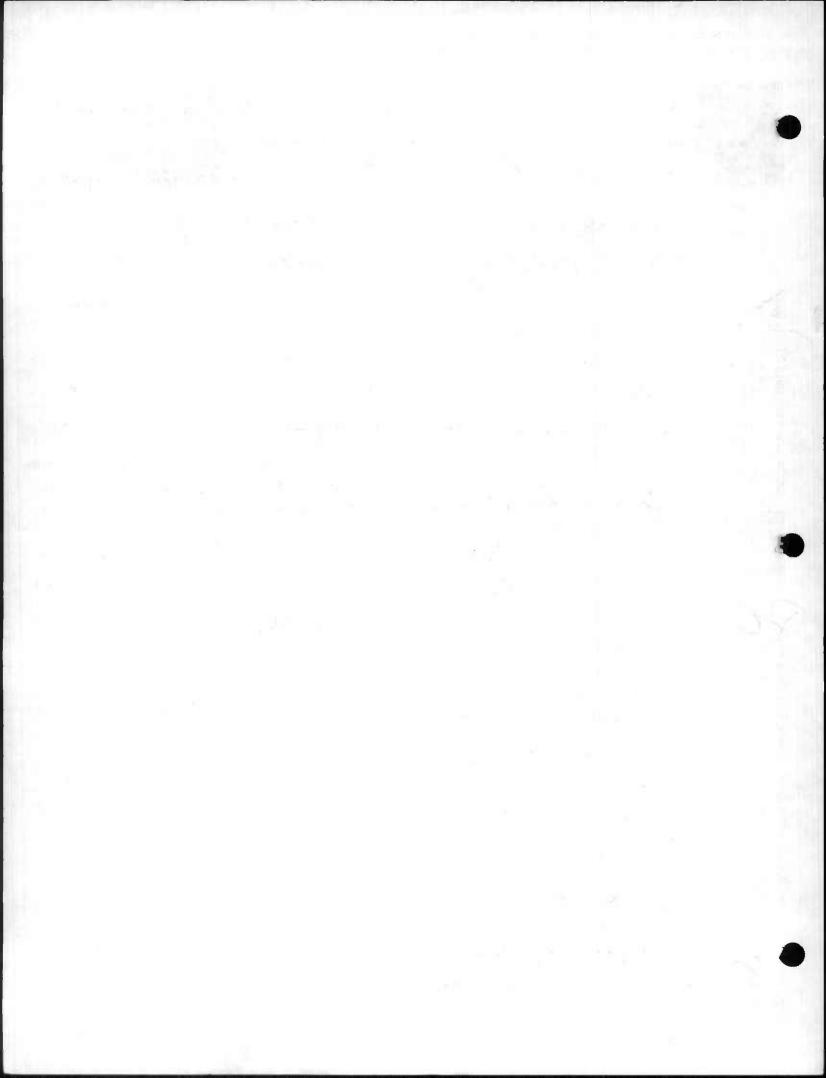
PANDOUN & WHUPS & ZT UNDER AVE PHUTO. MIT 0 6 1998

State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

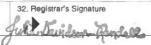
			ale of Maryland		tificate of		Memarry	Reg. No. 9	3 13	3961
Physic	cian	Decedent's Neme (First, Middle, Last)			Ruffir	`	2. Dete of D	Day	Yeer	3. Time of beath
/Med		4e. Fecility Neme (If not institution, give street	end number)		1 1 1 1 1	4b. City, Town, or	Location of Dee		of Deeth	1000
Exam	mer	Johns Hopkins Boyview		ntre		Baltimor		10.000	NILA	
Funera		5. Sociel Security Number 6. Sex	7. Age (In yrs. In		If Under 1 Yeer	If Under 24 Hrs	8. Date of B	rth	9. Birthplece	e (State or Foreign
Directo		215-16-6003 1□M	7 T	7 Yrs.	Months Deys	Hours Min	DEC, 1	8,1920	MAR.	YLAND
arylend	_	10e. Stete 10b. County	10c. City	, Town or Loc			0		1	Inside City Limits
the Mi	Director	MARY LAND N/A			BA 10f. Zip Code	LTIMO	RE C	10g/Citizen of V		1 BYes 2 No
With With	ō	l and a land	STORT		101. Zip 0000	2121	7			
death ms 2:	Funerai	15/6 N. PAYSON 11. Marital Status 12. W	as Decedent Ever in U,S	S. 13. V	/as Decedent of	Hispenic Orlgin? (S ben, Mexican, Puer	Specify Yes or N		SA.	Indien,
15-0020 72 hours effer death with the Maryland *neture!; or items 23s or 28s-f show solds! Examine must be notified at	by	1 Never Married 2 Married 1	med Forces?  Yes 22 No Yes, Give eer or Detes:		Yes, specify Cut	,	to Rican, etc.)		BLA	
5-0 72 ho	Completed	15. Decedent's Education (Specify only highest grede com	pleted)	16e. Deced	ent's Usual Occu	pation during most of wo	rkina	16b. Kind of Bu	siness/Indust	iry
2121 d within giene.	mple	Elementary/Secondary (0-12) C	ollege (1-4or 5+)	life. D	O NOT use retire	9d)	rking			
nd 212 s filed with al Hygiene. other ther		17. Fether's Neme (First, Middle, Last)			OMES		no (Final Akidalla	PRIVAT		MILIES
E Ses	Be C	ROBERT	. T	ACKS	- 41					-
larylar 2 should be end Mente is marked surratic av	2	19a. Informent's Neme/Reletionship (Type, P.				CARA t and Number or R			Stete Zio Co	
e, Me		ADELL SPEIGHTS								
	-	20e. Method of Disposition	20b. Pi	ece of Dispos	ition (Name of etary or other ple		Dete	20c. Location -	City or Town,	Stete
altimor mit. Peges partment of I portant: if Ite y injury or or		1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Remov 4 ☐ Donetion 5 ☐ Other (Specify)	el from Stete				5-6-98	BAITIH	ORF H	ARY LAND
Baltimo permit. Pege Department of Important: If any injury or once.		21. Signeture of Funeral Servica Licansee	0 1	22.	Name end Addr	ess of Fecility	0	TO ELLAS	PAI	Home
m ages		Sharron D	Borber	2 3	OSEPF	FILL MA	AUE B	JKIFUNC	ALA.	21217
		4 Donetion 5 Other (Specify)  21. Signeture of Funeral Servica Licansee  23a. Pert1. Enter the disease, or complication shock, or heart feilure. List only one cau	s thet mused to death.	. Do not ente	r the mode of dy	ing, such es cardia	c or respiretory	errest,	Ap	proximete ervel Between
Physician	_		^						On	nset and Deeth
/Medical Examiner	_	Immediate Ceuse (Final disease or condition resulting in death)	rneun	rome	٢				2	doys
		resulting in deeth)	//	es e consequ	uence of):				1 7	2 days
Den jisu	Examiner	<b>b</b>	Aspirat							-0-12
1	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	Due to (or	es e consequ	1 /	Or who	1.		11	month
1 8 13	edicai	Cause (Diseese or Injury thet initieted events	Due to (or	es e consequ		e para	1			
rtificate ng physes the the		resulting in deeth) Lest		,					į	
Box eath cert ettending for use	Physician/N	d		_						
the dea	/sic	Pert fl. Other significant conditions contributi	ng to death but not resul	lting In the un	derlylng cause gi	iven in Pert I.	. 23b. Dfd	tobacco use co	ntribute to the	e cause of death?
D detect		Ischemic Ca	I regur	pathy			10	Yes 20 (No	3 Probabi	ly 4 Unknown
of Vital Records, F Physician: The law requires the this certificate has been signed ral director, page 2 should be de	d by		0				24a. Was	an eutopsy	24b. Were	autopsy findings
v requisite should	Completed	severe mitro	I regur	gitco	200		perf	ormed?	availet	ble prior to etion of cause
I Re	m o	0,10,000	0 0 0 00 0				10	Yes 2 No	1 🗆 Ye	. /
f Vital Re lystelen: The list certificate he director, pege	BeC	25. Wes case referred to medical	COUVIG			26 Place of De	eth (Check only			75 210 140
of Vita Physician: this certific	TO B	exeminer? 1 ☐ Yes 2 No Hospita	al: 1 Inpatient 2 E	ER/Outpatient	3□ DOA Ot	har		idence 6 □Oth	er (Specify)	
n of ig Phys ter this neeral di				28b. Time of Injury	28c. Inju			how Injury occur		
SiOl endir eath. or: Af	catic	2 ☐ Accident investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		Yes 2□No				
Division or or Attending Ph effer death. Director: Affer thi d in by the funeral	Certification:	3 Sulcide 6 Could not be determined 280	<ul> <li>Pleca of Injury - At hor building, etc. (Specify)</li> </ul>	me, ferm, stre	et, fectory, office		28f. Location City or To	(Street end Numb wn, Stete)	er or Rural Ro	oute Number,
Division C To the Hospital or Attending P within 24 hours effer death. To the Funeral Director. Affer to completely filled in by the funera	_	29a. Certifier 150 Certifying Physician	Table based	4-4 4-2						
24 hos	Medical	(Check only 2 Medical Examiner: C	<ul> <li>To the best of my know n the besis of exemineting and manner stated.</li> </ul>	riedge, deeth on end/or inv	occurred et the ti estigetion, in my	ime, date end plece opinion, deeth occi	e, end due to the urred et the time	date end placa,	nner es stete and due to the	d. ceuse(s)
o the	X	29b. Signeture and title of cartifier	- Juliana		29c. Licen	se number	T	29d. Date signe	d (Month, Dey	r, Yeer)
F S F O		Prut Can	- M/2		REG	000		April 2	199	4
7		30. Neme end eddress of person who complet	ed cause of deeth (Item	23e) (Type, F	Print)	, 000		Whit 3		•
U		0 10	of Kins Ba	rview		I cente	· ·			
St	ate	31. Dete filed (Month, Dey, Year)	32. Regultrar's Sound	ure	nde P2					and the second second

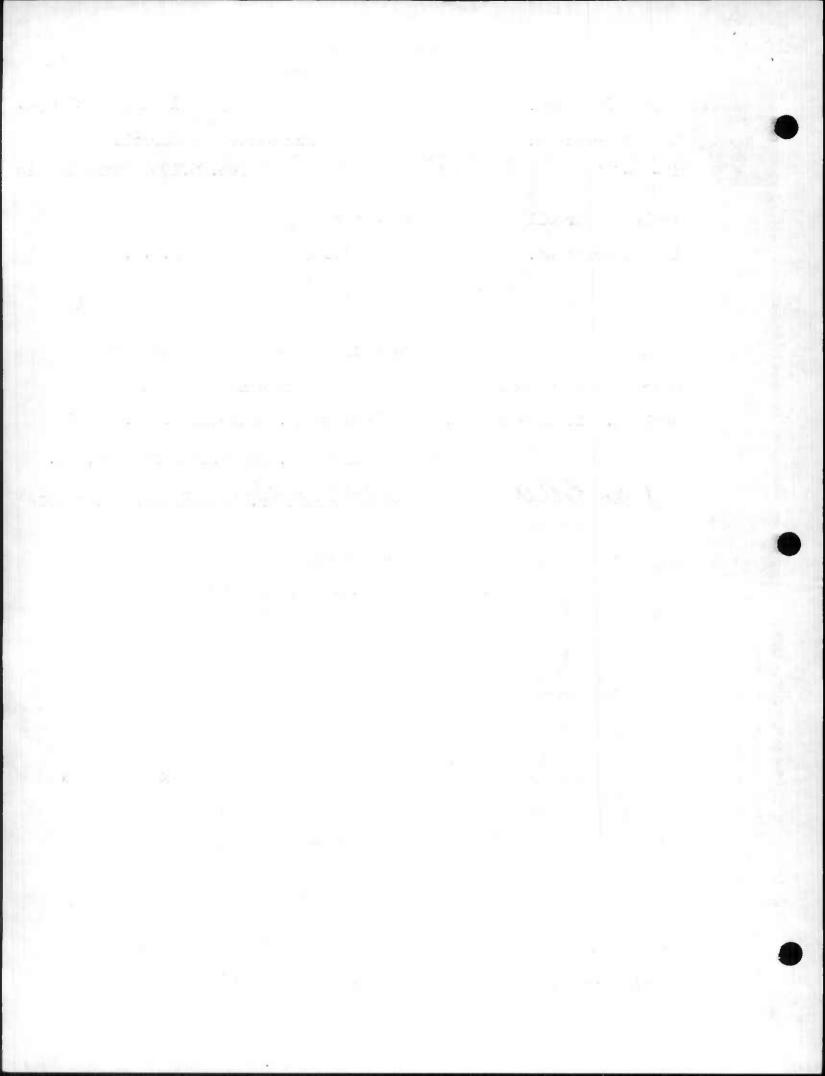


State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Death **Physician** Marth 8:30 pm. 1998 Jovce Ann Riddle /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1832 Garrett Rd. Manchester Carroll 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth Penns, Dec Year) 9. Birthplace (Stete or Foreign Pennsylvania 7. Age (In yrs. lest birthdey) **Funeral** 1 M 2 KF Days Hours 40 218-50-5645 Yrs. Director Usual Residence of Decedent the Manyland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified. 1 Yes 2 No Carroll Directo Maryland Manchester 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21102 1832 Garrett Rd. U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ñ No 1t Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Baltimore, Maryland 21215-0020 ò 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) permit. Pages 1 and 2 should be filed within: Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "nany injury or other traumatic event, the Med Elementary/Secondary (0-12) College (1-4or 5+) Custodian Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Robert Lewis Thompson Lena Jane Thompson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) David L. Riddle - husband 1832 Garrett Rd. Manchester, Md. 21102 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Durial 2 Cremation 3 Removal from State Forest Baptist Cem. May 5,1998 Ppperco. Md. 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Eckhardt Funeral Chapel
3296 Charmil Dr. Manchester, Md. 21102 Eell 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner umphoaptic herkemia Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 physician Physician/Medicai the Due to (or as a consequence of): ò signed by the e Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy tindings eveileble prior to completion of cause of death? should I 24a. Wes en autopsy performed? Completed page 2 s 1 Yes 2 No 1 Yes 2 No certificate Division of Vital Hospital or Attending Physician: 25. Wes cese reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 1 Natural 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: After 5 Pending death. 1 Yes 2 No Investigation 2 Accident efter death Director: / 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide 24 hours e Funerai 29a. Certifier Medical 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. To the F within 2 To the F 29c. License number 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 20051705 30. Name end eddress of person ed ceuse of deeth (Item 23e) (Type, Print) N. Main St. Hampstead mD 21074 PANSURIYA 1363, MAGANBHAI 31. Date tiled (Month, Dey, Yeer)

Registrar

State



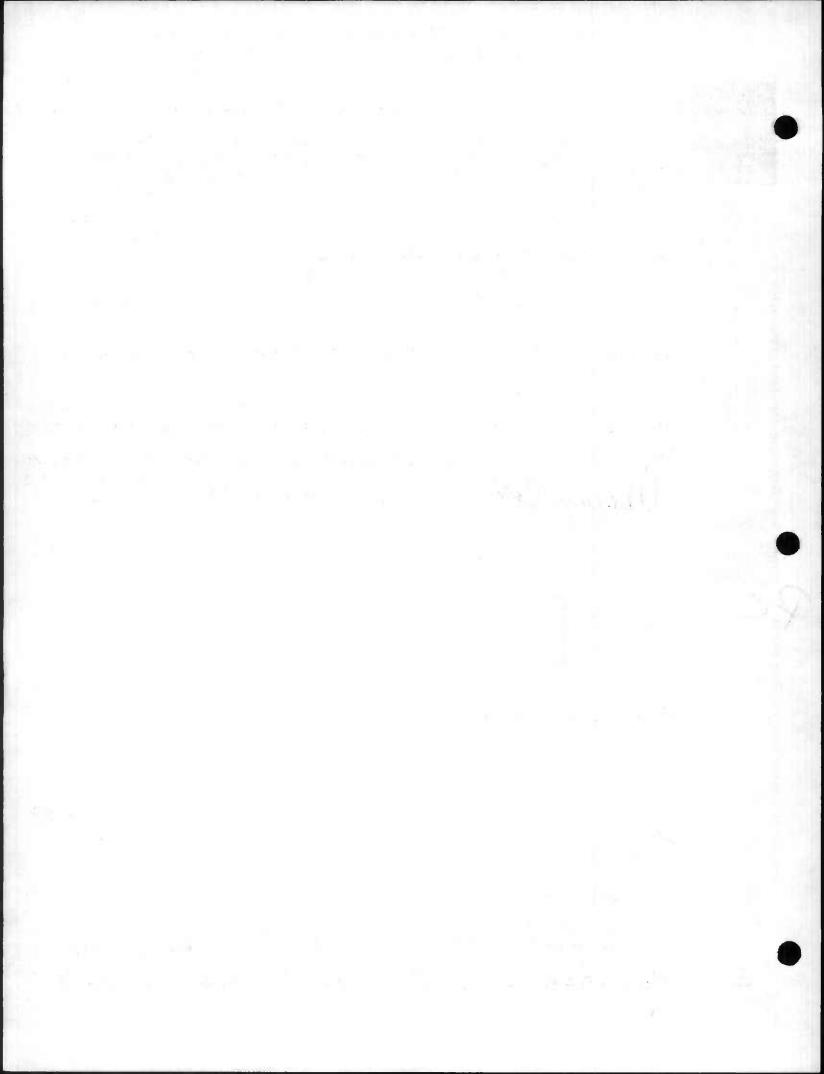


### Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q &

							Cei	tificate d	of Death		Re	g. No.	0	1396	3
•	1, 0	ecedent's Nem	e (First, Midd	le, Last)						2. Dete	e of Deett		Vone	3. Time of Court	th
ian cal	人	AYMO	ND				57	ANSI	BURY	MS		/ /	798	1/120	91
ner	4a.	Fecility Neme (	f not institutio	n, give stree	et end numb	ber)			4b. City, Towr	, or Location of	of Deeth	4c. County	of Deeth		
		Joseph		hie H	lospi	.ce			Balti			NA			
	2	ociel Security N 12-28-	0170	6. Sex 1 <b>X</b> M		Age (In yrs.	. lest birthday) Yrs.	If Under 1 Y Months De		Min. (Mo	e of Birth nth, Dey, 05-		9. Birthi Coul	plece (State or For	eign
		el Residence o	Decedent 10b. County	,		10c C	ity, Town or Lo	cation						IOd Inelda City Lie	nite
5	-1	Md		NA			altimo							10d. Inside City Lin	
ect	100			NA		Б	arcinc		1.						110
Funeral Director	106	Street and Nu		yal A	Avenu	le Ap	t.#801	10f. Zip Coo			10	Og. Citizen of V	Whet Cou	ntry?	
by	11.	Meritel Stelus 1 □ Never Merri <b>X</b> □ Widowed		ried 1	Ves Decede Armed Force Yes 2 Yes, Give Year or Date	J.No			of Hispanic Origin Cuben, Mexican, I No <i>Specily:</i>	n? (Specify Ye Puerto Rican, e	s or No- etc.)		ck, White,		
Completed			15. Deceder	nt's Education	n		16a. Deced	ent's Usuel Oc	ccupation		1	16b. Kind of Bu			
pie	-	(Speci lementery/Seco	ify only highe		<i>npleted)</i> College (1-4	or 5+)	life. L	kind of work do OO NOT use re	one during most o stired)	f working					
E		Unknow		NA		OI 3+)	Nur	sing.	Assista	nt	5	State	of N	Marylan	đ
BeC	17.	Fether's Neme	(First, Middle,	Last)						Neme (First,			-		
To B				T.	JNkno	าเมา				UNkn	OWN				
-	196	. Informent's No	me/Reletions			, ,, , ,	19b. Meilir	g Address (St	reet and Number			City or Town,	State, Zip	Code) M.d	
	20e	Elizab Method of Disp	osition Cremetion	3 □Remo	Aver	20b.	1600 Plece of Dispo cemetery, crem	W . M sition (Neme o	t. Roya	1 Ave	nue	Apt #	1209 City or To	Balti Dwn, Stete	
	-	4 ☐ Donetion			- 1	A								outus, l	
	21.	Signature of Fu	N M	W/C	NAC.	)			ddress of Fecility arch FH					and 2120 nue	02
	Imr	shock, or hea mediete Ceuse ( ease or conditio ulting In deeth)	Finel		2	-pat	to mo	_	dying, such es ca			-	1	Approximete Interval Between Onset and Deeth	1
amine	Sec	uentially list co	nditions	b		Due to (	or es e conseq	uenca of):					1		
al Ex	cau Ceu	uentialty list co ny, leeding to Im se. Enter Unde ise (Disease or Initiated events	mediete rlying Injury	c										-	
Medical Examiner	res	ulting in death) I	esi			Due to (d	or es e conseq	uenca of):							
Physician/	Pert	II. Othar eignif	cant condition	one contribut	ting to deet	h but not res	sulting In the ur	derlying cause	given in Pert I.	23	b. Did tol	Dacco use co	ntribute to	o the cause of dea	ath?
by Phy	-	Atrial	fib	rilla	tion						1 🗆 Ye	2 2 No	3 Pro	bably 4 ☐ Unkr	low
Completed t										248	a. Wes er perform	n eutopsy ned?	ev	ere eutopsy finding elleble prior to impletion of cause deeth?	
E O											1 ☐ Ye	s 2 No	10	Yes 20 No	
Be C	25.	Wes case refer	red to medica	1					26. Plece o	Deeth (Check	k only one	a)			
To E		exeminer?	No	Hospit	tel:	atient 2	ER/Outpetien	3□ DOA	Othor	Ing Home 5			er (Specil	W HASDICE	2
	١ ,	Manner of Deetl Naturet Colored	5 Pendir investi	gation	e. Dete of I (Month,		28b. Time of Injury	28c. I	Injury et Work? 1 ☐ Yes 2 ☐ No	28d. De		w Injury occur		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certification:		3 ☐ Suicide 4 ☐ Homicide	6  Could determ	not be nined 28	Be. Plece of building.	Injury - At h , etc. (Speci	ome, ferm, sire	et, fectory, off	lice	28f. Loc City	ation (Str or Town,	eet end Numb , State)	er or Aura	al Route Number,	
edical C	29a	. Certifier (Check only one)	Certifyir 2 Medical	Examiner: (	n: To the be On the basis	s of exemine	owledge, deeth etion end/or Inv	occurred et the	e ti <i>m</i> e, date end p my opinion, deeth	oleca, end due occurred el lhe	to the ce e time, de	use(s) and me ite end place,	enner es s end due le	teted. the cause(s)	ī
Me	296	Signature and	arge of certifie	0/				29c. Lic	cense number		29	d. Dete signe	d (Month,	Dey, Year)	
		> fe	12/0	elaly	5 14	ND		_	01858		1	MAY 1	1	998	
	30.	PAUL	ess of person	who comple	ted cause of	of deeth (Item	m 23e) (Type,	W AV	B BI	PUTIM	ME	MD	2	1229	
		1 / 1			1	100						-	_		

Registrar



### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

				State of Mar	-	Department of Certificate of	of Health and I of Death		eg. No.		3964
	Physicia	1	1. Decedant's Nama (First, Middla, Last)	Oddie S.	. Savaç	ie		2. Data of Daal Month May	Day Yaar		3. Tima of Death 16:23PM
	/Medica Examine	_	4a Facility Nama (If not institution, giva s			,,,	4b. City, Town, or		4c. County		
	Cxamine		Sinai Hospital of	100-			Baltimor	Θ.			
_	Funeral		5. Social Security Number 6. Sax	7. Aga (	'In yrs. last bin	hday) If Undar 1 Y	aar If Undar 24 Hrs.		Veer	9. Birth	placa (Stata or Foraign
	Director		214-40-7113	M 3√√x 56	5	Yrs. Months Di	ays Hours Min.	2-15-	1942	COU	N.C.
7	2		Usual Rasidance of Decedant  10a. Stata 10b. County	1	Oc. City, Town	or Location					10d. Insida City Limits
lo a do	or 28a-f show	5	Md N/A		Baltin						1 □ Yas 2 □ No
4	288-1	Director	10e. Street and Number		Daren	10f, Zip Co	da		0g. Citizan of V	Vhat Cou	intry?
deises	23a or		5441 Fairlawn Aven	IIE		212			USA		
dool	Nems 2	Laneral		2. Was Dacedant Ev	ar in U,S.		of Hispanic Origin? (S Cuban, Maxican, Puart	pecify Yas or No-	14. Rac		can Indian,
3	or Re		1 Navar Marriad 2 Married	Armed Forcas? 1 ☐ Yas ※XNo If Yas, Giva		1 ☐ Yas 2 ☐X		o Hican, atc.)	Specify	k, Whita,	, atc.
	Since Since	λΩ.	3 ☐ Widowad 4 ☑ Divorced	Yaar or Datas:		10 105 24	No Specify.		Specify	Bla	ick
2	la Hygiene in z nous arer deun win ne weryand la Hygiene eine win ne weryand defter than "natural", or iteme 23a or 28e-f show event, if a Medical Essentinar must be notified at	Completed	15. Decedent's Educ (Spacify only highast grada	ation complated)	16a.	Decedent's Usual Or (Giva kind of work de	ona during most of wor	rking	Baltimo		
1	than	2	Elemantary/Secondary (0-12) 12th grade M	Collaga (1-4or 5+) aster Degr		Teacher	atired)		Public	Sch	1001
1 0	Hygir ther mt.		17. Fethar's Nama (First, Middla, Last)	us ter begi	CC	reaction	18. Mothar's Ner	ma (First, Middla, I	Maiden Sumam	a)	
3	ked of ice v	0 0	leroy F. Sherrod				Clara	M. Smith			
	umat umat	-	19a. Informant's Neme/Ralationship (Typ	oe, Pnint)	19b	Mailing Addrass (St	treet and Number or Ru	ıral Routa Numbei	r, City or Town,	Stete, Zi	ip Coda)
9043	alth alth 27 ly		Clarissa Baker -Si	ster	3	3413 Char	Iton Road	Randa	11stown	, Md	21133
	of He		20a. Method of Disposition 1XXBurial 2 ☐ Cramation 3 ☐ Re	amoval from State	20b. Placa of camatar	Disposition (Nema o y, cramatory or othar	of rplaca)	Data	20c. Location -	City or T	own, Stata
0	ment ant: I		4 □ Donation 5 □ Other (Specify)	anovarnom otata	Spring	Hill Chu	rch Cemetery	5-9-98	Johnsto	n Co	ounty, N.C.
	The state of the s		21. Signatura of Funaral Sarvice License	ө		22. Nama and A March	ddress of Facility F/H West				
	20200		Glades	Wan	لعا	1	Wabash Ave			Md 2	1215
			23a. Part1. Enter the diseesa, or complice shock, or heart failura. List only one	cations thet causad the ceusa on aach lina.	na daath. Do i	not antar tha moda of	dying, such as cerdia	or raspiratory arr	ast,		Approximata Intervat Batween Onsat and Death
	hysician /Medical		tmmediate Ceuse (Finel								onout and Dawn
	xaminer		disaasa or condition rasulting in death) a.	Hyperkal						1	
н		0				consequance of):	Pomol Dio	(0000		1	
4	nd mensit	Cyallille	Sequentially list conditions.			consaquance of):	Renal Dis	ease)			
			Sequantially list conditions, if any, leading to immadiata causa. Entar Undartying Causa (Disaasa or Injury c.							i	
	1126	200	thet initiated avants rasulting in daath) Last	Du	a to (or as a	onsequance of):					4 7 11 17
	attending pl	riiysiciaivmedi	d.								
	for un	2									
9	ed by the detached	1,3	Part It. Other significant conditions cont	ributing to daath but i	not rasulting in	tha undarlying caus	a givan in Part I.				to the cause of death?
, the	igned be deta	2	Coronary artery di	lsease					08 2010	00111	onknown
	been sig							24a. Wes e			Vare eutopsy findings vallabla prior to
	as been 2 shoul	Completed	Severe peripheral v	ascular d	isease			ponor		0	ompletion of cause f death?
1	page	5	Diabetes					15(Y	as 2 No	1	□Yas 2No
	s certificate director, pag	0	25. Was cesa rafarred to medical axaminar?					ath (Chack only or	na)		
	this ce	0	1 ☐ Yes 2 No	ospital:			9	loma 5 ☐ Rasid		-	rify)
	leath. for: After the funera	5	27. Mennar of Death  1 Naturat 5 □ Pending	28a. Data of Injury (Month, Day )	/ear) 28b.	Firma of 28c.	Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Dascribe h	ow injury occur	red	
	ir death.  ector: After this certific by the funeral director.	20	2 Accidant investigation 3 Suicida 6 Could not be	28a Place of Injury	. At home fe	rm, straat, factory, of	T - 641 1 - 101	28f Location /S	treet end Numb	er or Ru	ral Routa Number,
. 3	Direction of the control of the cont	cer illication.	4 ☐ Homicide determined	building, atc.	(Spacify)	im, straut, ractory, or	mos	City or Tow	n, Stete)		
Monnie	Funer Funer Rely fill	calcal		er: On tha basis of as	xaminetion an		he tima, data and place my opinion, deeth occu				
4	within 2	2	29b. Signatura and title of certifier	and mannar state	ru.	29c. Li	icansa number	- 2	29d. Data signe	d (Month	, Day, Year)
+	- 3 - 0		1 HD		W	A T /. 1	47357MT 07	,	May 4,	1998	
	a		30. Nama and address of parson who cor	mplated causa of daa	th (Itam 23a)		47357ML97		nay 4,	1770	
	O		M. Lemma, 1007 Vine				lle, Maryla	and 21228	3		
_											

State Registrar

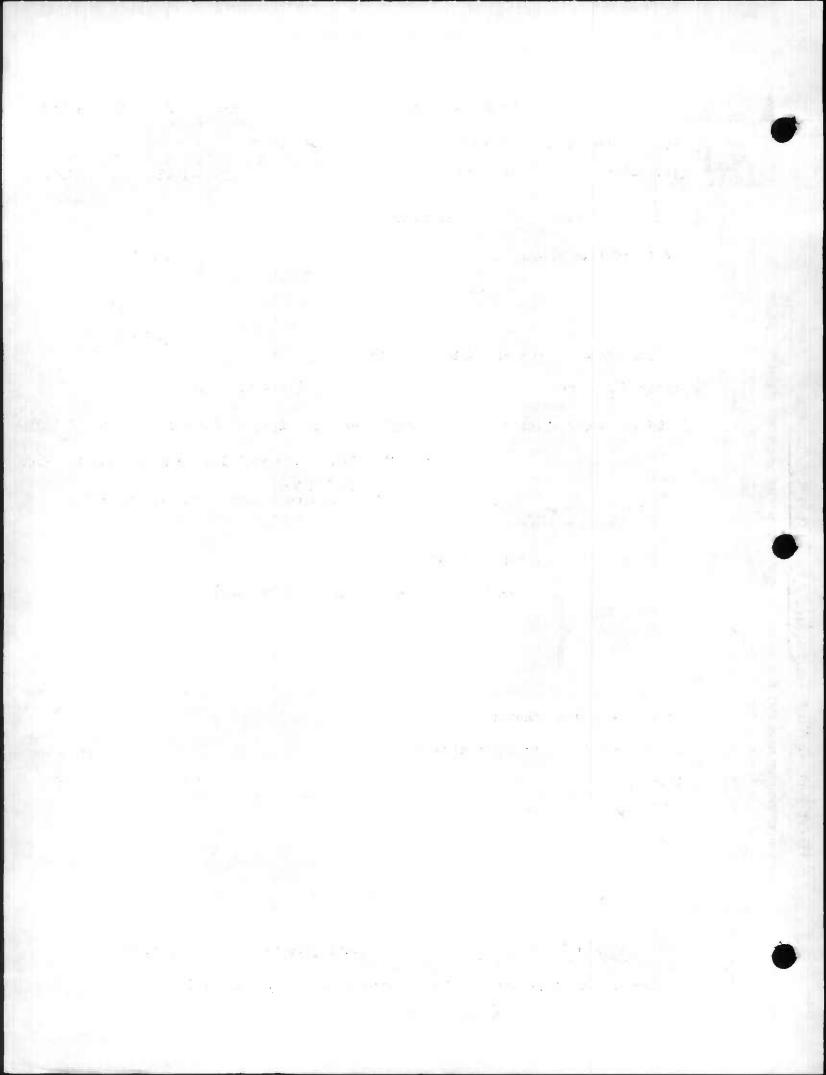
31. Data filed (Month, Day, Year)

MAY 0 6 1998

Baltimore, Maryland 21215-0020

Faturt Knew 45: ~ oddie

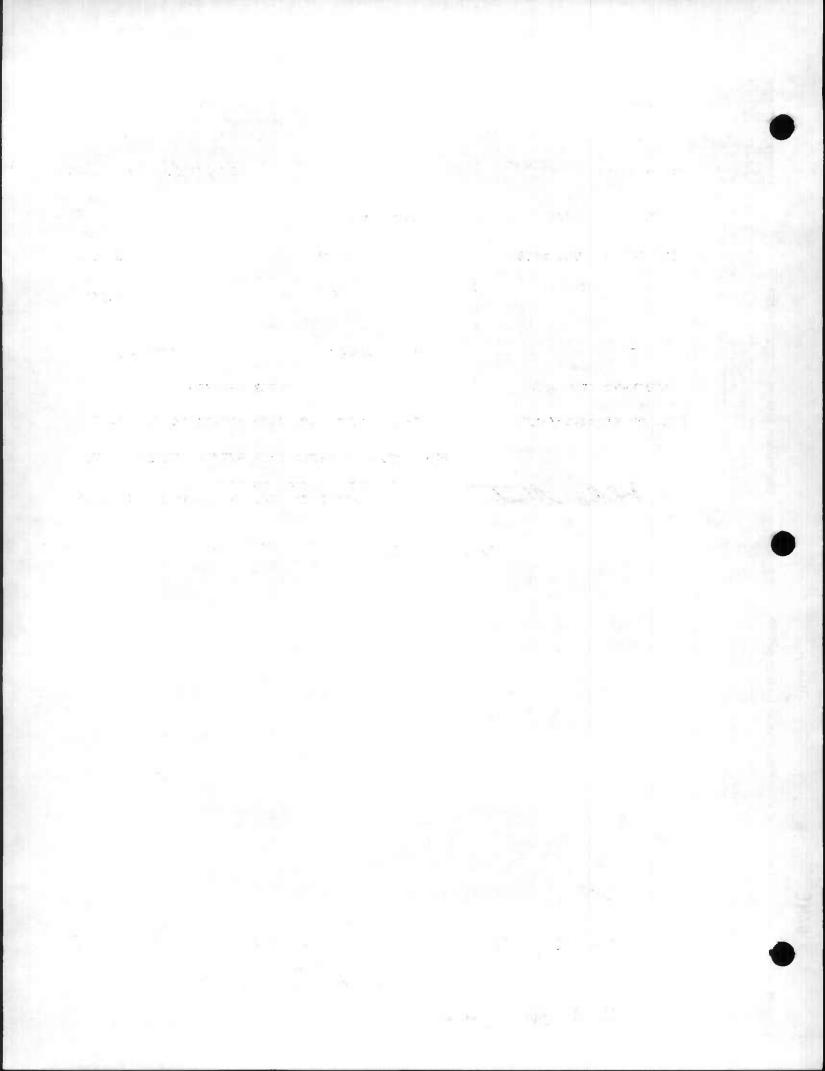
Division of Vital Records, P.O. Box 68760,



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

W					rtificate				Reg. No.		3965
Physician	Decedant's Nama (First, Middla	i, Last)						2. Data of Do	eath Day	Yaar	3. Tima of Death
/Medical	EDWIN Y. SIEGM							MAY	4	1998	00.10AM
Examiner	4a Facility Nama (If not Institution, ST. AGNES F	, giva straat and nu	mber)				ity, Town, or L BALTIN	ocation of Daa	th 4c. Cour	ity of Death	
				4 . 1 . 1 . 1	If Undar 1 Y		Jndar 24 Hrs.		41	N/A	
Funeral Director	5. Social Security Number 212-03-7532	6. Sax XX M 2□ F	7. Aga (In yrs 87	. last birthday) Yrs.			ours Min.	8. Data of Bi (Month, D 05/23/	ay, Year) 1910	9. Birthi Coul MARY	placa (Stata or Foreign ntry) 'LAND
p	Usual Rasidence of Dacedant  10a. Stata 10b. County		10c. C	ity. Town or Lo	ocation			10d. Insida City Limits			
Aaryti I sho	MD N/	/ A		ייי דעם	IMORE						XXYas 2□No
rith the Mar or 288-f s	10e. Street and Number			Dilli	10f. Zip Coo	da			10g. Citizen o	f What Cou	ntry?
With No.	3300 BENSON AVE.	#420			212						
era	11. Marital Status		edant Evar in I	U.S. 13.	Was Decedant If Yas, specify (		nle Orlgin? (Sp	ecify Yas or N	0- 14. R	U.S aca - Amari	can Indian,
Baltimore, Maryland 21215-0020  permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Physiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-1 show any highry or other traumatic event, the Medical Exercises must be notified at any increase.  To Be Completed by Funeral Director	1 Navar Married 2 Marri 3 Widowed 4 Divorced	Armed Fo	orcas? 2 XNo iva		If Yas, specify (		axicen, Puarto pecify:	Ricen, atc.)		lack, Whita,	
C1215-01 ed within 72 ho oygiene. The medical rt. the Medical Completed	15. Dacedant			16a. Dece	dent's Usuel Oo	ccupation	a most of word	ina	16b. Kind of	Business/In	dustry
Phin 7	(Specify only highas Elemantery/Secondery (0-12)	1	(1-4or 5+)	lifa.	DO NOT usa re	etired)	y most or work	ung			
21 Marian Police	7			MEAT	SALESMA	N			SWIFT	& CO.	
be file by the sent of the sen	17. Fathar'a Nama (First, Middla, I	Last)				18.	Mother's Nam	e (First, Middle	a, Maidan Sum	ama)	
yla Suld it Ment Ment Ment Ment To	FERDINAND SIEGM	IANN					BERTHA	YEATMA	N		
She and and aum	19e. Informant's Name/Relationsh	nip (Type, Pnint)		19b. Maili	ing Addrass (St	reet and i	Number or Rui	ral Route Numi	ber, City or Tow	m, Stata, Zij	p Coda)
end end n 27	ELEANOR SIEGMANN	N/WIFE			BENSON		. #428				
Baltimore, semit. Pages 1 er Jepartment of Hea moortant: If item a moortant: If item any Injury or other nice.	20a. Mathod of Disposition  1 Durial 2 Cramation  4 Donation 5 Other (Sp		Stata	cematary, cre	osition (Nama o matory or other DGE MEM	placa)	L PARK	Data 5/7/98	20c. Locatio		
Balt permit. Departir Importa any Injt	21. Signature of Junaral Sarvice L	Licansaa	_	S	2. Nama and Ad TERLING 36 EDMO	ASH	TON FUI				228
Physician	23a. Part1. Entar tha diseasa, or shock, or heart feilura. List	complications that only ona causa on	ceused tha daa aach line.							110 21	Approximata Interval Between Onset and Death
Physician /Medical Examiner	Immadieta Cause (Final disaasa or condition resulting in death)	a			HEA	1 KT	FAI	LUKE			DAYS
in a series		- 5	Due to	(or es e conse	quence of):					į	
cate be associted cate be underlansit at the burief-transit calcal Examiner	Sequantially list conditions, if any, laading to immadiata cause. Enter UndarlyIng Causa (Disaase or Injury		Dua to	(or as a consa	quanca of):						
0 5 0	that initiated avants resulting In death) Last	d	Dua to (	or as a consec	quanca of):						
O. Box (or death certified death certified the attending hed for use expectan/Mc											
P.O. Box at the death certile by the attending eteched for use eteched for use RPhysician/M	Part II. Other significant condition	ns contributing to d	death but not ra	sulting In tha u	indarlying caus	a givan in	Part I.				to the cause of death?
£ X 70		SEPSIS	5								obably MUnknown
Division of Vital Records, or Attending Physician: The law requires the after death.  Director: After this certificate has been signe in by the funeral director, page 2 should be ertification: To Be Completed by				- 1/ -					s an autopsy formad?	an Co	Vere eutopsy findings valiabla prior to omplation of ceuse if death?
The ate h page								1□	Yas 28 No	1	□Yas 20 No
/ita	25. Wes casa refarred to madical axaminar?						Placa of Dee	th (Check only	one)		
of Vita Physician: This certificant director,	1 ☐ Yes 2 ☑ No	Hospital:	Inpatient 2	☐ ER/Outpatie			□ Nursing H		sidence 6 🗆 0		ify)
Vision C Attending Pt r deeth. ector: After th by the funera Iffication:	27. Mennar of Death  1 Maturel 5 Panding 2 Accidant Invastig	9	of Injury onth, Day Year)	28b. Tima o Injury	of 28c.	Injury at Work? 1  Yas	2 🗆 No	28d. Dascribe	how Injury occ	curred	
Division of Vital Re- To the Hospital or Attending Physician: The law within 24 Hours after deeth. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2 Medical Certification: To Be Comp	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homicida detarmi	ned 288. Place	e of fnjury - At l ting, atc. (Spac	homa, farm, st	raat, factory, of	fice		28f. Location City or To	(Street and Nu own, Stata)	m <i>ber or Rui</i>	ral Routa Number,
he Hospit in 24 hour he Funera pletely fill.	29a. Cartifiar Certifying (Check only one)	g Physician: To the Examinar: On the b and mar	a bast of my kn pasis of axamin nnar stated.	owiadga, daat ation and/or in	th occurred at the	na tima, d my opinlo	ata and placa, n, daath occur	and dua to the red at the time	a causa(s) and , data and plac	mannar as : a, and dua i	stated. to tha causa(s)
To the comp	29b. Signature and title of certifier	L, MD			29c. Li	canse num	mber 4701		29d. Data sig	med (Month,	
	30. Nama and address of person v		se of deeth (Ite	em 23a) (Type,	Print) PA				N,MO	G.	
10	ST. AGNES HIC	SPITAL	90	00 0	ATON	AV	H PJN	BALTI	MURE	(m)	

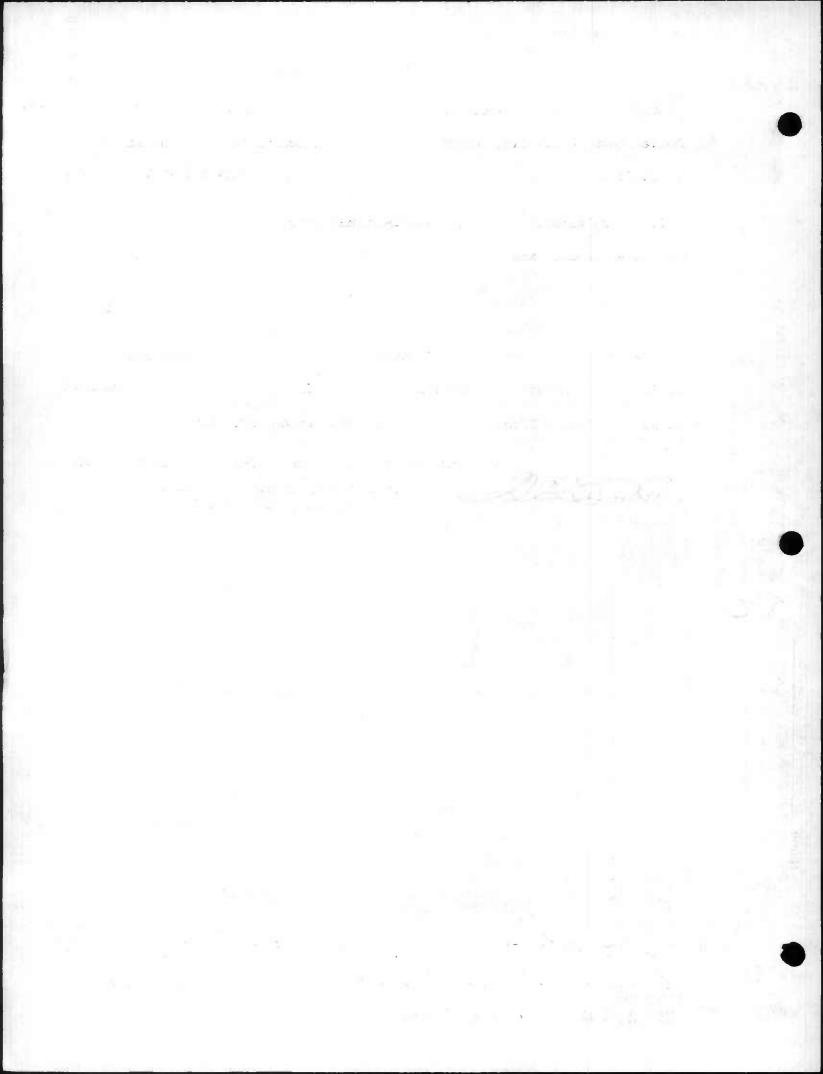
DHMH 16 Rev 6/95



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

		Decedant's Nem	a (First Middle 1	aef]		C	ertificat	e of	Death	la parate	Reg. No.	0	0 70 0
Physici	ian	1. Decedant's Nem	na (FIFST, MIODIA, LI	ist)						2. Data of D Month	Dey	Yaar	3. Tima of Daath
/Medic		LOUISE			OUTHALI	L				MA		1998	07:05Am
Examir	ner	4e. Facility Name (			127				4b. City, Town, or			ty of Death	
		5. Social Sacurity N	Town Heal				v) If Undar	1 Vear	Catonsv			ltimo	
Funeral Director	F	213-34-6 Usual Rasidance o	109	1□ M 2ØF	7. Age (In yrs. 90	Yrs.	Months	Deys		July	Sirth Day, Year) 18, 190	9. Birth Cou	piaca (Stata or Foraign ntry)  Md.
death with the Marylend ime 23s or 28s-f show if must be notified at	_	10a. State	10b. County		10c. Ci	ty, Town or	Location						10d. Inside City Limits
Ne M	5	Md.	Baltimo	ore			Catons	svil	.le				1 ☐ Yas 2 🖰 No
vith ti	늅	10a. Street end Nu					10f. Zip				10g. Citizan of		ntry?
a 23	rai		en Choice					.228				SA	
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryler Department of Health and Mental Hygiene. I be important if free 27 is merked other than "natural; or tieme 23a or 28a-f show any injury or other traumatic event, the Medical Examinal must be notified at once.	by Funeral Director	11. Marital Status 1 ☐ Nevar Marr 3 ☑ Widowed	iad 2 Marriad	12. Was Dece Armed For 1 Yes If Yas, Giv Yaar or Da	rcas? 2⊠No a	J,S. 13	3. Was Deced If Yas, spec 1 ☐ Yas 2		Hispanic Origin? (S an, Maxicen, Puar Specify:	pacify Yas or N to Ricen, atc.)	lo- 14. Re Bi	ack, Whita, ify:	cen Indian, atc. ite
natur iical	ted	/Sna/	15. Dacedant's E	ducetion		16a. Dec	edant's Usua	Occup	oation	al-la a	16b. Kind of		
than "r	Be Completed	Elamantary/Seco		Collaga (1	-4or 5+)	Teac		a ratire	during most of wo d)	rking	Educat	ion	
Hygin attended	Ö	17. Fathar's Nama	(First, Middla, Last			Teac	ner		18. Mothar's Na	ma (First, Middl			
ked c	To B	Arnold	Min	ller	Lol	hrfinc	rk		Lina	,			nknown
Tar.	-	19a. Informant's No			101			(Streat	and Number or R	ural Routa Num	her City or Tow		
27 is 27 is r trau		Mr. A. J	ohn South	all/son					Towson,			,, O.G.G, 24	, , ,
f Hear tern othe		20a. Mathod of Dis		iall/ boil			position (Namemetory or of			Data	20c. Location	- City or T	own, Stata
te if i			☐ Cremetion 3 ☐ 5 ☐ Othar (Special		oldia					F 16 100			
Injur		21. Signature of Fu		• •	Mo		Memor 22. Nama end			5/6/98	Park	ville	, Md.
Important land		dots.	200	800			Ruck 1	ows	on Funer				
The St		23a. Part1. Entar to shock, or hee	ha diseasa, or com	plications thet ce	eused tha deet				Rd. Tows				Approximete
hysician		snock, or nee	rt failure. List only	ona causa on e	ech lina.							i	Intarval Between Onsat end Death
Medical		Immadiata Causa ( disaasa or conditio	(Final		ne	me	110					į	110000
xaminer		rasulting in daath)	NT I	a		CV- III	equance of):	1					years
-	ner				222.0 (0		oquanio oi).						
1	Examiner	Sequantially list co	nditions.	b	Dua to (o	ras a cons	aquance of):						
ician	E	Sequantially list co if any, laading to in ceusa. Entar Unda Cause (Disaasa or that initiated avants	nmadiata riying									i	
the the	edicai	that initiated avants rasulting in daeth)	Lest	C	Due to (o	r as e conse	aquance of):					1	
ettending p for use as			L	d								i i	
for u	Physician/N											i	
the	ysi	Part II. Other signif	Icant conditions o	ontributing to dea	ath but not ras	ulting in tha	undarlying ce	usa giv	van in Part I.	23b. Die	d tobacco uss c	ontribute t	o the cause of death?
igned by be detec	by Ph	-								10	Yes 20 No	3 ☐ Pro	bably 4 Unknown
peen s	Completed b										s an autopsy formed?	ev	ara autopsy findings relieble prior to emplation of ceusa
ate hes	duc										N. o Day		death?
certificate rector, pag		25. Was casa rafar	red to medical						00 Pi (D)		Yes 2. No	11	☐ Yas 2⊠ No
	o Be	axaminar?		Hospital:	patiant 2	ED/0.4	20.00	Oth	26. Piaca of Dea				
5 6	T: To	27. Mannar of Death		28a. Data o		28b. Tima		Bc. Injur Wor	4 pd Nursing F	_	how injury occu		(y)
r death. ector: After by the fune	ig I	1 Natural 2 Accident	5 Pending Invastigation		i, Day Year)	Injury	м		k? Yas 2⊡No				
Director: A	Iffice	3 ☐ Suicida 4 ☐ Homicida	6 Could not b	28a. Place	of Injury - At ho	oma, farm, s	traat, factory,	office		28f. Location	(Street and Num	ber or Run	al Routa Number,
Dir. De	Certification:	4 🗀 Homicida		buildin	g, atc. (Specify	y)				City or To	own, Stata)		
within 24 hours efter deat To the Funeral Director: completely filled in by the	edicai (	29a. Cartifier (Check only one)	1 Certifying Ph 2 Medical Exam	ysician: To the bar niner: On the bar and mann	sis of axaminat	wiedga, daa tion end/or I	ith occurred a nvastigation,	t tha tin in my o	na, data and piace	, and dua to the rrad at tha tima	a causa(s) and m	nannar as s , and dua t	statad. o tha causa(s)
within 2 To the comple	M	29b. Signatura end	title of certifier	wing trigatill			29c.	Licans	a number		29d. Data sign	ed (Month.	Day, Year)
> F 0		90	cu Os	h	mn			12	340 r	7			1990
		20 Name and add-	181	nompleted	of death the	0261/7	Peich	100			, , ,		
4		30. Name and addre	y Ann	/ /	of death (Itam	(Type	7 // //	4 9,	ides C	hopee	Laur	21	228
Sta	te	31. Data filed (Morft		32. Ra	gistrar's Signe	tura							
Registra	ar	MAY O	6 199g	Green a.	widson-	Branda DO							

DHMH 16 Rsv 6/95



#### Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 27 per M.D G-759 5/6/98 reb Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 4a. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Death Jessu Date of Birth (Month, Day, Y. If Undar 1 Yaar 9. Birthplace (Steta or Foreign Country) 1944 Virginia 5. Sociel Security Number If Under 24 Hrs. 6. Sax 7. Age (Inlyrs. lest birthday) 8 Davs 53 Months Hours 1 M 2 □ F unknown Usual Residence of Decedant 10c. City, Town or Location 10d. Insida City Limits Maryland Anne Arundel Jessup 1 ☐ Yes 2 ☑ No 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 20794 unknown P.O. Box 534 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indien, 11. Marital Status Bleck, White, etc. I □ Yes 2 ☒ No If Yes, Giva Year or Detes: 1 Never Married 2 Married 1 ☐ Yas 2 ☒ No Specify: White 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father'a Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Surneme) Arthur Andrew Strawderman Elizabeth Marie Stanley

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Baltimore, Maryland 21201

801 Milnwood Village, Farmville, Virginia 23901

22. Name and Address of Fecility State Anatomy Board, 655 W. Baltimore Street

20c. Location - City or Town, State

29d. Date signed (Month, Day, Year)

Approximate

permit. Peges 1 and 2 should be filed within 72 hours after death with the Menyland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23e or 28ef ahow enty Intry or other transmitted with the Mental to horizined at how any Intry or other transmitted event, the Medical Experiment mant to nothing a Baltimore, Maryland 21215-0020

**Physician** /Medical

Examiner

10a. Steta

Directo

Funeral

þ

Completed

Be

2

19e. Informant's Name/Relationship (Type, Print)

4 ☐ Donation 5 ☐ Other (Specify)

20a. Method of Disposition

Elizabeth Stanley/mother

1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removel from State

in state

**Funeral** 

Director

**Physician** /Medical Examiner

the buriel-transit

attending physician

the signed by t

has certificate

After

To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A filled in by the

completely

Me

or Attending Physicien: The lew requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

	The state of the s	one cause on each line.	0 1	0	0	Onset end Deeth
	Immediate Cause (Finel disease or condition resulting in death)	· Hepato	- Renal	Syn	dione	Phrs
	resulting in death)	Due to (	or es e consequence of):	/		
l e		. Lux	en touil	ule		
E	Sequentielly list conditions,	Due to (	or es e consequenca of):		0	
Û	if any, leading to immediate cause. Enter Undarlying	LINV	11000	D tho	Line.	1
Ca	Ceuse (Diseesa or Injury thet initiated events resulting In death) Lest	C. Due to (c	or es a consequance of):		Nove	
	resulting in death) Lest	$\Omega$	a shi	-0 a	A Cite A	
2		d	2000	2 00	J- 011-03.	
	Part II. Other significant conditions of	contributing to death but not rec	ulting in the underlying cau	se given in Pert I	23h. Did tohacco use co	ntribute to the cause of death?
ПУЗ	(00004	1 math	A	so given an i oit i.	1 ☐ Yes 2 ☐ No	3 Probably 4 Minknow
7	coagn	wfarm	)		10 100 20 100	on Fromony
2	Ation	Fibrillat	1 12		24e. Wes en autopsy	24b. Were autopsy findings
e	Human	ronna	30m		performad?	evaliabla prior to completion of cause of deeth?
	111				- 6/	
3					1 □ Yas 2 PNo	1 ☐ Yes 2 ☐ No
9	25. Was case referred to medical examinar?	11			eth (Check only one)	
0	1 ☐ Yes 2 ☑ No	Hospital: 1 Impatient 2	ER/Outpetient 3□ DOA	Other: 4 Nursing I	Home 5 ☐ Residenca 6 ☐ Oth	er (Specify)
ation:	27. Menner of Death  ★△ Natural 5 ☐ Pending  2 ☐ Accident in estigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of 28c	. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occur	red
ALI III	3 Suicide 6 Sould not be determined	28e. Pieca of injury - At h building, etc. (Specif	ome, ferm, street, fectory, o	office	28f. Location (Street end Numb City or Town, Stete)	per or Rural Routa Number,
חוכשו	29e. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of my kno niner: On the basis of exemina and manner stated.	wiedge, deeth occurred at tion and/or investigation, in	the time, dete end plece my opinion, death occ	e, end due to the cause(s) and me urred at the time, data and place,	enner es stated. end due to tha causa(s)

20b. Place of Disposition (Name of cemetery, crematory or other place)

that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

State Registrar

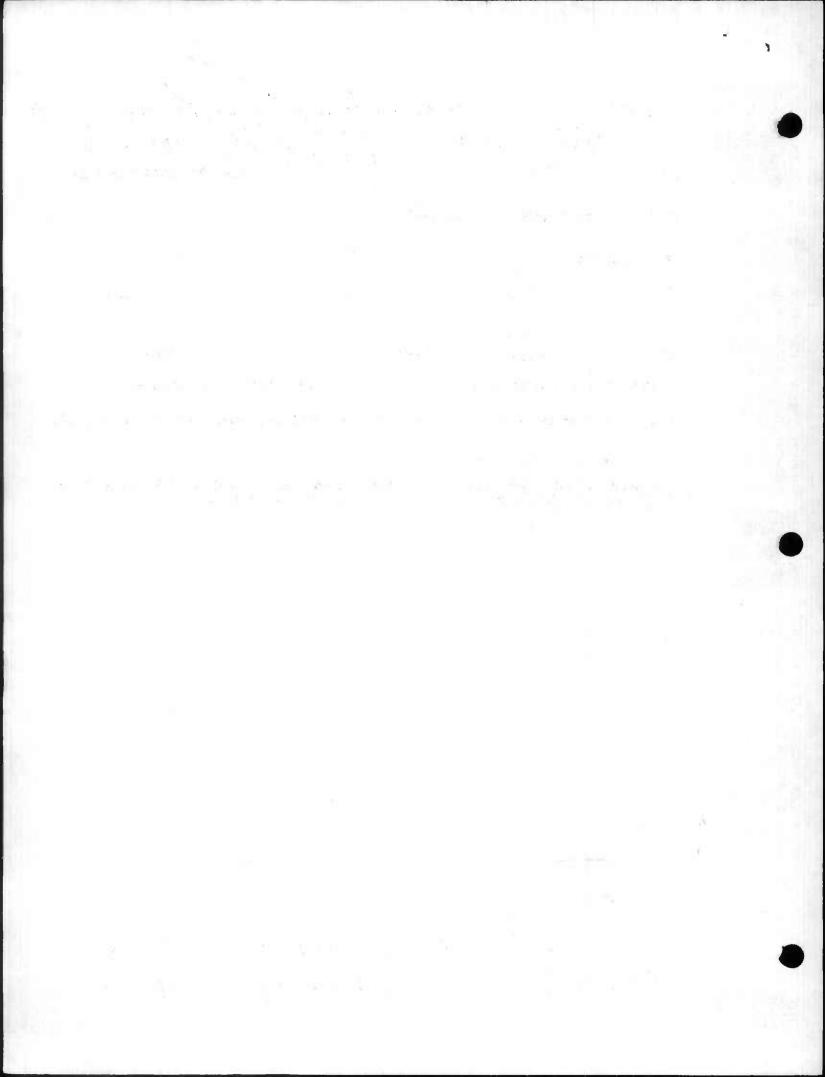
0 6 1998

29b. Signature and title of certifier

31. Date filed (Month, Dey, Year)

30. Name and eddress of person who completed cause of death (Item

Boakno



### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 8

Items: 23 part I, II per M.D G-759 5/6/98 reb Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** Glen Alvin Snyder Sr. 23 1998 April 3:15 P.M. /Medical 4a Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2168 Lake Drive Pasadena Anne Arundel If Under 24 Hrs. 5. Social Security Number 7. Age (In vrs. last birthday) If Under 1 Year 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Days 10 M 2□ F Hours 92 577 05 1828 May 25, 1905 Director Nebraska Usual Residence of Decedent with the Marylend 10c. City, Town or Location 10a State 10b. County 10d. Inside City Limits worle 7 is marked other than "naturel", or Nems 23s or 28s-f show traumatic event, the Medical Examinet must be notified at 1 ☐ Yes 2K No Maryland Anne Arundel Pasadena Directo 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? 21122 2168 Lake Drive II.S. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1XI Yes 2 □ No If Yes, Give Year or Dates: W•W• I 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, 11. Maritel Status Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) President Meat Cutters Union . Pages 1 and 2 should be filed wi ment of Health and Mental Hygien fant: if item 27 is marked other th jury or other traumatic event, the 12th 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Ruie Belle Cantrall Bert L. Snyder 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Glen Snyder Jr. / son 2168 Lake Drive Pasadena, Maryland 21122 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State permit. Page Department o Important: If any injury or 4/27/98 Baltimore, Maryland 5 X Other (Specify)Entombment Cedar Hill Cemetery Funeral Service Doensee 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 one or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, all only one cause on each line. Approximate Interval Between Onset and Death **Physician** CARDIAC ARREST/ Sepsis /Medical Immediate Cause (Final disease or condition resulting in death) Examine Due to (or as a consequenca ot): GANGRENE LEG Examiner buriel-transit pue Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of) thet the death certificete be exec P.O. Box 68760, physician Physician/Medical the Due to (or es e consequence of) 98 use 0 ed by the a Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Records, 2 24b. Were autopsy tindings available prior to 24a. Was an autopsy Completed completion of cause of death? page 2 s has 1 ☐ Yes 2 1 No 1 Ves 2DINO certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 DIN 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Certification: 1 Natural 5 Pending Investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 5 4 I Homicide 24 hours a 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. To the Hosp within 24 hou To the Funer completely fil 29a. Certifier edicai (Check only one) 29d. Date signed (Month, Dav. Year) 29b. Signeture and title of certifier 29c. License number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) BALTIMONE MO. 21202 LALE 31. Date filed (Month, Day, Year) 32. Registrar's Signature State When Davidson Francisco Registrar 061999

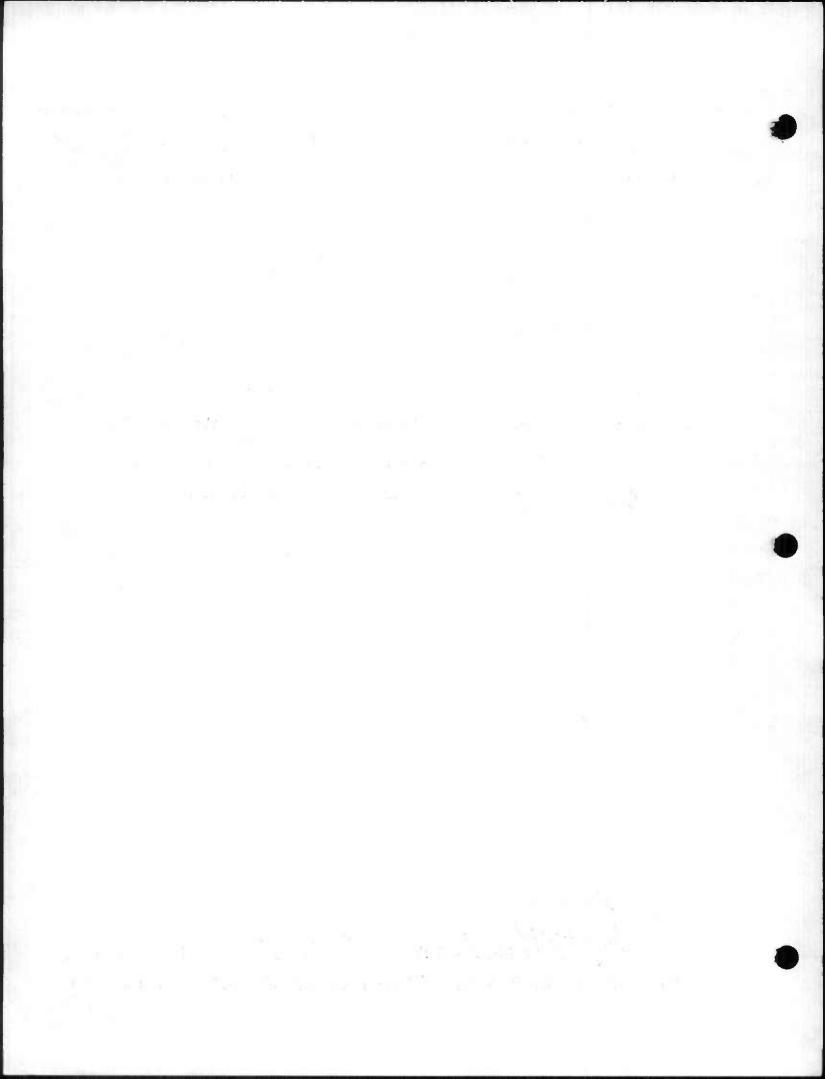
DHMH 16 Rev 6/95

All 1 gr est to Yes many The state of the s

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

_				State of W	arylaric		tificate of	Death		Reg. No.	13	969
ı	Physic	ian	Decedant's Name (First, Middla, Last	-					2. Dete of De Month	eth Dey	Yaar	. Tima of Death
	/Medi		Ann O. Smith						May	2	1998	4:30 PM
3	Examir	ner	4e. Facility Neme (If not institution, give		)			4b. City, Town, or			_	
	_		St. Agnes Nursing				KIII-day 4 Vari	Ellicott		Howa		
	Funeral Director		413-10-0023	ex 7. Ag □M 2∏ F	ge (In <i>yrs. la</i>	est birthday) Yrs.	Months Deys					(State or Foreign
	pue A.		Usuel Residence of Decedent  10a. Steta 10b. County		10c. City	, Town or Lo	eation				10d.	Inside City Limits
	the Merylar 28a-f show notified at	ō	MD Howard		El	llicot	t City				1 ☐ Yas 2XIN	
	r 28a	rec	10e. Street and Number			-	10f. Zip Code			10g. Citizen of	of What Country?	
	h with	al D	9000 N. Ridge Roa	ad			2104	11		USA	ISA	
020	s 1 and 2 should be filed within 72 hours after death with the Meryland if Health and Mental Hygiene. If marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at	by Funeral Director	11. Marital Status  1 ☐ Nevar Married 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces 1  Yas 2  it Yes, Give Yeer or Detes:	?		Vas Decedant of Yes, specify Cul	Hispenic Origin? (S ban, Maxicen, Puar o Specify:	pecify Yas or No to Rican, etc.)	Specify	ce - American in ck, Whita, atc. v: White	
21215-0020	d 2 should be filed within 72 hours aft in end Mental Hygiene. 7 is marked other then "natural", or treumatic event, the Modical Exam.	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)	lucation de completad) Coilege (1-4or	5+)			spation eduning most of wo ed)	rking		Business/Industry tment Store	
	Hygie ther	ပိ	17. Fether's Nema (First, Middle, Last)	1		Sale	sperson	18. Mother's Ne	me (First, Middle			ore
Maryland	id be ental ked o	To Be	George Orso					- College - College	ine Schu			
ary	shou and M mar umet	-	19e. Intorment's Name/Reletionship (	'ype, Print)		19b. Meilin	g Address (Stree	et and Number or R			Stete, Zip Coo	de)
	Health elem 27 le		Pat Rausch	(Niece)		5469 '	reefro	Place,	Columbia	, MD 2	1045	
ore	of He		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☒	Domaval from State	00	ece of Dispor	ition (Neme of atory or other pl		/lay <sup>Deta</sup>	20c. Location -	City or Town,	Stete
II.	ment ant: I		4 Donetion 5 Other (Specify		Jef	ferson	Mem. Ga	ardens	7, 1998	Trussv	ille, A	L
Baltimore,	parmit. Pages 1 and Department of Health Important: if item 27 any injury or other tr ODGs.		21. Signature of Funerei Service Licen	Lomme	<i>b</i> 1	W.		neral Ho			5 210	4.5
			23e. Pert1. Enter the disease, or companies shock, or heert teilura. List only	olications thet cause	d the deeth.	. Do not ante	r tha moda of dy	Knolls I	c or respiretory s	rrest,	ADI	proximete arvei Between
	Physician /Medical Examiner		tmmediete Cause (Finel disaasa or condition resulting in deeth)			c Af	RHY	THMIR	r		On	set and Death
		F .	Tooking it booking		Due to (or	es e conseq	uence of):			1		
	pet I n	Examiner										
ó	ficete be executed physician and is the buriel wansit		Sequentially list conditions, if sny, leading to immediate cause. Enter Undarlying		Due to (or	es e conseq	ience ot):				1	
68760,	physiciens the buri	edicai	Ceuse (Diseese or Injury thet initieted events rasuiting In death) Lsst	C	Due to (or	as a consequ	ence of):					
	artifice ing pl		Tabaling in coultry cook								1	
Box	attending for use a	lan/		d							į.	
	the a	Physician/M	Pert II. Other significant conditions or	intributing to death b	out not resui	iting In tha ur	derlying cause g	iven in Pert I.	23b. Did	tobacco use co	ntribute to the	cause of death?
P.O.	that the death cer ed by the attendir detached for use		ALZHEIM	ERS DI	SEA	SE			10	Yes 2□ No	3 Probabl	y 4 Unknown
of Vital Records,	iew requires that the death certificate be executed as been signed by the attending physicien-and 2 should be detached for use as the buriel-beansit	Completed by								en autopsy ormed?	availab	sutopsy findings ble prior to etion of cause
Re	certificate has rector, page 2	ш							40	Yas 20 No	of deet	
tal	ificate or, pa	_	25. Was case reterred to medical					GC Plans of Do	eth (Check only	-	1 □ Ye	s 2/ No
>	Physician: The in this certificate har ral director, page	To Be	axeminar? 1 ☐ Yas 2 ☑ No	Hospitel: 1 ☐ inpatia	ant 2∏F	R/Outpetlen	3□ DOA O	then 7	loma 5 ☐ Rasi		er (Specify)	
וסר			27. Menner of Death	28a. Dete of Inju	iry :	28b. Time ot Injury	28c. Inje		1	how Injury occur		
ior	Attending or death. ector: After by the fune	atlo	1 Neturel 5 ☐ Pending investigation		y roai)	Injury		Yes 2 No				
Division	255	Certification:	3 Suicida 4 Homicide  8 Could not be determined  8 Could not be determined  28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify)  28f. Location (Street encountries)  City or Town, Stete									ute Number,
	To the Hospital of within 24 hours of To the Funeral Discompletely filled	edical										i. cause(s)
	To the To the Comp	X	29b. Signature and little of certifier							29d. Date signe	d (Month, Day	, Year)
1			· Mama	101 km	1 Un	WU	U	29909		MAY	4,19	198
	5	111	30. Neme and address of person who	completed cause of c				000			000	h i m
			DOUT WHOKEK	-WD 95	301 OL	MH U	JAP WIS	RD EL	LICON	CITY	nu a	140
	Sta	te	31. Date tiled (Month, Dey, Year)	32 Hight	a Signati	W. P.	00					

DHMH 16 Rsv 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** 5:40 am Raymond Henry /Medical 4a Facility Neme (If not institution, give street and number) 4b Gity, Town, or Location of Dea **Examiner** f Under 24 Hrs. 8. Date of Birth Jan. 5,1920 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Sex NEM 2□ F **Funeral** Months Deys Hours Min Maryland 213-05-6580 78 Director Usual Residence of Decedent 10d. Inside City Limits 10b. County Baltimore 10c. City, Town or Location Essex Maryland 1 Yes 20No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? r then "netural", or items 23e or the Medical Examiner must be r 830 Sue Grove Road 21221 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Bleck, White, etc. 1 DYes 2 No If Yes Give WW II Yeer or Dates: WW II 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No Specify: White ğ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Truck Driver Meat Packer 11 18. Mother's Name (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be oold be Mental aumond Henry David Volz Helen Elding 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doris Ruth Volz 830 Sue Grove Road Essex, Md. 21221 (WIFE) them 27 altimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Pages 1 ₺ Burial 2 ☐ Cremation 3 ☐ Removal from State Holly Hill Mem. Gardens 5/7/1998 Baltimore Co., Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Bruzdzinski Funeral Home P.A. 21. Sig 1407 Old Eastern Avenue Essex, Md. 21221 Enter the disease, or complications that cause the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each ine. Approximete Interval Between Onset end Death Physician Atheroscleratic Immediate Cause (Final disease or condition resulting in deeth) /Medical Examiner Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest physician and the burial-tran Due to (or as e consequenca of) P.O. Box 68760, efficate be Physician/Medical Due to (or es e consequence of): 10 95 23h. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown à Division of Vital Records, ğ ro intestinal 24b. Were autopsy findings evailable prior to 24e. Was en eutopsy performed? Completed completion of cause of death? Yes 2 No 1 X Yes 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Be Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Inpatient 2 ER/Outpatlent 3 DOA 28d. Describe how injury occurred 27. Manner of Deeth 28c. Injury at Work? 28b. Time of 28e. Dete of tnjury (Month, Day Year) Certification: 5 Pending investigation 1 Natural 2 Accident Attending 1 Yes 2 No death. 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 6 ☐ Could not be 3 ☐ Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, end due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated. 29a. Certifier edical (Check only one) 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certifier WARNER Neme and address of person who completed cause of death (Item 23a) (Type, Print)

State

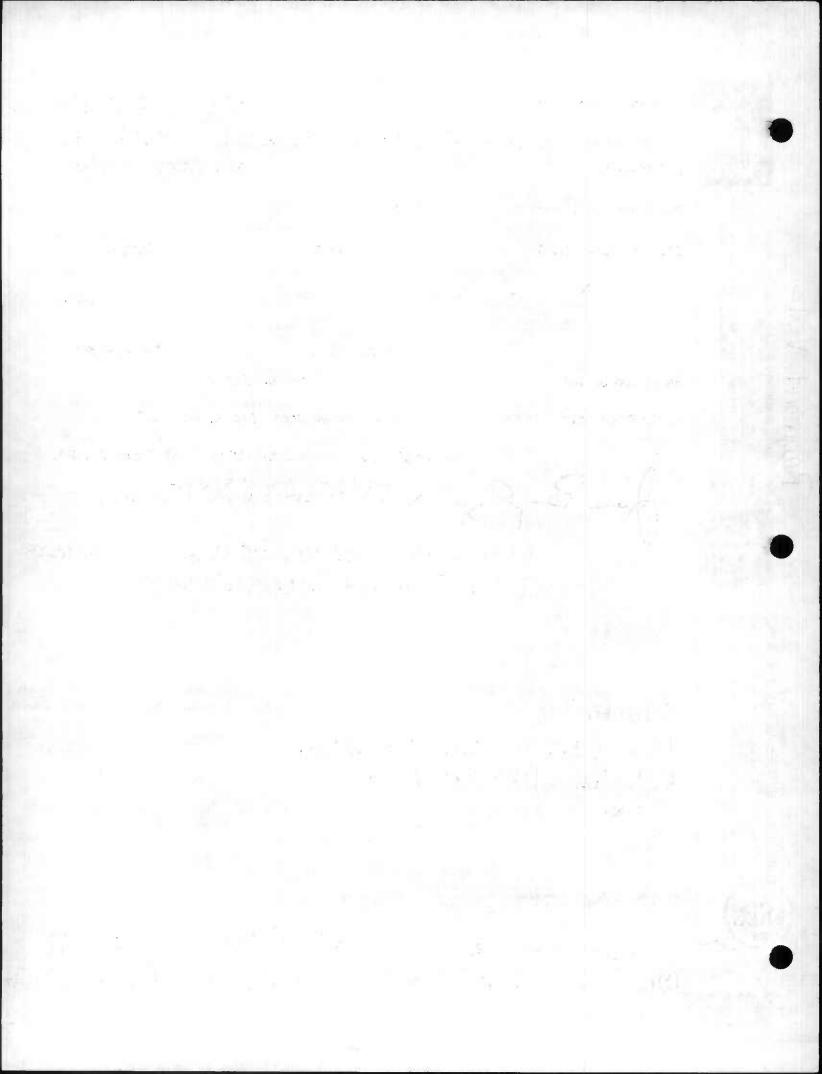
Registrar

31. Dete tiled (Month, Day, Year)

0 6 1998

32. Registrer's Signeture

His Davidson Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month May Bet 4:30P 1918 4e. Fecility Name (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Good Samaritan Hospital Baltimore If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Yea If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) 1□M 2XF Days Yrs. Maryland 46 1952 215-58-0449 Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 X No Maryland Harford Joppa 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 513 Shore Drive 21085 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Stetus 1 Never Married 2 Married 1 Yes 2 No
If Yes, Give
Year or Dates: 1 ☐ Yes 2 X No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementary/Secondery (0-12) Cotlege (1-4or 5+) years Physicians Assistant Medical 17. Fether's Neme (First, Middle, Last) 18. Mother'a Name (First, Middle, Malden Sumame) Ralph Burgee Charlotte Jeffery 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gregory G. Wills (Husband) 513 Shore Drive, Joppa, MD. 21085 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bel Air Memorial Gardens 5/5/98 | Baltimore, Maryland 22. Name and Address of Fecility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 21 21. Signature of Eusern Service Licenses 21014 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one ceuse on each line. <1 day Immediate Cause (Final disease or condition resulting in death) Carcinona Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy performed? 1 Yes 20 No 20 No 1 Yes 25. Was cese referred to medicel 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 27. Marmer of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

/Medical **Examiner** Records, P.O. Box 68760 certificate has Division of Vital

Examiner Physician/Medical ate has been signed page 2 should be del by Completed Be 10 Certification:

**Physician** 

/Medical

**Examiner** 

Directo

Funeral

þ

Completed

Be

**Funeral** 

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic svent, the Modical Examinar must be notified at

2 should be filed within 72 hours after on and Mental Hygiena. Is marked other than "nature;" or iter

permit. Pages 1 and 2.
Department of Health at important: If item 27 is any injury or other trau

**Physician** 

Baltimore, Maryland 21215-0020

the Maryland

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

29b. Signature and title of certifier

29c. License number 120396

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated.

29d. Date signed (Month, Day, Year)

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Davis

hoch 5001

Hagistrar's Signeture

State Registrar

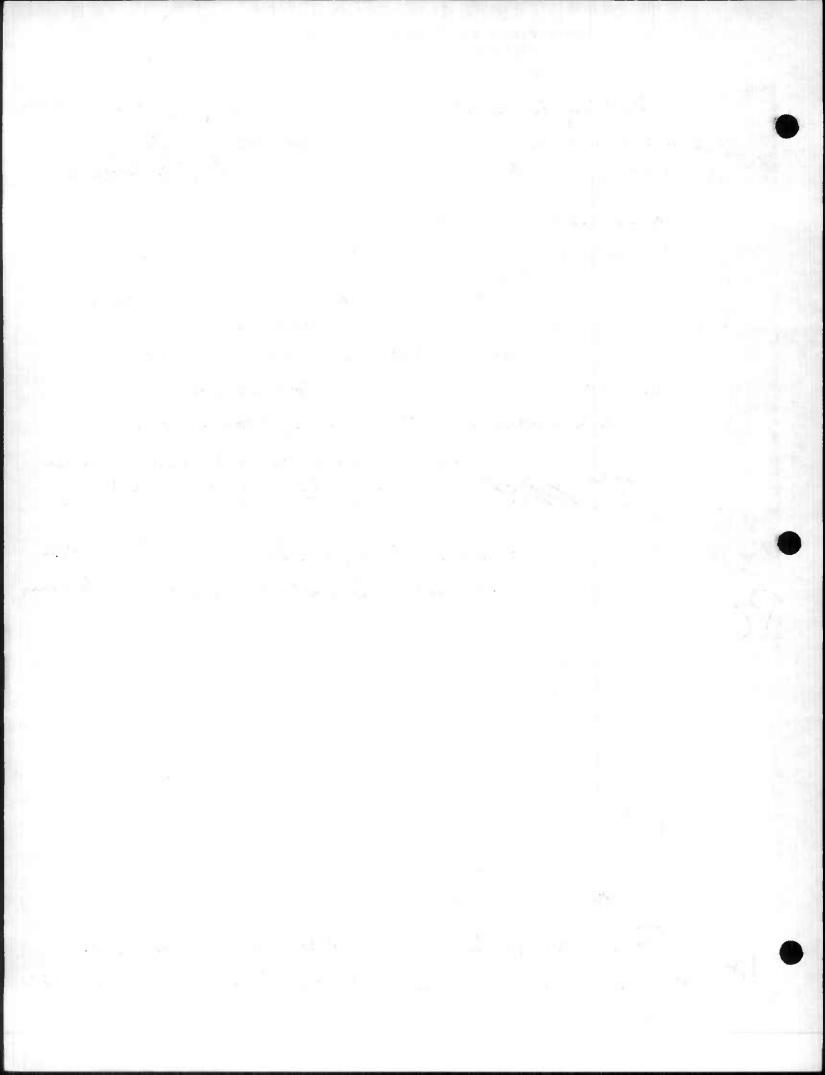
Medical

29a. Certifier

(Check only one)

31. Date filed (Month, Day, Year)

061998



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** WAIKER MELBA /Medical 4b, City, Town, or Location of Death 4a. Fecility Name (If not institution, giva street and number) Examiner GENERAL BALTIMORE City MARYLAND 8. Data of Birth (Month, Dey, Year) MAY 22, 9: 5. Social Sacurity Number If Undar 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 F 218-28-6512 Usual Residence of Decedent Director 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygione. Important: If time 27 is arrected other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercises must be notified as BALTI HORE

101. Zip Coda 1 Yas 2 No NIA Director MARYLAND 10e. Street end Numbar Citizan of What Country? SMALLWOOD 2110 212 USA. Funeral 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 12. Was Decadant Eyer in U,S. Armed Forcas? 11. Maritei Status 1 ☐ Yes 2 ☑ No if Yas, Giva Yeer or Dates: 1 Navar Marriad 2 Married 1 ☐ Yes 2 ☑ No Specify: BLACK by 3 ☐ Widowad 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Dacedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) SCHOOL SYSTEM WORKER 11++GRADE 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Be 2 KOBERT GROSS 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) PATRICIA WALKER (DAUGHTER) 2822 W. MULBERRY ST. BALTIHORE MD. 21233
20a Mathod of Disposition (Nema of Deta 20c. Location - City or Town, Stata 20b. Place of Disposition (Nema of cematary, cramatory or other place) 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata
4 ☐ Donation 5 ☐ Othar (Specify) KING MEMORIAL PARK 5-8-98 WOODLAWN, MARYLAND 21. Signeture of Funaral Sarvice Licensee 22. Nama end Address of Fecility JOSEPH H. BROWN JR. FUNERAL HOME 2140 N. FULTON AVE, BALTIHORE, HD. 21217 rarron 23a. Part1. Enter the disaesa, or complications that caused the death. Do not enter the mode of dying, such es cardiac or raspiratory arrast, shock, or haart failura. List only ona ceusa on each line Physician Immadiata Causa (Final disaasa or condition resulting in daath) · Cerebro Vascular Accident /Medical Examiner Dua to (or as a consequence of):
RHENSIDW WITH PRINCE FAITURE Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Ceuse (Diseese or Injury that initietad avants rasulting in daath) Last Dua to (or as a consequence of): arlure Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown þ 24a. Was an autopsy performed? 24b. Ware eutopsy findings evailabla prior to completion of cause of daath? Completed 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was cesa rafarred to medical examinar? Be 26. Pleca of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) To 1 Yes 2 No 1 DInpatiant 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Tima of Injury 28d. Dascribe how injury occurred 28c. injury at Work? Certification: 1 Netural 5 Panding 1 Yas 2 No invastigation 2 Accident 6 ☐ Could not be datarmined 3 Suicida Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straal, factory, office building, etc. (Spacify) 4 Homicida 29a. Certifier 1 🖰 Certifying Physicien: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) end mannar as stated. Medicai (Check only one) 2 Medical Exeminar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signetura endritia of cartifier 29c. License number putalous 30. Nama and addrass of person who complated ceuse of daath (item 23a) (Type, Print) Paryland General Hospital Nattakom 31. Data filed (Month, Day, Year) State 061998 Registrar

DHMH 16 Rev 6/95

the Maryland

Nelba Wai

Division of Vital Records, P.O. Box 68760

2

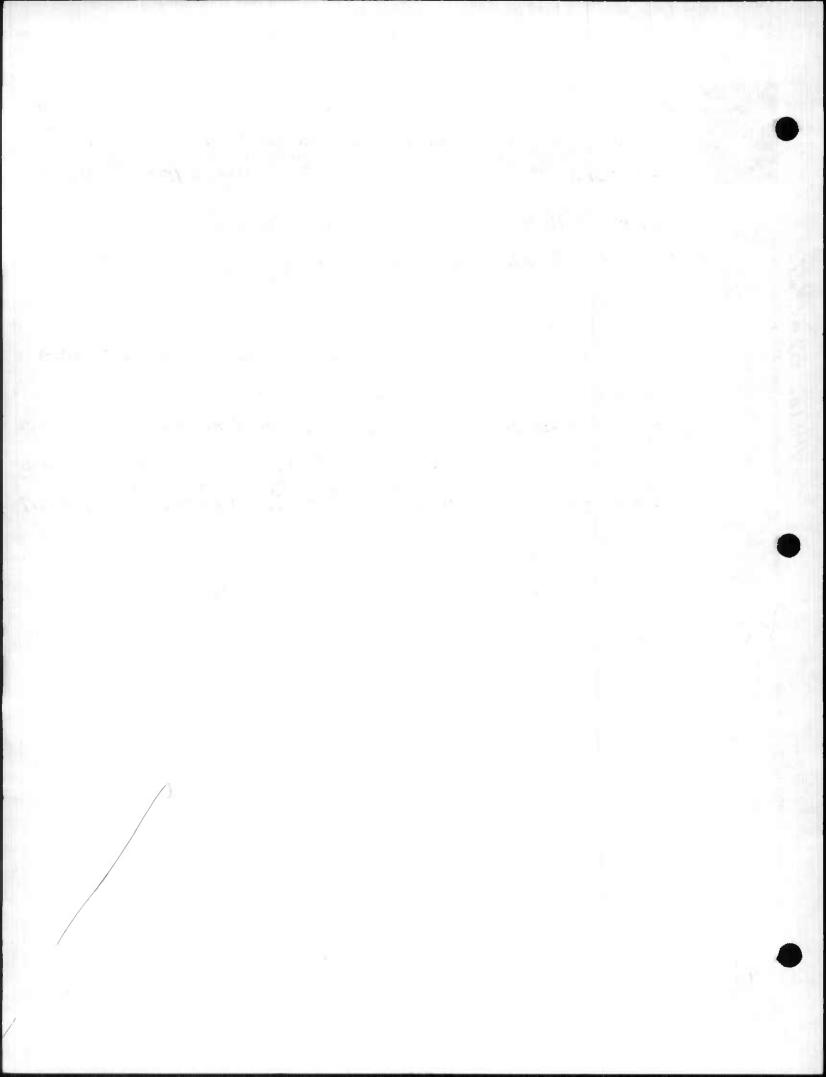
After this certificate hes

To the Hospital or Attanding within 24 hours efter death.
To the Funeral Director: After

funeral

the

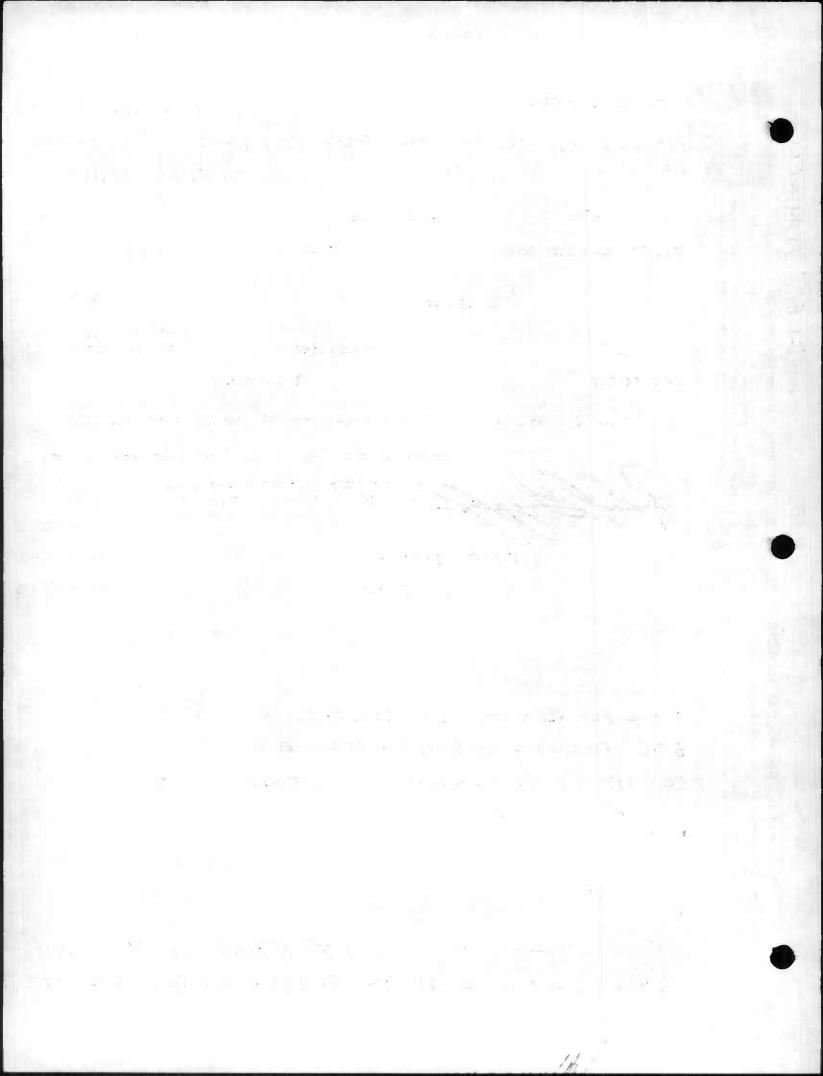
completely filled in by



					Ce	rtificate c	f Death		Reg. No.	0 1	39/3
n	1. Decedant's Nama Maxwell							2. Data of Month	Death Day	1998	3. Time of Death
	4a Facility Nama (If I FLANKU I 5. Social Security Nu 214-22-075	10 S QC 10 S QC 55 6.5	IARE F			If Undar 1 Ya Months Da	Popular If Undar	Min. (Month,	Birth Day, Year)		TINOPE TINOPE hplaca (Stata or Forai untry) yland
-	Usual Rasidanca of I	Dacedant 10b. County		10c. City	, Town or L	ocation					10d, Insida City Limit
Funeral Director		Baltimo	re		ddle						1 ☐ Yas 2 🖾 N
	10e. Street and Num					10f. Zip Cod			10g. Citizan	of What Co	untry?
	3613 Red R	lose Fari	m Road				1220			S.A.	
	11. Marital Status  1 Nevar Marrie  3 Widowed 4		12. Was Daceda Armed Forca 1 X Yas 2 I If Yas, Giva Yaar or Data:	s? ] No		Was Decedant of Yas, specify C		gin? (Spacify Yas or , Puarto Rican, atc.)	E	Black, White	rican Indian, a, atc. White
	(Specification (Speci	15. Decedant's E fy only highest grandary (0-12)	ducation ada completed) Collega (1-4c	or 5+)	16a. Dece (Give lifa.	dant's Usual Oc kind of work do DO NOT use re Fire fi		of working	Baltin Fire	more (	City
	17. Fathar's Nama (F Max Woelf		n					r's Nama (First, Mic Mueller	ldia, Maidan Sun	nama)	
	19a. Informant's Nar							or or Rural Routa Nu			
		osition	(WIFE)	. Ce	lace of Disp ematary, cra	osition (Nama or matory or other	place)	Rd. Middl Data  2y 5/6/199	20c. Location	on - City or	Town, Stata
cian/Medic	21. Signature of Fundamental Enter the Maria Enter the Immediata Causa (Fdisaesa or condition rasulting in death)  Sequantially list condition rasulting in death)  Sequantially list condition rasulting in death)  Sequantially list condition rasulting in death)  Later of the Immediate of the Imm	rinal dittons, madiata tying njury ast	a. P P  b. A S  c.	Due to (or	TO PIC as a conse	1407 Old tar the mode of A quence of): ON quence of):	d Easte	eral Home rn Avenue cardiac or raspirator	e Essex ry arrest,		21221  Approximate interval Batween Onset and Death  (a WEEK  (a WEEK  to the cause of death
y rmys	RENAL !	4							Yes 20N		robably 4 Unkn
	BETES	MELL!	TUS, CO	NGES	TIVE	HEALT F	AILURE	24a. V	Vas an autopsy erformed?		Ware autopsy finding avallable prior to complation of causa of daath?
2	CLOSTRID 25. Was casa rafarra examinar?	ad to medical					26. Placa	of Daath (Check or			1 Yas 2 No
	1 Yes 20 N 27. Manner of Death 1 Di Naturel 2 Accident	5 Pending invastigation	28a. Data of li (Month, li		28b. Tima ( Injury		niury at Work? 1 Yas 2		lasidanca 6 🗆		city)
	3 ☐ Suicida 4 ☐ Homicida	6 Could not be datermined	building,	etc. (Specify	·)	raat, factory, off		City or	Town, Stata)		ural Routa Number,
-	29a. Certifier (Check only one)  10 Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and plate (Check only one)  29d. Certifier (Check only one)  29d. Certifier 29d. Licensa number										
	one)	Z Medical Exa									
	one) 29b. Signatura and ti					29c. Lic	ensa number	7260		110000	h, Day, Year)

Piease Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1 Decedent's Name (First Middle Last) 2. Date of Death 3. Tima of Death Month **Physician** May 4, WOODRING 1998 11:40am ROSE MARIE /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Carroll Finksburg 2505 Appaloosa Way if Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year 9. Birthplace (State or Foreign Country) N.C. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** 1 □ M 20 F Months Days Hours Yrs. 220-56-7430 48 **Director** Usual Residence of Decedent r 28a-f show 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 20No Finksburg Director Carroll 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Item 27 is marked other than "natural", or items 23s or other traumatic event, the Medical Examinar must be 21048 USA permit. Pages 1 and 2 should be filed within 72 hours ettar death a Department of Haelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a eny Injury or other traumatic event, the Mexical Exporter manual once. 2505 Appaloosa Way Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Maritel Stetus Black, White, etc. 1 ☐ Yes 2 X No if Yes, Give Year or Dates: 1 ☐ Never Married 28 Married 1 Yes 2 No Specify: Specify: white by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12 College (1-4or 5+) education Teacher 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be Louise Kelly Joseph B. Pearson 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2505 Appaloosa Way, Finksburg, MD 21048 Bruce B. Woodring - husband 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ Removal from State 5/7/98 Finksburg, MD 4 ☐ Donation 5 ☐ Other (Specify) Evergreen Memorial Gardens 22. Name and Address of Fecility 11824 Reisterstown Rd. Eline Funeral Home Reisterstown, MD 21136 kelsters of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, but only one ceuse on each line. 23a. Part1. Enter the disease Approximate Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical Examiner Due to (or es a consequence of) Examiner hysician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) attending physician Physician/Medical Due to (or as e consequence of) SIS esn Po 23b. Did tobacco use contribute to the cause of death? ed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown signed t by 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed pege 2 s certificate has 1 Yes 2000 1 Yes 201 director, 25. Was case referred to medical axaminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this funeral 28c. Injury at Work? 28d. Describe how injury occurred 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of Certification: 1 Natural 5 Pending 1 🗆 Yes 2 No investigation 2 Accident 24 hours after deat Funeral Director: 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and menner es stated. 29a, Certifie edicai within 24 hou To the Fune completaly fi

Division of Vital Records, or Attending Physician: Hospital

death.

the

P.O. Box 68760

with the Maryland

Baltimore, Maryland 21215-0020

State Registrar

(Check on one)

29b. Signeture

29c. License number

29d. Dete signed (Month, Day, Year)

of deeth (Item 23a) (Type Print) 684A Poole Rd Westminster, MD 21157

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

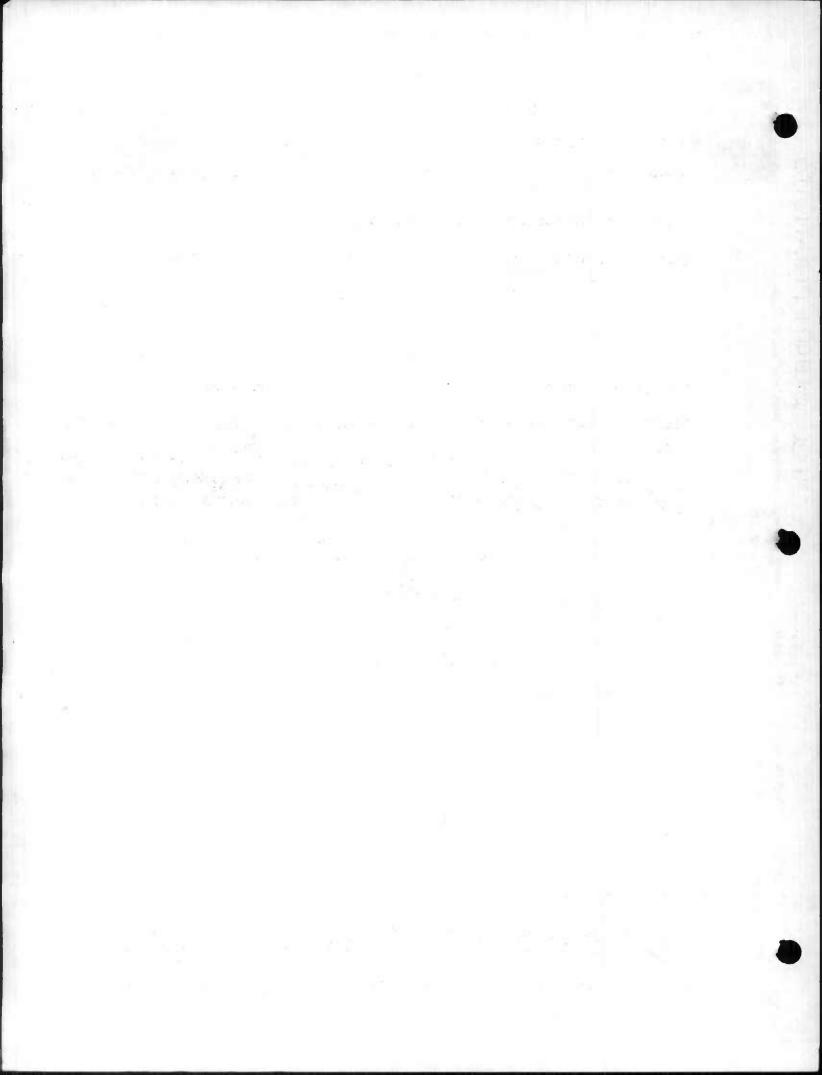
- TO 21 - 1 

Please Type or Print in Black Indelible Ink.	Assure All Copies Are Legible
· · · · · · · · · · · · · · · · · · ·	riodalo rili depide rilo negibio

State of Maryland / Department of Health and Mental Hygiene

										Death			110	g. No.		
ician dical		1. Decedent's Name (First, Middle TASO WILLIAM AG	RAF	IOTIS	and the sal					Ib City T		2. Date of Month	L	Day 2	1998	3. Time of Death 5:57A
niner		4e. Fecility Name (If not institution										ocation of De	atn		ty of Death	
7	-	DOCTORS COMMUNI					4144 4 3	If I Indon	1	ANHA	M 24 Hrs.			PRIN	1	EORGES
al or	1	5. Social Security Number  579-40-1997	6. Sex	KM 2□ F	7. Age (i	(In yrs. last 68		If Under Months	Days	Hours	Min.	8. Date of (Month, MAR.	Day.	Year) 1930	Co	nplace (State or Foreig untry) ECE
		Usual Residence of Decedent  10a. State 10b. County	,		10	IOc. City, To	own or Lo	cation								10d. Inside City Limits
Director	]	MARYLAND PRINCE	GEC	ORGES		NEW C										1 □ Yes 2 🕅 No
1		10e. Street and Number						10f. Zip	Code				10	g. Citizen of	What Co	untry?
		8114 CARROLLTON	PAI	RKWAY				207	84				U.	S.A.		
Funeral		11. Marital Status	1	2. Was Dec	cedent Eve	er in U,S.	13. V	Vas Deced	ent of H	ispanic O	lgin? (Sp	ecify Yes or Ricen, etc.)	No-		ce - Amer	ricen Indian,
		1 Never Married 2 Man		1XXYes	2 No			I □ Yes 2		Specify				Speci		, 010.
d by		3 ☐ Widowed 4 ☐ Divorced		Year or D	Dates: 1	1958			244110	орозну				Speci	WHI	TE
Completed		15. Deceden (Specify only highe	it's Educ	cetion	)	10	6a. Deced	lent's Usua kind of wor	l Occupa	ation	at of work	ina	10	6b. Kind of I	Business/I	ndustry
ngu		Elementary/Secondary (0-12)	1		(1-4or 5+)		life. E	OO NOT us	e retired	()		9				
9				2			NASA						J	J.S. G	OVER	NMENT
Be		17. Father's Name (First, Middle,	Last)							18. Moth	er's Nam	e (First, Midd	de, Ma	aiden Suma	m <i>e)</i>	
To		WILLIAM AGRAFIO	TIS							BESS	IE K	RISIKO	S			
1		19a. Informant's Neme/Relations	ship (Typ	oe, Print)		1	9b. Meilin	g Address	(Street	and Numb	er or Rur	al Route Nur	n <i>ber</i> ,	City or Town	, State, Z	ip Code)
P		BILLIE E. AGRAF	TOT	rs (WT	FE)	8	114	CARRO	LLTC	N PA	RKWA	Y NEW	CAF	ROLLT	ON M	D 20784
		20a. Method of Disposition				20b. Place	of Dispos	sition (Nam	e of			Dete	20	Dc. Location		
		XXBurial 2 Cremation 4 Donation 5 Other (S		emoval from				natory or of		,		PR. 24		DITAL	CHUD	OU UIDOINI
1	1	21. Signature of Foneral Service			_	NATIO						998	-			CH VIRGINI
	1	ZI. SIGNALLI GATTONICO	License	1	7		22.	. Name and	1800	NEW	HAM	PSHIRE	AV	ENUE	NEKA.	L HOME, IN
12	1	Studen.	1	Ah	10		-					MARYL			4-289	91
	1	Pert T. Enter the diseese, or shock, or heart failure. List	orly on	ations that	ceused the	e death. D	o not ente	er the mode	of dyln	g, such as	cerdiac	or respirator	arres	it,	1	Approximete intervel Between
100		disease or condition resulting in death)	i ik		Ació	te / ue to (or as	My o	corel	liol	, d	Perfo	retion.	_			Onset end Death
Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that mitiated events.	<b>.</b>		Hook	aper	eten a consequent tes	uance of):	hil	C C	Parjo	ertion.	_			Onset end Death
n/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			Due	Sto for an	a consequal	uence of):		, d	Payle	ention				Chisel elid Death
n/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that mitiated events.	a.  b. c. d.		Due Con	So (or as colo	a consequ	uence of):	ot.			23b. D			ontribute 3 □ Pr	to the cause of death
by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underfug Cause (Disease or injury that initiated events resulting in death) Last	b. c. d.		Due Con	So (or as colo	a consequ	uence of):	ot.			23b. D	id tob	2 □ No	3 □ Pr	to the cause of deet
by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underfug Cause (Disease or injury that initiated events resulting in death) Last	a.  c. d.  one cont		Due Con	So (or as colo	a consequ	uence of):	ot.			23b. D 1	id tob	2 □ No	3 □ Pr	to the cause of deeth obably Unknown
by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underfug Cause (Disease or injury that initiated events resulting in death) Last	b. c. d.		Due Con	So (or as colo	a consequ	uence of):	ot.			23b. D 1 24a. W	id tob	autopsy ed?	3 🗆 Pr	to the cause of deeth obably Unknown Were autopsy findings wailable prior to completion of cause of death?
Completed by Physician/Medical Examiner	ı.	Sequentially list conditions, if any, leading to sumediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last			Due Con	So (or as colo	a consequ	uence of):	ot.	en in Pert	1.	23b. D 1 24a. W pe	as an arformo	autopsy ed?	3 🗆 Pr	to the cause of deets obably Unkno  Were autopsy findings vailable prior to completion of ceuse
Be Completed by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflated events resulting in death) Last  Part II. Other algorificant conditions.	1	ributing to d	Due Con	to for an e to (or as	a consequence of the consequence	uence of):  Array  Indertying ca	o£ ause give	en in Pert	I.	23b. D 1 24a. W pe	as an information of the state	autopsy ed?	3   Pr	to the cause of deat obably Unknow Un
To Be Completed by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflated events resulting in death) Last  Part II. Other algorificant conditions.  25. Was case referred to medical examiner?  1 Ves 2 No	1	ospital:	Due Con leath but n	e to (or as	a consequence of the unit of t	uence of):  Arrow  Indertying ca	ause give	26. Plecer: 4 \( \) N	of Deet	23b. D 1 24a. W pe	as an artormo	autopsy ed?	3 Pr 24b. V 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	to the cause of deet obably Unknown Un
To Be Completed by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflated events resulting in death) Last  Part II. Other algorificant conditions.	l Ho	ospital: 1 🗆	Due Con leath but n	e to (or as	a consequence of the consequence	uence of):  Arrow  Indertying ca	A Other	26. Plecer: 4 \( \) N	of Deet	23b. D 1 24a. W pe	as an artormo	autopsy ed?	3 Pr 24b. V 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	to the cause of deet obably Unknown Were autopsy findings wailable prior to completion of ceuse of death?
To Be Completed by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflated events resulting in death) Last  Part II. Other algnificant conditions.  25. Was cese referred to medice examiner?  1 Yes 2 No  27. Manner of Death  1 Netural 5 Pendin Investig 3 Suicide 6 Could	Hong getion	ospital: 1 = 28a. Date (Mon	Due  Due  Inpatient  of Injury  th, Day  a of Injury	e to (or as not resulting 28t (ear)	a consequence of the unit of t	uence of):  Arrow  Inderlying ca	A Other	en in Pert  26. Plec er: 4 □ N / at /?	I.  e of Deet	23b. D  1  24a. W pe  1   h (Check on: me 5 □ Re 28d. Descrit	as an arriormo	autopsy ed?  2 No  ce 6 Ooi  Injury occurred and Num	3 Pr  24b. V 8 0 0 1 1 ther (Speciarred	to the cause of deat obably Unknow Un
To Be Completed by Physician/Medical Examiner		Sequentially list conditions, if any, leading to ammediate cause. Enter Underlying Cause Disease or injury that initiated events resulting in death) Last  Part II. Other algnificant conditions.  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death  1 Netural 5 Pendin investig  3 Sulcide 6 Could	Hong getion	ospital: 1 = 28a. Date (Mon	Due Due Due Due Due Due Due Due Due Due	e to (or as not resulting 28t (ear)	a consequence of the unit of t	uence of):  Arrow  Inderlying ca	A Other	en in Pert  26. Plec er: 4 □ N / at /?	I.  e of Deet	23b. D  1  24a. W per  1  Check on mee 5 Re 28d. Descrit	as an arriormo	autopsy ed?  2 No  ce 6 Ooi  Injury occurred and Num	3 Pr  24b. V 8 0 0 1 1 ther (Speciarred	to the cause of deet obably Unknown Were autopsy findings variable prior to completion of cause of death?
Certification: To Be Completed by Physician/Medical Examiner	4	Sequentially list conditions, if any, leading to animodiate cause. Enter Underlying Cause Disease or injury that initiated events resulting in death) Last  Part II. Other algnificant conditions are sequentially lead to be examiner?  1   Yes   No    27. Manner of Death 1   Netural   5   Pendin Investig   1   2   Accident   2   Accident   3   Suicide   4   Homicide   4   Momicide   4   Momicide   4   4   4   4   4   4   4   4   4	l Ho	ospital: 1 - 28a. Date (Mon 28e. Place buildi	Due Due Due Due Due Due Due Due Due Due	2 DERA/ 28t At home, Specify)  ny knowled amination in	a consequence a	uence of):  Arrow  anderlying ca  and all DO  M  occurred a	A Other	26. Plecer: 4 N	I.  I. Deet ursing Ho	23b. D  1  24a. W  pe  1  Check on  me 5 Re 28d. Descrit  28f. Location  City or	as an artform.  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	autopsy ed?  2 No  ce 6 Oti Injury occurrent and Num. State)	3 Pr  24b. V  24b. V  1  1  ther (Special red)	to the cause of deat obably Unknow Un
To Be Completed by Physician/Medical Examiner	4	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflated events resulting in death) Last  Part II. Other algnificant conditions.  25. Was case referred to medical examiner?  1   Yes   2   No  27. Manner of Death  1   Netural   5   Pendin Investig   3   Suicide   4   Homicide   4   Could indetermine (Check only)   2   Madical   2   Madical   3   Madical	Hong getion not be tined examine	ospital: 1 - 28a. Date (Mon 28e. Place build: clen: To the band men	Due  Inpatient of Injury th, Day You a of Injury ing, etc. (6	e to (or as e to (or as not resulting - At home, Specify)  ny knowled amination d.	a consequence of the consequence	uence of):  Arrow  t 3 DO  M  occurred a estigation,	A Other	26. Plecer: 4 N	I.  I. Deet ursing Ho	23b. D  1  24a. W  pe  1  Check on  me 5 Re 28d. Descrit  28f. Location  City or	as an artormore as a series of the series of	autopsy ed?  2 No  ce 6 Ooi rinjury occurrent and Num State)	3 Pr  24b. V  24b. V  c  c  c  c  c  c  c  c  c  c  c  c  c	to the cause of deet obebly Unknown Were autopsy findings variable prior to completion of cause of death?  Yes 2 Now with the cause of death?
edical Certification: To Be Completed by Physician/Medical Examiner	4	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease of injury that inflated events resulting in death) Last  Part II. Other algnificant conditions are summer?  1 Yes 2 No  27. Manner of Death 1 Netural 5 Pendin Investig 3 Suicide 4 Homicide 6 Could determine (Check only one)	Hong getion not be tined examine	ospital: 1 - 28a. Date (Mon 28e. Place build: clen: To the band men	Due  Inpatient of Injury th, Day You a of Injury ing, etc. (6	2 DERA/ 28t At home, Specify)  ny knowled amination in	a consequence of the consequence	uence of):  Arriva  Inderlying ca  It 3 DO  M  M  Occurred a  estigation,	A Other	26. Plecer: 4 N	of Deet ursing Ho	23b. D  1  24a. W  pe  1  Check on  me 5 Re 28d. Descrit  28f. Location  City or	as an artormore as a series of the series of	autopsy ed?  2 No  ce 6 Ooi rinjury occurrent and Num State)	3 Pr  24b. V  24b. V  c  c  c  c  c  c  c  c  c  c  c  c  c	to the cause of deets obably Unkno  Vere autopsy findings vailable prior to completion of cause of death?  Yes 2 No  withy)  ral Route Number,  stated. to the cause(s)
edical Certification: To Be Completed by Physician/Medical Examiner	F (4)	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying the cause Disease or injury that inflated events resulting in death) Last  Part II. Other algnificant conditions.  25. Was cese referred to medical examiner? 1   Yes   2   No  27. Manner of Death 1   Netural   5   Pendin Investig   Accident   3   Suicide   4   Homicide   4   Homicide   5   Madical   29a. Certifier (Check only one)   2   Madical   30. Name and address of person	d Hong getion not be nined examine	28a. Date (Mon	Inpatient of Injury vind, Day You e of Injury vind, etc. (6	2 (IERA)  2 (Sear)  At home, Specify)  The literal state of the state	a consequence of a cons	uence of):  Arres  It 3 DO  M  occurred a estigation,  29c.	A Other Sc. Injury Work 1 0 office at the time in my or License 2 3	26. Plecer: 4 November 26. Plecer: 4 November 2 November 2 November 2 November 26. Plecer: 4 November 26. Plecer:	n.  Pe of Deet  No  No  No  Ad place, the occurrence of the occurr	23b. D  1  24a. W  per  1    h (Check on the control of the contro	as an antromore as a company one of the company of	autopsy ed?  2 No  ce 6 OOI  right Injury occurrence and Num.  State)	3 Pr  24b. V  24b. V  c  c  c  c  c  c  c  c  c  c  c  c  c	to the cause of deet obably Unknow Un
edical Certification: To Be Completed by Physician/Medical Examiner	F (4)	Sequentially list conditions, if any, leading to mimediate cause. Enter Underlying Cause (Disease or injury that inflated events resulting in death) Last  Part II. Other algnificant conditions.  25. Was cese referred to medice examiner? 1   Yes   2   No  27. Manner of Death 1   Netural   5   Pendin Investig   Accident   3   Suicide   4   Homicide   determined   4   Homicide   29a. Certifier (Check only one)   2   Madical   29b. Signeture end title of certifier   29b. Signeture end title of certifier   29b. Signeture end title of certifier   29b. Signeture end title of certifier   29b. Signeture end title of certifier   29b. Signeture end title of certifier   29b. Signeture end title of certifier   29b. Signeture end title of certifier   20b. Signeture end	d Hong getion not be nined examine	28a. Date (Mon	Inpatient of Injury vind, Day You e of Injury vind, etc. (6	2 (IERA)  2 (Sear)  At home, Specify)  The literal state of the state	a consequence of a cons	uence of):  Arres  It 3 DO  M  occurred a estigation,  29c.	A Other Sc. Injury Work 1 0 office at the time in my or License 2 3	26. Plecer: 4 November 26. Plecer: 4 November 2 November 2 November 2 November 26. Plecer: 4 November 26. Plecer:	n.  Pe of Deet  No  No  No  Ad place, the occurrence of the occurr	23b. D  1  24a. W  per  1    h (Check on the control of the contro	as an antromore as a company one of the company of	autopsy ed?  2 No  ce 6 OOI  right Injury occurrence and Num.  State)	3 Pr  24b. V  24b. V  c  c  c  c  c  c  c  c  c  c  c  c  c	to the cause of dear obably Unknown Were autopsy finding valiable prior to completion of cause of death?  Yes 2 No withy)  Tal Route Number, stated. to the cause(s)
edical Certification: To Be Completed by Physician/Medical Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying the cause Disease or injury that inflated events resulting in death) Last  Part II. Other algnificant conditions.  25. Was cese referred to medical examiner? 1   Yes   2   No  27. Manner of Death 1   Netural   5   Pendin Investig   Accident   3   Suicide   4   Homicide   4   Homicide   5   Madical   29a. Certifier (Check only one)   2   Madical   30. Name and address of person	d Hong getion not be nined examine	ospital: 1 □ 28a. Date (Mon 28e. Place build) clan: To the beand men DR. S	Inpatient of Injury with, Day you best of many size of death to the control of th	2 (IERA)  2 (Sear)  At home, Specify)  The literal state of the state	a consequence of a consequence of the unit	uence of):  Arres  It 3 DO  M  occurred a estigation,  29c.	A Other Sc. Injury Work 1 0 office at the time in my or License 2 3	26. Plecer: 4 November 26. Plecer: 4 November 2 November 2 November 2 November 26. Plecer: 4 November 26. Plecer:	n.  Pe of Deet  No  No  No  Ad place, the occurrence of the occurr	23b. D  1  24a. W  pe  1  Check on  me 5 Re 28d. Descrit  28f. Location  City or	as an antromore as a company one of the company of	autopsy ed?  2 No  ce 6 OOI  right Injury occurrence and Num.  State)	3 Pr  24b. V  24b. V  c  c  c  c  c  c  c  c  c  c  c  c  c	to the cause of deet obably Unknow  Vere autopsy finding valiable prior to completion of ceuse of death?  Yes 2 No  withy)  ral Route Number,  stated, to the ceuse(s)

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

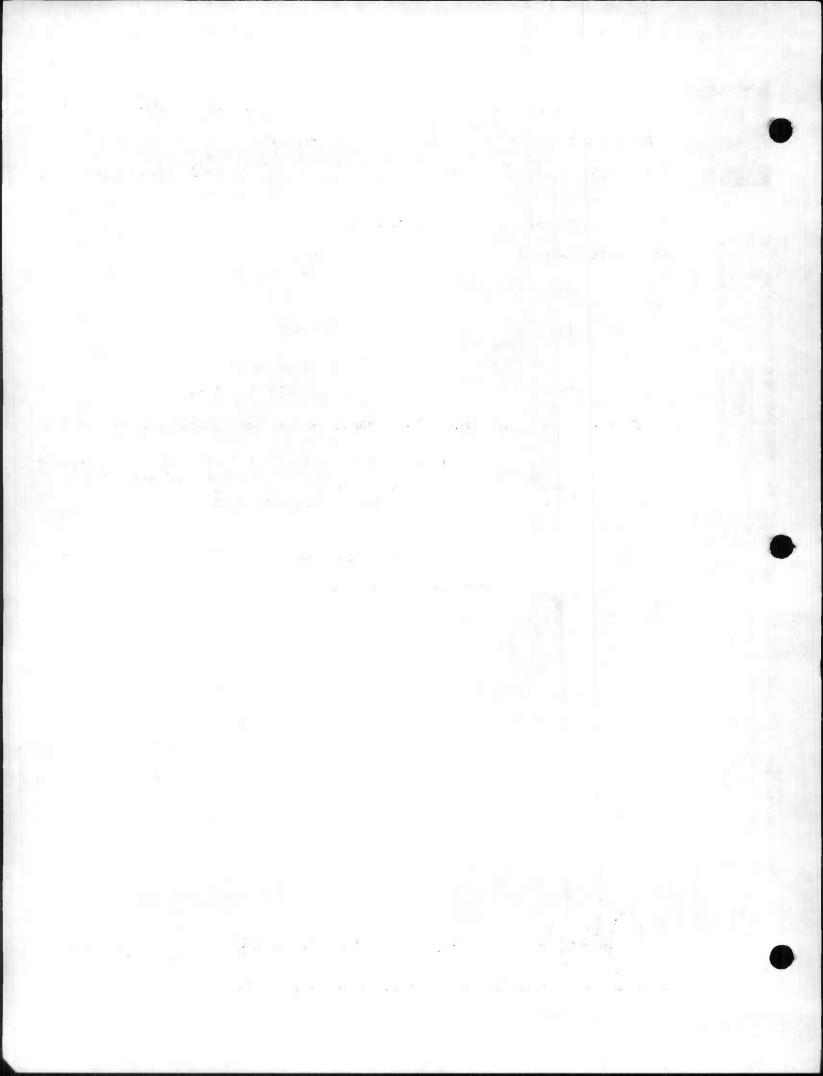
								i iiiioate	UI I	Dealli			Reg. No.			
	Physic	ian	1. Decedant's Nar	na (First, Middla JULI)		MC						2. Data of D Month April	_	98	3. Time of Death 2:22 Al	
	/Medi	cal														
7	Exami	ner			, <i>giv</i> a s <i>treet</i> and nu GENERAL		ITAL		4	tb. City, To OLN		ocation of Dea	,		OMERY	
-	-		5. Social Security		6. Sax		rs. last birthday	If Undar 1 Y	'aar	if Undar	24 Hrs.	8 Data of B	idh	9 Right	piaca (Stata or Foreign	
	Funeral Director		422-32-	-1935	1□M 2⊠F	9		Months D		Hours	Min.	June 2	6,1904	Mi	ssissino:	
	D .	1	Usuai Rasidance	7												
	the Maryland r 28a-f ehow noutled at	2	10a. Stala MD	Monto	gomery	10c.	City, Town or L	ocation lver S	ומ	rina					10d. Inside City Limits 1 ☐ Yas 2 ☑ No	
	No Table	ct			JOINEL!										.0.40 2010	
	with the	Dire	10e. Street and No.		Ridge 1	Drive		10f. Zip Co		0906			10g. Citizen of V		ntry?	
020	hours after death with the Maryland lural; or items 29a or 28s-f show at Examiner must be notified at	by Funeral Director	11. Marital Status	ried 2□ Marri	12. Was Dec	edant Evar ir orcas? 25 No iva	U,S. 13.	Was Dacedant If Yas, specify (				ecify Yas or N Rican, atc.)	o- 14. Rac Bla Specifi	ck, Whita,	can Indian, atc. aCk	
8	hou tura			15. Decedent			16a Dece	dant's Usual O	COLID	etion			16b. Kind of B	uelogee/lo	duetna	
15	nat nat	i i		cify only highas	grada complated)		(Give	kind of work de	ona d	during mos	t of work	ing	TOD. KING OF B	usinasyii	loustry	
21215-0020	d within r than	Be Completed	Elementery/Sec	ondery (0-12)	College (	1-4or 5+)	ma.	Domest					Home	e		
	be filed tal Hygi d other	3e C	17. Fathar's Nama											na)		
yla	should b of Menta marked	To	Quain	ty Ton	ey					M	ınn	nnie Pickerson				
, Maryland	other		19a. Informant's N Willia:		Ip (Type, Print) S (Son)											
Baltimore			1 ☐ Burial 2	Cramation		Stata A	Place of Disponent Camptary, cra	osition (Nama of matory or other or oth	of place	ral E	Hm .	Data 4/22/9	20c. Location 8 8 Birm	city or T	own, Stata	
Baltin	permit. Page Department of Important: If any injury or		20a. Method of Disposition  1										P.A.			
			23a, Part1, Enter	the disease, or	complications that								arrast		Approximate	
J.			shock, or he	art tallera. List o	only ona causa on	ech iina.	adiii. Bo iiot dii	tar tira moda or	ay iii	g, scorrac	outonao	or raspiratory	arrast,	1	Interval Between	
	Physician / /Medical		In an addata Onno	/E11	7		, \								Onsot and Death	
1	Examiner		immediate Causa disaasa or conditi rasuiting in death)	on	a. #	Spire	tin	pn	-c	un	me	-			10 days	
		ē	Nacio-Concin		0	/ Dua to	o (or as a conse	quançe of):	1	1	, ,				12 1	
	uted d ansit	Examiner	immediate Causa (Final disease or condition rasulting in death)  a. Aspiration Preumonica Dua to (or as a consequence of):  Sequentially list conditions,  Dua to (or as a consequence of):									1	12 day			
0	cate be executed physician and the burial-transit	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disasse or injury that initiated avants  Due to (or as a consequence of):  Due to (or as a consequence of):								1	2 res				
68760	ate b mysic the bu	dica	that initiated avant rasulting in daath)	s Last	c		(or as a conse					ш.			J	
ox 6	n certificate anding phys	n/Medical			d C	ovon	ay	Alin	7	1	20	seese	/22/98 Birmingham, AL HOME, P.A. 0850 raspiratory arrast, Approximate Interval Between Onset and Deatl			
Bo	- 6	lan							1						1	
	ne death the atte	sic	Part il. Other signi	ficant condition	e contributing to d	aath but not r	resulting in tha u	indarfying caus	a giv	en in Pert I		23b. Dic	tobacco uee co	ntribute t	o the cause of death?	
P.0	that the daath ed by the atter detached for o	Physicia	7	0	, -										bably 4 Unknow	
	iras that the daati signed by the atte d be detached for	by		Khei	Tra											
P	v require been si should	be										24a. Wa	s an autopsy ormed?			
Records,	S 50	Completed												CC	ompletion of causa	
Œ	B T B	5										10	Yas 2500	1.	□Yas 2□No	
Vital	delan: The certificate rector, pag	Be	25. Was casa rafa	rred to medical						28. Piaca	of Deat	h (Check only	ona)	1		
>	Physician: this certific	ToE	axaminar? 1 ☐ Yas 2 📆	No	Hospitei:	Inpatiant 2	☐ ER/Outpatie	nt 3 DOA	Oth	er.				er (Sneci	(h/)	
of	£ 5 5		27. Manner of Dee		28a. Data	of Injury	28b. Tima c		Injun		Tolling Tile				.,,,	
o	Attending In death.	ţ	1 Natural 2 ☐ Accidant	5 Panding invastigation		th, Day Year,	Injury			k? Yas 2⊟∜	No		Home  fiddle, Maiden Surmama) ickerson  Number, City or Town, Stata, Zip Code) 209 Silver Spring, MD  20c. Location - City or Town, Stata / 98 Birmingham, AL  E, P.A.  Otory arrast,  Approximate interval Betwee Onset and Dea  10 do  12 do  14 Yee 20 No 3 Probably 4 Unit  Was an autopsy performed?  24b. Wara eutopsy findia available prior to completion of cause of death?  1 Yas 20 No 1 Yas 2 No			
S	dea dea y the	lica	3 ☐ Suicida	6 ☐ Could no	ot be	of Injury - A	t homa, farm, st					28f Location	(Street and Num!	her or Rur	al Route Number	
Division	or Attendiates data after death Director: A	Certification:	4 🗌 Homicida	datamir	build	ing, atc. (Spe	ocify)	1001, 1001019, 011	nou.			City or To	wn, Stata)			
	To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completely filled in by the	edical C	29a. Cartifiar (Check only one)	1 Certifying 2 Medical E	Physician: To the xaminer: On the b	asis of axami	nowledga, daat ination end/or in	h occurrad at th	na tim	na, data an pinion, dea	d placa, th occur	and dua to the	causa(s) and m	annar es s	stated. o tha causa(s)	
	the	Š	29b. Signatura and	fitte of decities	ano man	ner stated.		29c 1 kg	ransı	a number			29d. Data signe	d (Month	Day Veer)	
	F 3 F 8		11/1	VI	· AA.N	)					, 7		_	/		
	2		1016	1	- 1000			1	15	281	1		tepri	119	,1998	
	2		30. Name end edd	rass of person w		sa of death (il	tem 23a) (Type,	Print) 2016	(	500	ngi	- Au	-, celha	to	ad 4907	
	Sta	ite	31 Date filed (Mor		39.5	agistrar's Sig	nature	100			0			1		
	Registr	ar	APR	22 19	18 90	e wands	an-Noviger	K.								

DHMH 16 Rev 6/95

### Please Type or Print In Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 12077

					Cer	tificate	of i	Death		Reg. No.		3311
		1. Decedant's Name (First, Middla,	Last)						2. Date of De Month	eath Day	Year	3. Tima of Death
Physici /Medic		Martha	H. Adamson	a					April :	19, 1998		6:30 PM
Examin	- 1	4a Facility Nama (If not institution,	give straat and number)				4	b. City, Town,	or Location of Dea	th 4c. Count	y of Death	
ë		14706 Carrolton	Road					Rockvil			ntgom	-
Funeral Director		218-24-3615	. Sax 7. Ag	e (In yrs. last i	Yrs.	If Undar 1 Months I	Yaar Days		lin. (Month, D	ay, Year) 2, 1918	9. Birth Cou Penn	place (Stata or Foreign ntry) sylvania
Pu &		Usuai Rasidance of Decedant  10a. Stata 10b. County		10c. City, To	wa or Lo	cation						10d. Insida City Limits
shorts and	5										1 □ Yas 21🖾	
the Merylar 28a-f show	Director	MD Montgo	mery	<u> </u>	COCKY	101. Zip C	ode			10a Citizen of	en of What Country?	
with po K	ā	14706 Carrolton	Road			101. Zip 0		853			JSA	nuy!
eath	era	11. Marital Status	12. Was Decedant	Evar in U.S.	13. \	Was Decedar			(Specify Yas or N			cen Indian,
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Meryland th end Mentel Hyglene. 7 is marked other than "natural", or items 23s or 28=1 show treumstic event, the Modical Examines must be notified at	by Funeral	1 ☐ Navar Married 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced	Armed Forcas?			f Yes, specify			(Specify Yas or Nierto Rican, etc.)	Speci	nck, Whita	
5-0 72 ho	Completed	15. Dacedent's (Specify only highast		16	a. Deced	lent's Usual (	Occup	ation	working	16b. Kind of 8	Businass/Ir	ndustry
212	npie	Etementary/Secondary (0-12)	Cottege (1-4or	5+)	lifa. I	DO NOT usa	ratired	during most of	Norwing			
No se de la constante de la co	ő	12			Homemaker 18 Mother						vn Ho	me
New State of the s	Be	17. Fathar's Nama (First, Middla, Li							Name (First, Middle		ma)	
y a	2	Louis Harri							hy Neidi			
Maryland 212: d 2 should be filed within th end Mentel Hyglene. 7 is merked other than treumetic event, the M		19a. Informant's Name/Relationshi							Rural Route Numi			p Coda)
s 1 and f Heelth frem 27 other tr		Joan Parrish	(daug			Manos		illage	Lane, Ro			20853
more, N		20a. Mathod of Disposition 1 St Burial 2 ☐ Cremation 3	☐Ramoval from Stata	Date	20c. Location	- City or T	own, Stata					
Pag ment ant: I		4 Donation 5 Othar (Spe						etery				
Baltimore, North Peges 1 end Department of Health Important: If Nem 27 any injury or other trees.		21. Signatura of Funeral Service Li			Ho	me, In	nc.		Francis niversity 20901			uneral
		23a. Part1. Enter the Isaasa, or o shock, or heart failure. List or	molications that causa	d tha daath. D						arrast,	1	Approximate Intarval Batween
Physician		SHOOK, OF Haart failura. List Of	ny one cause on each									Onsat and Death
/Medical		immediata Cause (Final	Non	Small (	Cell	Lung	Can	cer				3 months
Examiner		rasulting in daath)	a		-						1	J MOHOHO
P 5	ner	Mon Small Cell Lung Cancer  Grasulting in death)  Non Small Cell Lung Cancer  Due to (or es a consequence of):  Liver and Bone Metastases										
68760, rificate be executed ng physician and es the buriel-trensit	Examiner	Sequantially list conditions,	b	Dua to (or as a consequence of):						7-7		
lan a	EX	Sequantially list conditions, if any, leading to immediata ceuse. Enter Underlying Causa (Disease or Injury									t	
68760, flicate be ex physiclan so the burie	edicai	that Initiated events rasulting in daeth) Lest	C	Dua to (or as	a conseq	uence of):					t	
. Box 68760, death certificate be executed e ettending physician and for use as the buriel-trensit	5		13								t	
Box eath cert ettendin for use	Physician/		d								1	
D. E s dead the ed for	SIC	Part II. Other aignificant condition	contributing to death b	out not resulting	in tha u	ndarlying ceu	ısa giv	an in Part I.	23b. Dic	I tobacco use c	ontribute	to the cause of death?
IS, P.O.	Phy								15	Yes 2 No	3 Pro	obably 4 Unknow
S, es th	by											
Records, P.O. he law requires that the he has been signed by the sge 2 should be deteche	Completed								24a. Wa per	s an autopsy formed?	a	Vara autopsy findings vallabla prior to
Aec e lew r has b	pie			-								ompletion of ceusa f death?
C 0 5 5	000								1 🗆	Yas 2 No	1	☐ Yas 2 No
Vital I	Be (	25. Was case rafarrad to medicel axaminar?						26. Place of	Death (Chack only	one)		
	70	1 ☐ Yes 2 ☒ No	Hospital: 1  Inpati	ant 2 ER/	Outpatier	t 3 DOA	Oth	ar: 4□ Nursin	g Homa 5 Ras	sidance 6 🗆 O	thar (Spec	ity)
on of ding Phys. h. After this funeral d		27. Mannar of Death 1 ☑ Naturat 5 ☐ Panding	28e. Data of Inju (Month, Da	y Year) 28t	. Time of	280	. Injur Wor	y et k?	28d. Dascribe	how Injury occu	ırred	
Division i or Attending efter death. Director: After d in by the fune	Certification:	2 Accidant Invastiga	ion			M	1 🗆	Yas 2□No				
Divisio	1	3 ☐ Suicida 6 ☐ Couid no 4 ☐ Hornicide detarmin	288. Place of in	jury - At homa, c. (Spacify)	farm, str	aat, factory,	office			(Street and Nun own, Stata)	nber or Ru	ral Routa Number,
O of the principal of t												
DIVISIO To the Hospital or Attendit within 24 hours eiter death. To the Eunerel Director: A completely filled in by the fu	edical		Physician: To the best aminer: On tha basis o and mannar st	f axamination								
To the comp	2	295. Signature and title of Certifier	0					e number		29d. Data sign	ed (Month	, Day, Year)
30		1400	~	mo		0	3	56	32	April	20.	1998
2	1	30. Nama and address of parson w	no completed ceuse of o	death (Itam 23)	a) (Type.	Print)				TALLET	20,	
		Joseph Kaplan.					01n	ev. MD	20832			
Sta	te	31. Date filad (Month, Day, Year)	32 Regist	ar's Signature		274 - 1			20032			
Registr		APR 21 19	38 Julian	Davidson	Mande	BC.						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene \@ \omega Certificate of Death Amended #20c.Per F.H. P.G.C. 4-22-98 cr 1. Decedant's Name (First, Middla, Last) 2. Dete of Deeth 3. Tima of Deeth Dey 1998 Month **Physician** April 20, Augustine Asizechi Alufuo 7:30 p.m. /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George Hospital Center Cheverly Prince George | If Under 1 Yaer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | Nov. | 22, 1 5. Social Sacurity Number 6. Sex PAM 2□ F 7. Aga (In yrs. lest birthday) **Funeral** 42 Yrs. Nigeria 218-23-4606 1955 Director Usual Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "naturel", or items 23s or 25s-f show the Medical Examiner must be notified at Director 1 ☐ Yes AND Maryland Anne Arundel Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3459 Andrew Court, Apt. #202 20724 Nigeria 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Bleck, Whita, etc. hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black P 3 Widowed 4 Divorced Yaar or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Hygiene. Eiementery/Secondery (0-12) College (1-4or 5+) 12 Cumputer Technician Computer Repair permit. Pages 1 and 2 should be filed be permit. Peagles 1 and Mentel Hygic Important: If item 27 is marked other 1 any injury or other traumatic event. 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Philip Alufuo Monica Duruebube 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Chinwe Alufuo/Wife 3459 Andrew Court, #202, Laurel, Maryland 20724 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Crametion 3 Removel from Stete Eastern 4 ☐ Donation 5 ☐ Other (Special 4/28/98 Easton, Nigeria Alufuo Family Compound d Funeral Service Liq 22. Name end Address of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 23a. Past: Enter the discrete, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, and or heart failure. List only one cause on each line. Approximete Intervat Between Onset and Death Physiclan /Medical Immediete Ceuse (Finel · Hepatocellular CARGINDMA WITH Metastases 1 Y RaR diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner -transit be executed pue Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Dua to (or es e consequence of): buriel P.O. Box 68760, physician Physician/Medical the Due to (or es a consequance of): ettending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the causa of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records. by 24b. Were autopsy findings available prior to Completed 24e. Wes an autopsy completion of causa of deeth? page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☑ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: Affer this certifica completely filled in by the funeral director; I Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending 1-2 Netural 1 ☐ Yes 2 ☐ No investigation NIA 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piace, and due to the cause(s) and menner steted. cai 29a. Certifier Medi 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number 001852 APRIL 21, 1998

State Registrar

31. Dete filed (Month, Day, Year)

APR 22 1598

DEVORE MD 4203 QUEENSBURY Rd Hyattsville MD 20781

Day, Year) 32, Registrer's Signeture

22 1598 (18 Shuris proposal)

A STATE OF THE STA

State of Maryland / Department of Health and Mental Hygiene 9 8

							Cei	rtificat	te of	Death			Reg. No.			
	Physic	ian	Decedent's Neme									2. Dete of D	Dev	Year	3. Time	of Death
	/Medi		VIOI		R.		DERSON					April	18,	1998	3:0	08 pm
٩	Exami	ner	4a. Fecility Neme (If HOLY	not institution, g								ocation of Dee		nty of Deeth	RY CO	<b>.</b>
Г	Funeral		5. Sociel Security Nu.		Sex 1□M 2 <b>X</b> F	7. Age (In yrs.	V	if Unde Months			24 Hrs. Min.	8. Dete of Bi (Month, D	ey, Year)			or Foreign
	Director		Usuel Residence of	0040		7	4 Yrs.					3-18-	1924	Sumt	er,	SC
	anyland show		10a. Stete	10b. County		10c. Ci	ity, Town or Lo	cation							10d. Inside	City Limits
	the Maryla 28a-f ehor	ctor	MD	MONTGO	MERY	W	HEATO	N							1 <b>X</b> Ye	s 2 No
	들 정 및	Dire	10e. Street end Num	HUNTL	V DIAC	TP.		10f. Zip	Code	902			_	10g. Citizen of What Country?		
	death w	Funeral Director	10707	HONIL		cedent Ever in U	19 13 1	Nas Dece			nin? (Sr	poity Voc or N				
0			1 Never Marrie	ed 2 Married	Armed F	orces?					, Puerto	pecify Yes or No Ricen, etc.)	Bleck, White, etc.			
21215-0020	Sur Sur Sur Sur Sur Sur Sur Sur Sur Sur	i by	3 ☐ Widowed 4	4 X Divorced	If Yes, G Yeer or I	ive		1 🗆 Yes	2 <b>X</b> No	Specify:			Specify: BLACK			
15-(	n 72 hours "natural",	Completed	(Special	15. Decedent's E fy only highest g	Education rede completed,	)	16e. Deced (Give	ient's Usu kind of wo	el Occu	pation during most	of work	king	16b. Kind of	Business/in	dustry	
212	withir ene. than	дшс	Elementery/Secon		College	(1-4or 5+)		OD		®O) RVICE	uning most of working			TON I	DARK	HOTE
	be filed itel Hygid of other event, it	Be C	17. Fether's Neme (I		st)		10	OD	OD.		r's Nam	e (First, Middle			· IIIII	HOLD
Vlar	0 4 0 0	To B	WILLI	E		RICE	HARDSO	N		IN	EZ			FISH	ΕR	
Maryland	2 2 2		19e. Informent's Ner	me/Reletionship	(Type, Print)		19b. Meilir	g Address	s (Stree	t end Numbe	r or Rui	rel Route Numb	oer, City or Tov	vn, Stete, Zip	Code)	
	of Health Item 27 other tr		ERNEST A		N - SC	)N	1070	7_HU	JNT]	LY PL	•	WHEAT		RYLA!		)902
nor	80 ± 5		1X Burlel 2	Cremetion 3		State	cemetery, crer	netory or o	other ple		DV	73_08				
Baltimore	arte mit		1X) Burlel 2 Cremetion 3 Removed from State 4 Donetion 5 Other (Specify)  HARMONY MEMORIAL PARK 23-98 LANDOVER  21. Signature of Puneral Service Licenses											VEK,	TID	-
ä	Dep Person		21. Signature of Puneral Service Licenses  22. Name end Address of Fecility  TAYLOR'S FUNERAL HOME												T DO	2000
	10.		23 . Pert1. Enter the shock, or heert	e diseese, or con	mplications thet	ceused the dee								WASI	Approxime Intervel Be	2000 ete
d	Physician		3110011, 01 110011	rondro. was on	0	Outer into.								1	Onset end	J Deeth
1	/Medical Examiner		Immediate Cause (F disease or condition resulting in death)	Finel	a Puly	nonary	Eder	ng							4	crys
L		ē			. 1		or es e consec					1				1
	outed id rensit	Examiner	b. Chrm, c obstruc							money	4	deseus	RO	1		ears
,00	e exercian ar													1	V	veks
68760,	certificate be executed ding physician and ise as the burial-trensit	/Medical	thet initiated events resulting in deeth) La		c.		or as a conseq							1		vecks houths
ox 6	ding ding			-	d. Rana	al insu	ficien	in							N	unths
B	death	Iclar	Pert II. Other signific	cent conditions		6	/1	1	201100 0	hion in Bort I		22h Did	tobacco uae	o ontelbuto te	a the sauce	o of death?
P.0	es thet the death igned by the atter be detached for	Physician	Total outer organic	bant conditions	continuoning to c	Seattl out not res	salling in the di	idenying c	zausa gi	IVOIT III POIL I.			Yes 2 N			☑ Unknown
	es the igned be de	by														\
of Vital Records,	v requires that the been signed by th should be detach	Completed										24e. Wes	s en eutopsy ormed?	ev	ere eutopsy eileble prior impletion of	rto
Rec	9 19 2 39 2	mp												of	deeth?	
la	E se		25. Was case referre	ad to medical	T					00.51			Yes 2 No	1[	☐ Yes 2	X(No
>	Physicien: this certific	o Be	examiner?		Hospital:	Inpatient 2	ER/Outpetien	t 3 D	DA Ot	hor		th <i>(Check</i> on <i>ly</i> ome 5 ☐ Res		Other (Specif	fv)	
O	e Physical discharacter	n: T	27. Menner of Deeth	5 Pending	28a. Dete		28b. Time of Injury		28c. Inju				how Injury occ		,,	
Siol	eath. or: Af the fu	catic	2 Accident	investigation	on		,,	M		Yes 2 N	No					
Division	or Att	Certification:	3 ☐ Sulcide 4 ☐ Homicide	6 Could not li	200. PIGC	e of Injury - At h ling, etc. (Speci		eet, factor	y, office			281. Location City or To	(Street end Nu wn, Stete)	mber or Rura	al Route Nu	mber,
	pital ours a eral C	Ce	29a. Certifier	Certifying P	hyeicien: To the	a hast of my kny	aulodoo doath	occurred	at the ti	ima data and	d place	and due to the	causa(a) and	manar aa a	totod	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only one)	2☐ Medical Exa	miner: On the t	pasis of exa <i>m</i> ina	ation end/or Inv	estigetion	, in my	opinion, deat	h occur	red at the time.	dete and plea	e, and due to	the ceuse	(s)
	withir To th comp	M	29b. Signeture end ti	itle of certifier					29c. License number 29d. Date signed (Month, Dey, Year)				0.			
	5		1	MAL				1	)45	843			Hpril	111	1114	Ŏ.
1	3)		30. Name and address	ss of person who	completed cau	ederick	m 23e) (Type,	Print) #23	6 (	Gathe	nsb	ung M	D 20 8	377		
	Sta Registi		31. Date filed (Month		32.1	Registrer's Sign										
	negisti	CI	APR	W~ 133	9 1900	P. CO INDICATE	-									

Sales Francis

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death Month **Physician** D, 4 -18 1998 10:45 PM EBENEZER AMPIM /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner CHEVERLY, PRINCE GEORGES PRINCE GEORGES HOSPITAL MD 6. Sex 1 M 2 □ F 5. Social Security Number If Undar 1 Year If Under 24 Hrs. 7. Age (In vrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Yrs Director GHANA 11-15-56 217-49-8808 Pages 1 end 2 should be filed within 72 hours after death with the Maryland nent of Health end Mentel Hygiene. 10d. Inside City Limits 10a State 10c. City, Town or Location LANDOVER r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at PRINCE GEORGES MD 1 TYes 2 □ No Director 10a. Citizen of What Country? 10e. Street and Number 10f. Zip Code U.S.A. 20785 4047 WARNER AVENUE, C2 Funeral 12. Was Decedent Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, atc. 11. Marital Status 1 ☐ Yes 2 XNo If Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 Specify: Specify: S **GHANA TAN** 3 Widowed 4 Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) SYNDERS **12TH** STOCK CLERK LIQUORS marked other 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Be **ESTHER** DOUDUWAA KWADWO OKYERE 20 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) . Health e 4047 WARNER AVE. C-2, LANDOVER HILLS, MD 20785 ROSE AMPIM item 2. 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State MT. ZION CEMETERY 5-2 1998 1 Burial 2 □ Cremation 3 □ Removal from State BALTIMORE, MD 三百 permit. Page Depertment of Important: If any injury or page. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenspe 22. Name and Address of Facility
TAYLOR S FUNERAL HOME al 1722 NORTH CAPITOL STREET, NW WASH., DC 20001 art 1. Enter the disease, or or plications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List the one couse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in death) Examiner Examiner The lew requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) ettending pl 23b. Did tobacco usa contributa to the cause of death? et pe Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. s been signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy is certificate hes director, pege 2 2 - No 1 Tyes 2 TNo 1 TYes or Attending Physician: 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 9 2 3 No 1 Yas 1 Impatiant 2 ER/Outpatient 3 DOA this funeral 27. Manne of Deeth 28c. Injury at Work? 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: After 1 Natural Injury 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident by the f 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) à Direc 4 Homicide n 24 hour. Funeral Directifiled in Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) edical 29a. Certifie 2 Medical Examiner: On the basis of examination and manner stated. To the within 2 To the 29b. Signatura and title of certifier 29d. Date signed (Month, Dey, Year) cause of death (frem 23a) (Type Print) 30. Name and 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 2 4 1998

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Cer	tificate of	Death	Rec	ı. No.			
		1. Decedant's Nama (First, Middla, Li	est)				2. Data of Death Month	Day	Veer	3. Tima of D	eath
Physi /Med		Pau1	J.	Alexand	ler	A	pril 18,		Year	8:45 A	A.M.
Exam		4a. Facility Nama (If not Institution, gir	va street and number)			4b. Cify, Town, or Loc	ation of Death	4c. County of	of Death		
		17 Alexandria D				Oxon Hill		Prince	Geor	ge's	
Funera Directo		5. Social Sacurity Number 6. 162–12–9734  Usuai Rasidance of Dacadant	Sax. 7. Aga (In 1XXM 2□ F 78	yrs. last birthday) Yrs.	If Undar 1 Yaar Months Days		B. Data of Birth (Month, Day, ) Ct. 16,	1919 P	9. Birthpla Country ennsy	ca (Stata or F V) Ivania	Foreign 1
Maryland of show	tor	10a. Stata 10b. County  Maryland Prince		City, Town or Loc Oxon Hil					100	d. Insida City	
3a or 28a	Il Director	10e. Street and Number  17 Alexandria D	rive		10f. Zip Coda 207	45	100	U.S.A		y?	
d 21215-0020 filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or items 23a or 28a-f show ont, the Medical Examinet must be notified at	by Funeral	11. Maritai Status  1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar Armed Forcas? 11 Yas 2 No If Yas, Giva Yaar or Datas: 194		/as Dacedant of l Yas, specify Cub	Hispanic Origin? (Specian, Maxican, Puarto R	ify Yas or No- ican, atc.)	14. Race Black	- Amarican k, Whita, at White	c.	
5-0 72 ho	Completed	15. Decedent's E (Specify only highast gr	ducation ada completad)	16a. Decede	ent's Usual Occu	pation during most of working	16	3b. Kind of Bu	sinass/Indu	stry	
Par ight	hope	Elamantary/Secondary (0-12)	Collega (1-4or 5+)	lifa. D	O NOT use ratire	nd)		772.1			
d 212 filed with Hygiena. frher than		47 5 4 4 1 4 1 4 1 4 1	4	I	Nurse		-	. Eliz		's Hos	sp.
ire, Maryland 212: s 1 and 2 should be filed within f Health and Mental Hygiena. Item 27 is marked other than other traumatic event, to the	To Be	17. Father's Nama (First, Middla, Last Albert C. Alexa				18. Mother's Nama Phebe	Lake	uden Sumame	1)		
2 sho and ls me		19a. Informent's Neme/Ralationship	Type, Print)	19b. Mailing	Addrass (Stree	t and Number or Rural	Routa Number, (	City or Town,	Stata, Zip C	Code)	
Haalth Haalth other tra		Mark D. Alexand				Valley Le					
		20a. Mathod of Disposition  1 Burlai 2 Cramation 3 E 4 Donation 5 Othar (Speci	Ramoval from Stata	* *	atory or othar pla	matory 4/		oc. Location - (			ia -
Baltimo		21. Signature of Funeral Service Lice		Geo.	Nama and Address P.	ass of Facility Kalas Fune	ral Home	e, P.A.		116111	
		23a. Part1. Entar tha diversa, or con shock, or heart failure. List only	plications that caused tha	daath. Do not anta	r tha moda ot dy	Hill Rd. O	raspiratory arres	∠ MCL و _ t,		Approximata ntarval Betwe	
Physician	_								1 8	ntarval Betwa Onset and De	iath
/Medica Examine	_	Immediata Ceuse (Finel disease or condition rasulting in death)	8.	pira	my r	fai (nne			1	2 90	
	91	Tabbiling in Society	Dua	to (or as a consequ	uence of):	,			1		
ted nsit	Ţ.		b	C-0.1	. 12.				1	1500	_
O, e axecu lan and urial-tra	Examiner	Sequantially list conditions, if any, leading to immediata cause. Entar Undarlying Cause (Disaasa or injury	Dua	to (or as a consequ	ence of):				1		
, P.O. Box 68760, that the death certificate be axecuted ed by the attending physician and detached for use as the bunal-transit	Medical	that initiated avants rasulting in death) Last	Dua d.	to (or as a consequ	ence of):						
O. BOX a death cert the attanding	Physician/	Part II. Other significant conditions	contributing to death but no	t rasulting In tha un	darlying causa gi	van in Part I.	23b. Did tob	acco uee con	tribute to t	he cause of	death?
S, P.O. es that the de igned by the be detached	by Phy						1 🖄 Yes	2 □ No	3 Probe	ibly 4 🗆 Ur	iknowi
ecord aw requir ts been s 2 should	Completed b						24a. Was an performe	autopsy ed?	com	a autopsy find lable prior to pletion of causath?	
That I page	0						1 ☐ Yas	2 LANO	10	Yas 2□N	lo
F Vital ysicien: Th s certificate director, pa	Be	25. Was casa rafarred to medical examinar?				26. Place of Death	(Check only one,	)			
of Vita Physician: this certific	10	1. Yas 2 No	Hospitel: 1 Inpatiant	2 ER/Outpatient	3□ DOA Ot	her: 4 Nursing Hom	a 5 Rasidan	ce 6 □Otha	r (Specify)		
Aftar fune		27. Mannar of Death 1	28a. Data of Injury (Month, Day Yes	28b. Tima of Injury	M 1	nyat 2 xk? ]Yas 2 □ No	8d. Dascribe how	injury occurre	ed		
# 8 # ± 5	Certification:	3 ☐ Suicida 6 ☐ Could not to detarmined	28a. Placa of Injury - building, atc. (Sp		et, factory, office	2	Bt. Location (Stre City or Town,	et and Numbe Steta)	er or Rural	Routa Numbe	97,
Divisi To the Hospital or Attent within 24 hours after deal To the Funeral Director: complataly filled in by tha	edical C	29a. Cartifiar  (Check only one)  Certifying Place   Certifying Place   Certifying Place   Medical Example    Medical Example   Medical Example   Medical Example   Medical Ex	nyelclan: To the best of my miner: On the basis of axan and mannar stated.	knowledga, daath mination and/or inv	occurred at tha ti astigation, in my	ima, data and place, as opinion, daath occurre	nd dua to the cau d at tha tima, dat	ise(s) end mei a and placa, a	nner es ste nd due to t	ted. ha cause(s)	
Withir Comp	Me	29b. Signatura and titla of certifiar	-00 a		29c, Licen		290	d. Data signed	(Month, D	ay, Year)	
			>~		10	45365		4	2	-9	3
(15)		30. Nama and addrass of person who Michael G. Sid	complated causa of death arous, M.D.	(Itam 23a) (Type, F 11701 L:	Print) ivingsto	n Rd. #101	, Ft. Wa				44
S Regis	tate trar	31. Data tiled (Month, Dey, Yeer) APR 21 19	32. Ragistrar's S	Signature Carlo	e						

Market Committee

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

VINCENT ANAZIA

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician
/Medical
Examiner

**Funeral** 

Director

with the Meryland rel', or items 23a or 28a-f show Examiner must be notified at Directo Funeral py Completed

permit. Peges 1 and 2 should be filed within 72 hours after deeth v Department of Health end Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a shy Injury or other traumatic event, the Medical Examines must once.

**Physician** /Medical **Examiner** 

physician end the buriel-transit the deeth certificate be executed Division of Vital Records, P.O. Box 68760, 80 esn ō signed by the e The lew requires certificate hes b lirector, pege 2 s Physician: this funeral or Attending death. To the Hospital or Attain within 24 hours after dec to the Funeral Director Completely filled in by the edical

1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Deeth Month Yee VINCENT ALEX ANAZIA 13,1998 12:32A.M. APRIL 4a Fecility Neme (If not institution, give street end number) 4b City Town or Location of Death 4c. County of Deeth PRINCE GEORGES PRINCE GEORGES HOSPITAL CHEVERLY If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dale of Birth (Month, Day, Year) Deys Hours 1 M 2 □ F 578-13-9034 39 Yrs. SEPT. 2, 1958 NIGERIA Usual Residence of Decedent 10e. Stale 10b. County 10c. City, Town or Location 10d. Inside City Limits 1. Yes 2 No Md. P.G. COUNTY HYATTSVILLE, Md. 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code U.S.A 20783 7910 18th AVE 14. Raca - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marilel Status 1 Yes 2 No
If Yes, Give Year or Detes: Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: BLACK 3 Widowed 4 Divorcad 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) UNKNOWN UNKNOWN YRS 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) VINCENT ALEX ANAZIA AMALONYE (UNKNOWN) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) VERONICA LAWRENCE IZEGBU COUSIN 3310 TEAGARDEN CIRCLE SILVER SPRING, MD 20904 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition 1 St Buriel 2 Cremetion 3 Removel from State GLENWOOD CEMETERY 4/21/98 WASHINGTON, DC 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility BACON FUNERAL HOME INC, 21. Signature of Funeral Septice Licensee 3447 14 st. NW WASH., DC 20010 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Death Immediate Ceuse (Final disease or condition resulting in death) to (or es e consequença of) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es e consequença of) Physician/Medical thet initiated events resulting in deeth) Lest Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 3 □ Probably 4 Unknown 1 ☐ Yss 2 ☐ No b 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1X Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28d. Describe how injury occurred 27. Menner of Deeth 28c. Injury et Work? Certification: 5 Pending

1 Netural

investigation 6 Could not be determined 4 Thomicide

28e. Date of Injury (Month, Dey Year) 4112/98

28b. Time of Injury 2311 HK 28e. Placa of injury - At home, farm, street, fectory, office building, etc. (Specify)

1 Yes

Suffect Stables Location (Street and Number or Rural Route Number, City or Town, State) 79/0/8th Autume Aprilment 107 Weshington DC.

29a. Certifier (Check only one)

29b. Signeture end title of certifie

2 ☐ Accident

3 ☐ Suicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

29d. Date signed (Month, Dey, Year)

30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print)

O.C.M.E.

APRIL 13,1998

(HE MORE

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Dey, Year) Registrar's Signeture APR 20 1994

Alas Marine Carles

828 63 AVA

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

PA	ATRICIA	ALAN ITEM: 23 PAI	State of TIPE	R MEO G	764 Ce	rtificat	e of	Death	and M	ental Hygi	ene g. No.			
	Physician	1. Decedent's Neme (First, Middle, I	ast)							2. Dete of Deeth Month	Dey	Yeer	3. Time of Deeth	
	/Medical	Patricia Dia						4. Oh. T-		APRIL	1	98	0919 AM	
	Examiner	4e Fecility Neme (If not institution, g UNIVERSITY HOS		um <i>ber)</i> E.R.				BALTI		cation of Deeth	4c. County	or Death		
	Funeral		Sex	7. Age (In yrs.	last birthdey)	If Under		If Under	24 Hrs.	8. Dete of Birth		9. Birth	plece (Stete or Forei	
	Funeral Director	230-96-4630	1□M 2√₹	37	Yrs.	Months	Deys	Hours	Min.	(Month, Dey, 8 / 8 / 6 (				
P		Usuel Residence of Decedent		140 07	. T								rginia	
enyle	ahov Mari	10a. Stete 10b. County Md Prince	e Geor	202	y, Town or Lo xen H								10d. Inside City Limit 1 ☐ Yes 2 ※ N	
M edi	or 28a-f all be notified Director	10e. Street end Number		0.	xen n	10f. Zip	Code			10g. Citizen of What Country?				
With	Pa di	1510 Ivers	on St	#205			207	45		USA				
-0020 hours efter death with the Merylend	natural, or items 23a or 28a-f show ideal Examinar must be notified at eted by Funeral Director	11. Maritel Status	12. Was De	cedent Ever in U	,S. 13.	Wes Dece	dent of H	Ilspenic Ori	gin? (Spe	cify Yes or No- Rican, etc.)			cen Indien,	
offer of	or He	1X Never Married 2☐ Married		2 No		1 Yes		Specify:	i, Fuelto r	nican, etc.)	Specif	ck, White,	hite	
Supple Supple	"natural", o	3 Widowed 4 Divorced	Year or	Detes:										
5 2	et de	15. Decedent's (Specify only highest g		)	16e. Dece (Give	dent's Usua kind of wo DO NOT u	al Occupetion ork done during most of working se retired)  16b. Kind of Business/Industry					ndustry		
LZTZ within	than omp	Elementery/Secondary (0-12)	College	(1-4or 5+)				Offic			Seci	ırit	У	
	T S S	17. Fether's Neme (First, Middle, La.	nt)					18. Mothe	er's Ne <i>m</i> e	(First, Middle, N	faiden Sumen	ne)		
Maryland d 2 should be file		Vincent	DePau	l Alan				Sy	bil	M Wil	liams			
Aar 2 sho	20 20													
Sec.	if Health Item 27 other tr	Nancy Kay Alan  14611 SE Powell Blvd Portland On Detail Method of Disposition (Name of Detail 200, Location - City												
Baltimore,	if ite	1 Burial 2X Cremetion 3	De. Method of Disposition  20b. Plece of Disposition (Name of cernetery, crematory or other pleca)  20c. Location - City or cernetery, crematory or other pleca)											
iit. P	Department of important: If any Injury or once.	4 Donation 5 Other (Spec	1 /	C				emato		/20/98	Belt	SVII	те ма	
n e	Departm Importar any Injur once.	) of regard	111/1	non		Ster	lin	g Fui	nera	1 Serv			20070	
		23a. Part1. Enter the disease or co shock, or heart milure. List on	polications thet	caused the deet	h. Do not en	1601 ter the mod	Ke te of dyli	nilwo ng, such es	cardiac o	Ave N	E Was	h DC	Approximete Intervel Between	
68/60, ificete be executed	been signed by the ettending physician end should be deteched for use as the buriel-trensit is letted by Physician/Medical Examiner	Couse (Disease or injury that initiated events resulting in death) Lest  Due to (or es e consequence of):												
BOX eath cert	offer u	Dad II Other slep Misses and distance		death but not con	intino la thor			on In David		22h Did to	haana	and the stand	to the cause of deat	
S S	by the techer	Pert II. Other significant conditions				indenying c	ause gr	en in reit i	•		s 2 No		1/	
S, T	be de de by P	ASTHMA, SCHI	OPHRENI	IA, OBES	ITY								/*	
Mecords he law requires	8 CI D									24e. Wes er perform		e o	Vere eutopsy findings velleble prior to ompletion of cause f deeth?	
T af	is certificate has director, page 2 fo Be Comp									1KY	s 2 No	1	Yes 2□ No	
VITAI	Be Bertiffic	25. Wes case referred to medical exeminer?	11-2-1				100		of Deeth	(Check only on	e)			
OT VITA Physician:	al dire	YS Yes 2□ No		0 20	R/Outpatie		JA		-	me 5 Reside			ity)	
- Bull	After	27. Manner of Death  1 INaturel 5 Pending investiget		of Injury nth, Dey Year)	28b. Time of Injury	M	28c. Inju Wo	rk? Yes 2□		28d. Describe ho	w injury occur	rreu		
UNISION or Attending	rs efter deeth.  al Director: After t led in by the funera  Certification:	3 ☐ Sulcide 6 ☐ Could not	be on Blac	e of Injury - At h	ome, farm, st							ber or Rui	rel Route Number,	
	d in b	4 Homicide	build	ding, etc. (Specif	(y)					City or Town	, State)			
Mospite		29a. Certifler (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and ma XIX Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the cause(s) and ma manner stated.												
To the	within To the compl	29b. Signeture end title of certifier 29c. License number								2	9d. Dete signe	ed (Month	, Day, Year)	
2	1	The first of O.C.M.E APRIL 13, 199									1998			
1	6)	30. Neme end address of person wh					Stre	et, E	Balti	more, M	aryland	1 212	201	
	State	31. Dete filed (Month, Dey, Yeer) 33. Registrer's Signeture												
ΠĒ	Registrar	APR 2 0 1998	the diwe	Bar lawa	7									

DHMH 16 Rev 6/95

use as the burial-transit permit. Pages 1, 2, 3 should

뿐

2 2 3

ERNEST UZICANIN MD 19286

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randale

31. DATE FILED (Month, Day, Year)

APR 16 1998

-	2	
픈	10	
S	2	-2
ž	Tage 1	3
the	de	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to he within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Ð.	10	70
9	3	9
ie.	4	Ξ.
E	40	0
2	40	65
y b	990	be
E	3	#
9	\$	≅.
9	5	1
Se.	9	ě
-	1	=
5	9	E
de	2	×
10	4 6	-
afte	20	8
20	d P	8
no	EF	0
×	8 .	=
24	A CO	1
5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
É	lette E	E
*	60	2
ted	00 m	
2	5 5	te
8	50	60
9	F 0	5
á	0.0	2
ate	20	-
PC.	28	9
Ę.	무용	등
ರ	百五	
듩	a le	0
e	te th	2
9	M M	크
5	>P	=
hat	9 8	2
200	1	9
200	ea	22
3	ST	8
ě	90	5
3	AH	62
50	Dec	N
36	0 0	E
	ta ta	2
F	S	-
2	the th	0
3	SE	e l
关	A N	윤
CD	N E	ě
Z.	Afte Ba	E
9	4 5	100
E	the state	00
A.	5 e	2
œ	RE	E
0	0 8	2
K	32	-
2	2 6	14
8	ZE	3
Ĭ	T 3	
뿌	₩ R	8
Ė	产品	2
2	2 %	됩

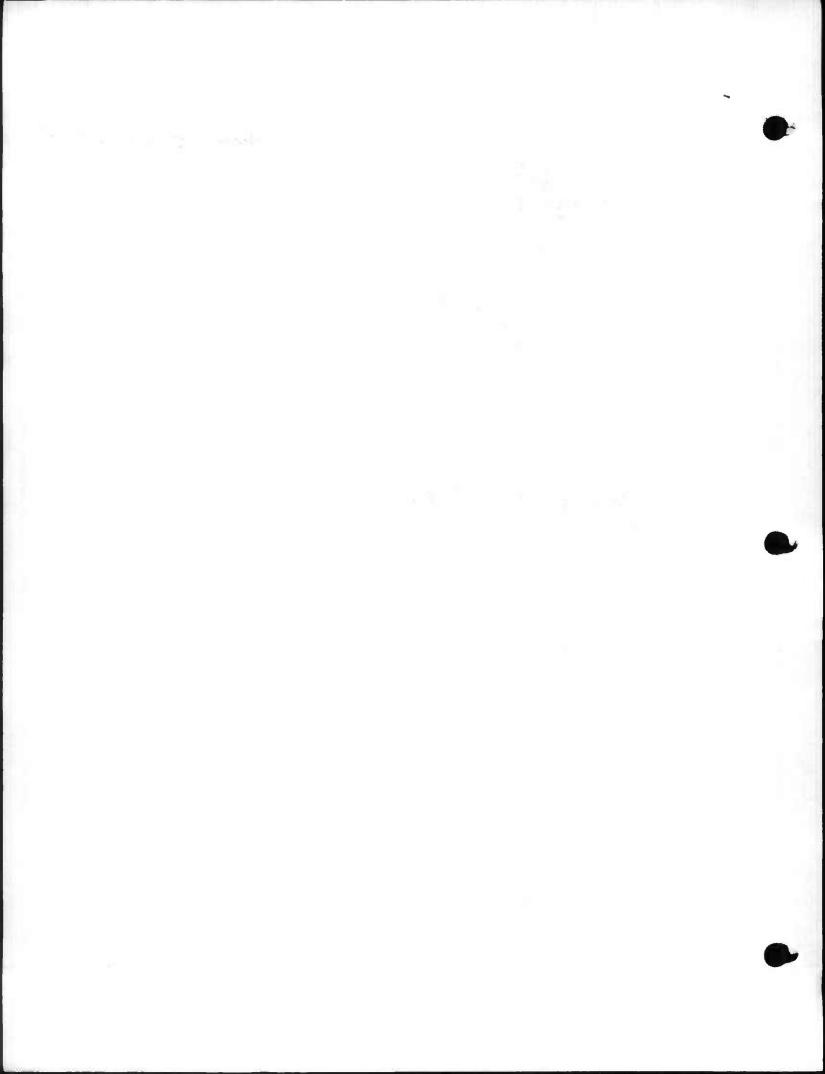
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ashby Kenneth Nathaniel 6:00 9PKIL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Morith, Day, Year) Nov. 27 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formior Country) 213 40 3112 55 1 🔊 M 2 🗌 F 1942 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 102A West Bethel Street Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Washington Hagerstown 1 YES 2 | NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 102A West Bethel 21740 Street USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1- YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 10 Production Manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Napoleon Thomas BE Ivern G. Ashby 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Deborah NJonathan St. Ashby Hagerstown, MD. 21740 20s. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE alory or other place)
t Haven Cemetery 4/18/98 Hagerstown, MD Rest 21. SIGNATUREIOF FURIERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Watsons Funeral Home Thomas WBethel St Hagerstown, MD 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): Y15ARS resulting in death) 11 PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): 11 LO HUL AMUSE DUE TO (OR AS A CONSEQUENCE OF): ALLOKUL that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLIANCE PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 1 TES 2 NQ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) YES 2 NO HOSPITAL -OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated SECOLCAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, Year)

29d. 1 - 1/4, 1998 286. SIGNATURE AND TITLE DE CERTIFIER 29c. LICENSE NUMBER BE MA D40 622 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

MEARON VIEW DR ARGERESTINA



98-2096-025 VI

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 8 13985

AUSTIN				Certificate of	of Death	Re	g. No.				
	1. Decedent's Neme (First, Middle, Las	st)				2. Dete of Deet	h	3. Time of Deeth			
Physician /Modical	VICKY LEE	AUSTIN				April 1	Dey 3, 1998	Yeer			
/Medical Examiner	An English blown 46 and lands day along the				4b. City, Town, or	Location of Death	4c. County				
Examino	2812 CONOWINGO ROA	AD			BELAIR		пурго	DD.			
Funeral	5. Social Security Number 6. S	ex 7. Age (In	yrs. lest bir	thday) If Under 1 Ye	ear If Under 24 Hrs		HARFO	Birthplece (State or Foreig Country)			
Director	594-26-7534  Usuel Residence of Decedent	□м 2√Д F	30	Yrs. Months De	ys Hours Min	Dec. 16,		lorida			
yland	10a. State 10b. County	100	c. City, Town	or Location				10d. Inside City Limits			
Mer T	Maryland Harford		Be1a	ir				1 ☐ Yes 2√☐ No			
be filed within 72 hours after death with the Meryland itel Hyglene.  d other than "natural", or items 23a or 28s-f ahow event, the Medical Examinet must be notified at Re Commission by Euroscal Director.	10e. Street end Number 2812 Conowingo Ro	ad		10f. Zip Coo 210		10	0g. Citizen of W	/het Country? USA			
25	11. Maritel Stetus	12. Wes Decedent Ever	in U,S.	13. Was Decedent	of Hispenic Origin? (	Specify Yes or No-		- American Indien,			
F. or He		Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ∏	Cuben, Mexican, Pue No Specify:	no rican, etc.)	Specify:	White, etc. White			
tel Hygiene.  tel Hygiene. d other than "natural", or event, the Modical Evant.  Re Commisted by E	15. Decedent's Ed (Specify only highest gre	lucation de completed)	16a.	Decedent's Usuel Oc (Give kind of work do	ne during most of wo	orking	16b. Kind of Bu	siness/Industry			
than	Elementery/Secondary (0-12)	College (1-4or 5+)		'life. DO NOT use re	tired)						
Hygier the	10			Waitress							
d oth	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme (First, Middle, Meiden Surneme)						
and Mentel	Allen Harry Aus	tin	4		Linda Mae Stouffer						
Health and bm 27 is m ther traum	19a. Informent's Neme/Reletionship (I Linda Austin/moth			. Mailing Address (St.			-				
Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the M once.	20e. Method of Disposition  1 \$\infty\$ Buriel 2 \subseteq Cremetion 3 \subseteq  4 \subseteq Donetion 5 \subseteq Other (Specify)	Removel from Stete	cameter	Disposition (Name or other or other or Brethren	plece)			City or Town, Stete Maryland			
thysician /Medical	23a. Pert1. Enter the disease, or confishock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in deeth)	bilications that caused the one cause on each line.		not enter the mode of		Myea ac or respiretory erre	Main St				
attending physician and for use as the buriel-transit	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	b. Due	to (or es e	consequenca of): consequenca of):							
signed by the attention of the detection	Pert II. Other algnificant conditions of	ontributing to death but no	t resulting in	the underlying cause	given In Part I.	23b. Dld to	bacco use con	tribute to the cause of death			
detec						1 □ Y	es 2 Pario	3 Probably 4 Unknow			
2 should						24a. Wes an autopsy performed?		24b. Were eutopsy findings aveitable prior to completion of cause of deeth?			
ysiciant: The law is certificate has be director, page 2 s						1 1 1 1 PY	s 2 No	19 Yes 2□ No			
certificate rector, par	25. Wes case referred to medical exeminer?	41				eth (Check only on	e)				
this certific	1 √ Yes 2 No	1		tpatient 3 DOA	Other: 4 Nursing		enca 6 Othe				
uner	27. Menner of Death  1 Neturet 5 Pending	28a. Dete of Injury (Month, Dey Yea	ar) I		njury et Work?	28d. Describe ho	ow injury occurr	ed-			
or death.  octor: Atter by the fune	2 Accident Investigation 3 Sulcide 6 Could not be	4-17-16	9 15	(0	1 ☐ Yes 2 ☐ No	20016	07 78	OF Complete that			
Direct in by	4 CHomicide determined	building, etc. (S	At home, fe	rm, street, fectory, off	ica	City or Town	n, Stete)	er or Rural Route Number,			
Delli Delli			dence		2012 conowingo						
within 24 hours effer death.  To the Funeral Director: Affer th completely filled in by the funeral  Medical Certification:	29a. Certifier 1 Certifying Ph (Check only one) 1 Medical Exam	ysician: To the best of my niner: On the basis of exa- end menner stated.	/ knowledge minetion en	, death occurred et the d/or investigetion, in r	e time, date end pled ny opinion, deeth occ	ca, end due to the co curred at the time, d	end due to the ceuse(s) end menner es steted. ed at the time, dete and pteca, end due to the caus				
within 24 hours To the Funeral completely filled	29b. Signature end title of cartifier	2/		29c. Lic	ense number	2	29d. Date signed (Month, Dey, Year)				
	1	166		o.c.	M.E.	A	pril 13	3, 1998			
	30 Name and eddress of person who	completed cause of deeth	(ttem 23e)	(Type, Print)							

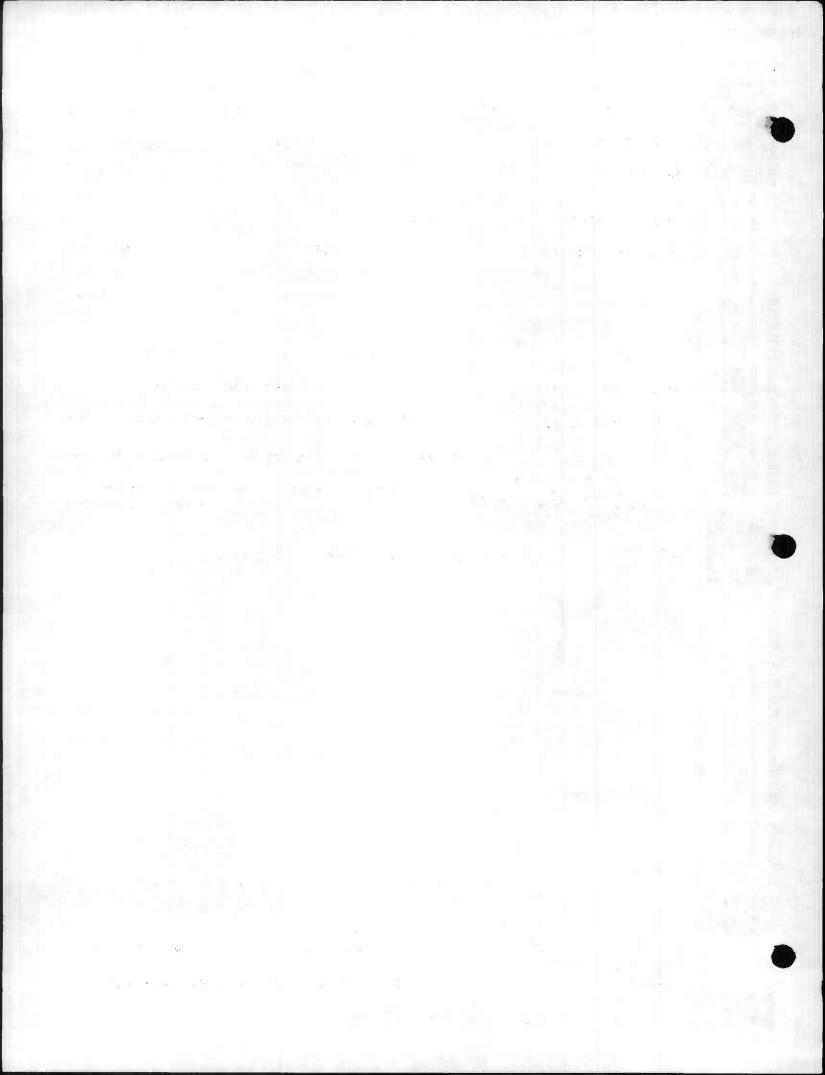
State Registrar

111 Penn Street, Baltimore, Maryland 21201

APR 17 1998

I Like Davidson Randall

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month PAUL April PAUL LEROY ANDREW S
4e. Fecility Neme (If not institution, give street end number) 1998 22:25 13 4b. City, Town, or Location of Deeth 4c. County of Death Hagerstown

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) Washington County Hospital Washington If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpleca (Stete or Foreign Country) Months 10 M 2□ F Days 217-12-2703 74 July 4, 1923 Maryland Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2K No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12315 Richwood Drive 21740 U.S.A. 12. Was Decadent Ever in U,S. Armed Forces?

1 ☑ Yes 2 ☐ No If Yes, Give W.W. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status 1 ☐ Never Married 2 ☑ Married W.W. II 1□Yes 2XNo Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White Yeer or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 6 Tank Welder Concrete Mfg. 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Robert Jacob Andrews Gladys Mae Day 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine Andrews - Wife 12315 Richwood Drive Hagerstown, Md. 21740 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 XBuriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 4-16-98 Rest Haven Cemetery Hagerstown, Maryland 21. Signature of Juneral Service Licersee 22. Name and Address of Facility Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 Enter the difference of complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, or heart feilure. List only one ceuse on each line. Interval Between Onset and Deeth Immediete Cause (Final diseese or condition resulting in deeth) & HEMORRY AGIC SHOCK -ONEMOUR Due to (or as a consequence of): TWO YEARS DERIPHERAL VAGCULAIR DISEASE Due to (or es a consequence of): Due to for es a consequence of

Physician /Medical **Examiner** 

nding physician and use as the bunel-transit

for use as

been signed by the e

page 2

The lew requires that the death certificate be executed

P.O. Box 68760

of Vital

Division

or Attending Physician:

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director,

Andrews

Leroy

permit. Peges 1 and 2 s Department of Health er Important: If item 27 is eny injury or other treu once.

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Be Completed

2

**Funerai** 

Director

ir than "natural", or items 23a or 28a-f show The Medical Examiner must be notified at

Peges 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiene.
ant: If item 27 is merked other than "natural; or ite ury or other traumatic event, The Modical Experies ury or other traumatic event, The Modical Experies

with the Maryland

21215-0020

Baltimore, Maryland

Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events Cal

resulting In death) Lest	■ d	or es e consequenca or)			1
Part II. Other significant conditions	contributing to death but not re	sulting in the underlying	cause given in Part I.	23b. Did tobacco use co	ntribute to the cause of death
				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?
				1 ☐ Yes 2 ☐ 110	1 ☐ Yes 2 ☐ No
25. Wes case referred to medical examiner? 1 Yes 2 No	26. Place of Deeth (Check only one)				
	Hospital: 1   Inpatient 2   LEN/Outpatient 3   DOA   Other: 4   Nursing Home 5   Residence 6   Other (Specify)				
27. Manney Death   Matural   5   Pending   2   Accident   3   Suicide   4   Homicide		28b. Time of Injury	28c. Injury at Work?	28d. Describe how injury occurred	
				28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)	
29a. Certifier 1 Cartifying   (Check only coal)	Phyaician: To the best of my kn aminer: On the basis of examin	owledge, death occurred ation and/or investigetion	d at the time, dete and place, in my opinion, death occ	ee, and due to the cause(s) end me curred et the time, date and placa,	enner as stated. and due to the cause(s)

MAGERSTOWN SURCICAL OUNIC

32. Registrer's Signature
Fisha Davidson-Randell

29c. License number

144471

29d. Date signed (Month, Dey, Year)

APRIL

1998

State Registrar

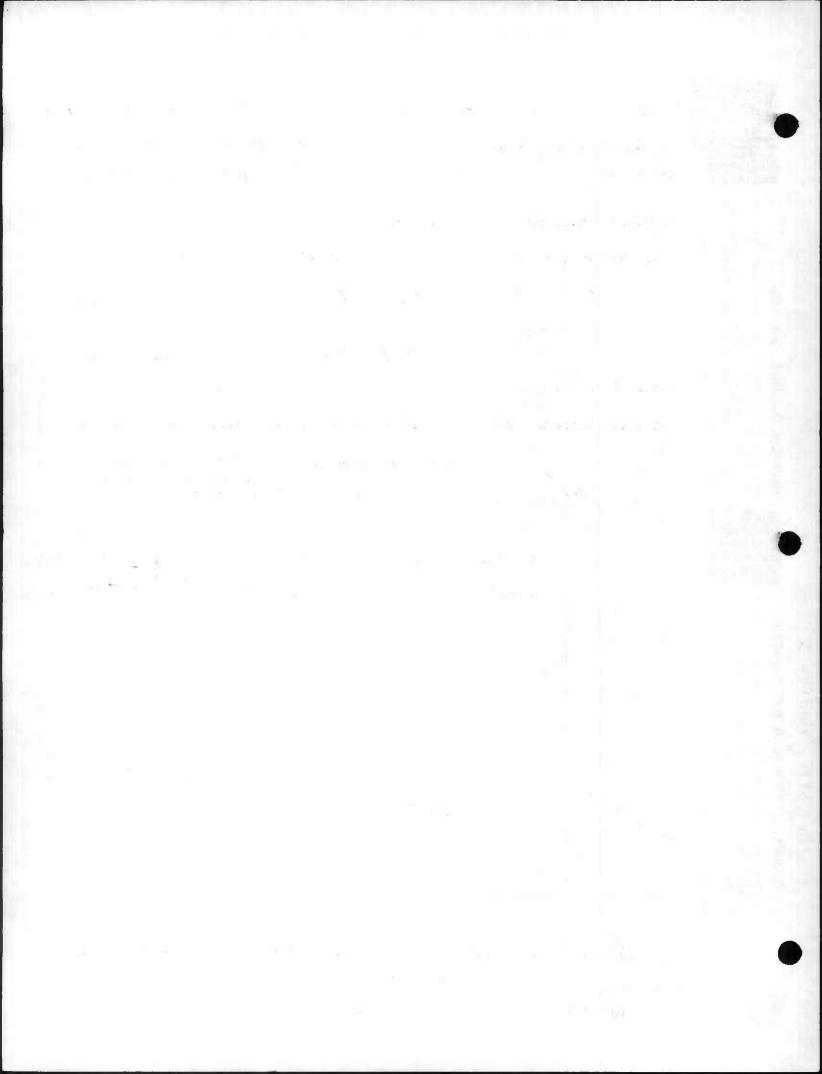
Medi

29b. Signature and title of cartified

KANA WEST

APR 16 1998

address of person who completed cause of deeth (Item 23e) (Type, Print)



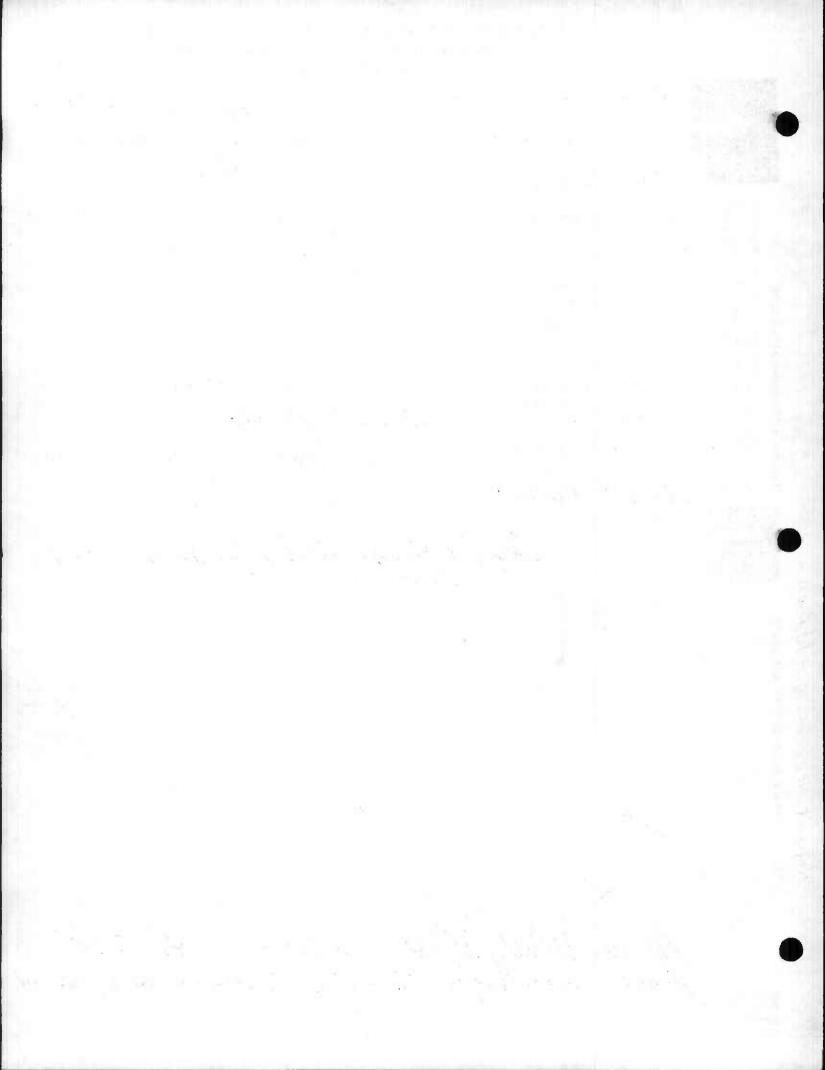
Rebert Harrison Addison Division of Vital Records, P.O. Box 68760,

Physic		1. Decedent's Neme (First, Middle, Last)  Robert Harris						2. Dete of D	Dey	Yaer O Q C	3. Time of D	Deeth 1 2
/Medi Exami		4a. Facility Nama (If not institution, giva s	street and number)				4b. City, Town,	or Location of Dea		of Deeth	y w	
LAGIII	itici	Washington Coun				F	lagers	town		ingt	on	
Funeral		Sociel Security Number 6. Sex	7. Age (In yrs. I	est birthda	y) If Under 1	Yaar	If Under 24 H	Irs. 8. Dete of B			eca (State or	Foreign
Director		217-76-2621 X	IM 2□F 61	Yrs.	Months	Deys	Hours N	Sept	.11, '36	MD MD	у)	
yland		10a. Stata 10b. County	10c. City	, Town or	Location					10	d. Insida City	Limits
the Mar 28a-1 st	Director	MD Washing	ton Hag	erst	own,		21740	21740 10g. Citizen of Whet Country?				
th with 23a or		56 Broadway			10f. Zip C	21 <b>7</b>	40		USA	vnet Countr	y?	
dea	Funeral	11. Maritel Stetus	12. Wes Decedent Evar in U, Armed Forces?	S. 10	3. Wes Decede	ent of H	lispenic Origin?	(Specify Yes or Nuerto Rican, etc.)	lo- 14. Rec	e - Amarica		
72 hours after death with the Maryland natural', or itams 23a or 28s-1 show pieu Examiner must be notified at	by	1 XNever Merried 2  Married 3  Widowed 4  Divorced	1 ☐ Yas 2 ② No If Yes, Give Yaar or Dates:		1 🗆 Yas 2]		Specify:	rento Fricani, etc.)	Specify		ite	
natur	be	15. Decedent's Educ	cation	16a. De	cedent's Usuel	Occup	etlon		16b. Kind of B	usiness/Indu	istry	
- 39	Completed	(Specify only highest grede	College (1-4or 5+)	life	ve kind of work . DO NOT use	retire	during most of a	working				
hor t	S	17. Fether's Name (First, Middle, Last)			none		40 14-41-4-1	Alama Affron Adding	non			
ntal Perf	Be		-					Name (First, Middi		.ө)		
J Mer J Mer J Mer J Mer	10	Raymond Addiso		401 14		(0)		lla Add		0		
d 2 sl th and 7 Is r		19e. Informent's Neme/Relationship (Ty) Peggy Martin	oe, Print)	125	W. Wa	ash	ington	Rurel Route Num	ber, City or Town,	State, Zip C	iode)	
Heal Heal		20e. Method of Disposition	20b. Pl	ece of Dis	position (Nemerematory or oth	wn,	MB A	ZI/4U Dete	20c. Location -	City or Toy	m Stete	
permit. Pages 1 and 2 should be filled within Department of Health and Mental Hygiene. Important: if Item 27 is marked other than any Injury or other traumatic event, the Monce.		1 ☐ Burial 2 ☑ Cramation 3 ☐ R	emoverirom stata						Smithsbu			h
ortan Injur		4 ☐ Donetion 5 ☐ Other (Specify)  21 Signeture of Fuperal Service License					matory		DIIITUISDU	rg, n	aryran	IU
Deparimon any Ir		De Calx Min	wich				ss of Facility Minnich		5 N. Pot			
_		23e. Pert1. Enter the disease, or complic	cations that caused the death		Funeral				gerstown		yland Approximate	
Physician		shock, or heart failure. List only on	e ceuse on eech line.	. Do not e	intal (16 moda	or dyn	ig, such as care	ac or respiratory	arrest,	1	Intervel Betwo	een
/Medical		Immediate Cause (Final	And.	ill,			0.01	9 /2A	1	11		1
Examiner		disease or condition resulting in death)	July Division of	halo	10go	0	car c	mjose	ream	-	ma7	P
	je		without	Lat				/		I		
sath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list conditions,	Due to (or	es e cons	equence of):							-
cian g		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events										
physi the	dic	thet initieted events resulting in death) Lest	Due to (or	as a cons	equence of):					i		
certifi ding	clan/Medical	<b>L</b> a										
	clai	Dot II Other clevificant and distance	Adh. Aire de de de de la la la la la la la la la la la la la	Min . In Al.			and Dodl	ont Di	d 4a b a a a a u u u u u u u	A-15		
	Physic	Pert II. Other eignificant conditions con	tributing to death but not resu	iting in the	undanying cat	use giv	an in Per I.		d tobacco use co ⊇Yes 2□ No	3 Probe	1/	Inknown
s that	by P							_	2 2 2 110		7	
The law requires that the sate has been signed by the page 2 should be detected.								24a. We	s en eutopsy formed?	24b. Wer	e eutopsy fin	idings
aw re	plet							_ per	ioimed?	com	pletion of car	use
The law ate has page 2	Completed							10	Yes 2 No	10	Yes 2□N	No
	BeC	25. Wes case referred to medical					26. Plece of I	Deeth (Check only	one)			
Z 00 0	TOE	axeminer? 1 ☐ Yas 2 No	ospital: 1 ☐ Inpatient 2 ☐ I	ER/Outpet	lent 3000A	Oth	er	g Home 5□ Re		ar (Specify)		
g Ph ter thi		27. Manner of Deeth	28e. Dete of Injury (Month, Dey Year)	28b. Time injun	of 28	c. Injur Wor	y et	28d. Describe	how Injury occur	red		
Attanding For death.	atio	1 Natural 5 Pending investigation	(Month, Doy Your)	iii)ur	М		Yes 2 □ No					
or Attuation de Directo	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At ho- building, etc. (Specify	me, farm,	street, factory,	office			(Street end Numb own, Stete)	er or Rural	Route Number	er,
ral Dilled ii												
To the Hospital or Attanding in within 24 hours after death. To the Funeral Director: After completely filled in by the funeral precions.	edical	29a. Certifier Certifying Physical Control (Check only one)	Icien: To the best of my know er: On the besis of exemineti end menner statesh	rledge, de on end/or	eth occurred et Investigation, l	t the tir n my o	ne, date end ple pinion, death o	ace, end due to the courred at the time	e ceuse(s) end me e, dete end placa,	inner es ste and dua to f	ted. tha cause(s)	
within ?	Me	29b. Signature and title of certifier	11 11/	1	29c.	Licens	e number		29d. Date signe	d (Month, g	ey, Year)	
		Marden 11	alles to/h	Con	3	D	318	80	4/1	5/9	78	
		60. Name end eddress of person who con	mpleted cause of deeth (Item	23e) (Typ	e, Print)	111	in di -	so pica/a		1 11		
		MARTIN W.C	TATIATHON	SJ	RMD	III	UME	DICA/Q	mpus/6	£. #4	IERST	OUN
Sta Regist	ate	31. Deta filed (Month, Day, Year) APR 1 5 100	32. Registrar's Signat	ure	Rando De					<i>c</i> /		
negist	ा धा	111 11 7 0 10		· - Ambara A	1							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3987



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

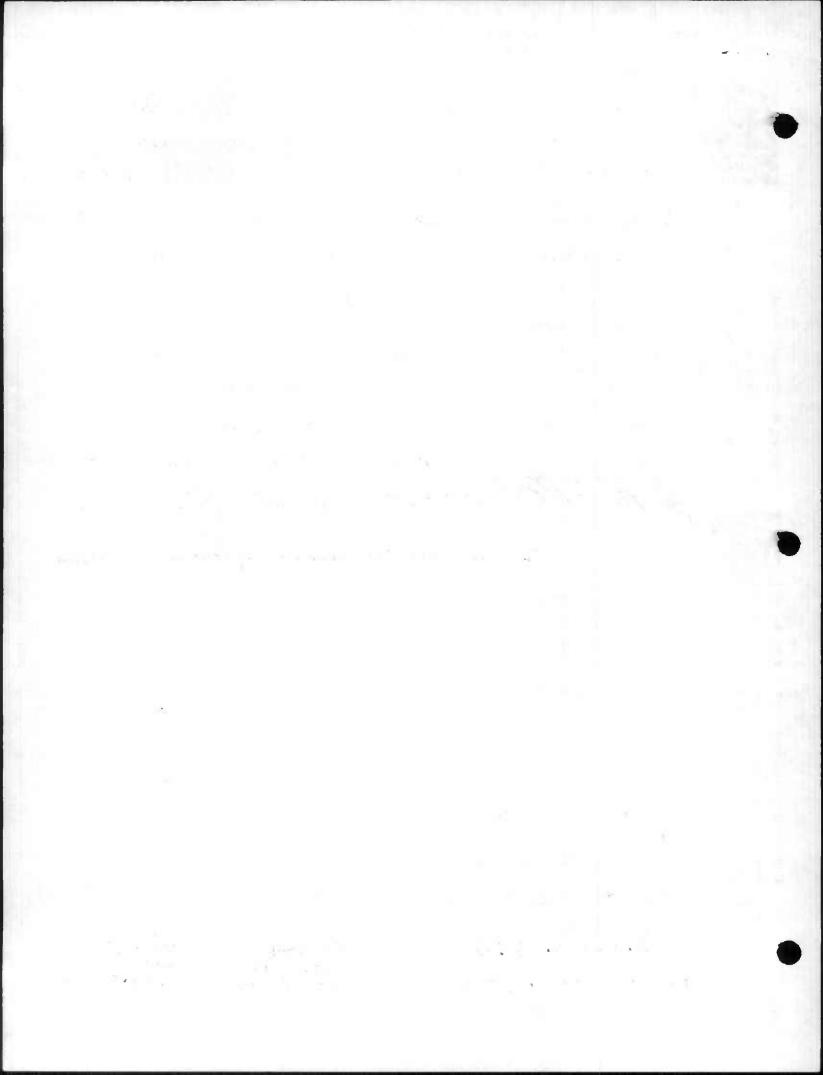
1						J. 141G		Certific		Death		Reg. No. 9 8		3988	
	Physici		Decedent'a Name (First, M. CORDE)		st) IDELLA	A AI	DAMS		_		2. Date of De Month April	Day	Day Year		
	/Medic Examir		4e. Fecility Name (If not institu			um <i>ber)</i>				4b. City, Town, or	10:45 AM				
			3210 Cedar C					1 4/11			arlington Harford				
	Funeral Director		5. Social Security Number 213-40-2365 Usuel Residence of Decedent		ex □M 2⊠F	7. Age	(In yrs. last birt	rs. Mon	ths Deys	If Under 24 Hrs Hours Min.		y, Year) , 1943	9. Birthplece (State or Foreign Country) Maryland		
	yland		10a. State 10b. Cou				10c. City, Town	or Location				10d. inside City Limits			
	Sa-1 s	Director		larf.	ord		Da	rlingt	on					1 ☐ Yes 2 🖺 No	
	with the		10e. Street end Number					10f.	Zip Code			10g. Citizen of W		ntry?	
	Jeeth The 23	Funeral	3210 Cedar Ch	lurc	12. Was Dec	cedent E	ver in U.S.	13. Was D	ecedent of I	21034 Hispanic Origin? (5	Specify Yes or No		JSA e - Americ	can Indien,	
21215-0020	172 hours effer deeth with the Maryland "naturel", or frems 23a or 28a-f show potcal Examinet must be notified a	by	1 ☐ Never Married 2 ☐ N 3 ☐ Widowed 4 💆 Divor		Armed F 1 ☐ Yes tf Yes, G Year or I	2 No				Hispanic Origin? (Sen, Mexican, Puer Specify:	to Rican, etc.)	Specify Specify	k, White,		
15-0	72 ho netur	eted	15. Dece (Specify only hig	dent's Ed	lucation de completed	)	16a.	Decedent's U	Jsuel Occup work done	oatlon during most of wo	rking	16b. Kind of Bu	siness/in	dustry	
121	withir ane. than	Completed	Elementary/Secondary (0-1		College (		)					Printing			
102	it the	Be Co	17. Father's Name (First, Midd	fle, Last)			ACC	Julica	IIC/OI	fice Mana 18. Mother's Na	me (First, Middle,			Tud	
ylar	2 5 5 5 V	To B	Robert Mars	shal:	l Jeni	.fer				Florer	nce Flo	ra Fiel	.ds		
Maryland	end end s m	Ť	19a. Informant's Name/Relation							and Number or R		-		Code)	
	os 1 and of Health Item 27 other tr		Marlise A. Jo	nes	- Daug	hter				Rosa Dr.	, Detroi	t, Michi 20c. Location -	-	48238	
OE .	ent of ht: If It		1 ⊠Burial 2 □ Crematic 4 □ Donetion 5 □ Other			State	20b. Place of cemeters  Berkle	-			4-25-98				
Baltimore,	permit. Pages of Department of Inportant: if the any Injury or of once.		21. Signeture of Funeral Serv			-	Dervie		100	ess of Facility McComas		Darlin			
m	Depa Impo any I		Mester	U	Muce	ls		1317	ra K. Coke:	MCCOMAS sbury Rd.	. Abing	eral Hom don, Md.	e, P 210	A.	
			23e. Pertil. Enter the disease shock, or heert failure. I	or comp	olication hat one ceuse on	caused t	he death. Do n							Approximate Interval Between	
)	Physician /Medical		Immediate Cause (Final		Na -		- 11-	/	1105	G CH	16.20			Onset and Deeth	
	Examiner		disease or condition resulting in death)		a. /// E		ue to (or as a c	111		5 CM	NOE 12			TEMOL	
-	R E	iner			h				,-				1		
9	fficate be executed ig physicien end as the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate			D	ue to (or as a c	onsequence	of):						
68760,	e be e	cai	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	<	c	D	ue to (or as e c	neeguence	of):				<u>i</u>		
		Physician/Medical	resulting In death) Last				00 (0) 00 0	siisoquorioo	01).						
Box	deeth cer e ettendir ed for use	lan			d										
P.O.	y the c	ysic	Part It. Other significant cond	-			not rasulting in	the underlying	ng cause gi	ven in Part I.				o the cause of death?	
	s that the gned by the	by Pt	COLON		ANCE						12	Yes 2□ No	3 Prof	bebly 4 🗆 Unknown	
Records,	iaw requires that the death cei les been signed by the ettendir s 2 should be deteched for use	Completed			_							en autopsy rmed?	av.	vere autopsy findings vailable prior to completion of cause death?	
H	The ate h	Com									10	res 2 No	10	☐ Yas 2☐ No	
of Vital	Physician: The iav this certificate hes ral director, page 2	Be	25. Was case referred to med exeminer?	ical	Hospital:				Ott	200	eth (Check only				
n of	ding Phys h. After this funeral di	on: To	1  Yes 2  No  27. Menner of Death 1  Natural 5  Pen	dlaa	28a. Date	of Injury	28b. T		28c. Inju Wo	4 LI Nursing F	10me 5 2 Resident	dence 6 Other		у)	
Sio	Attending r death.	catio		stigation				М	1 🗆	Yes 2 □ No					
Division	in Stage	Certification:	4 Homicide dete	mined	289. Plece build	ing, etc.	y - At home, far (Specify)				City or Tox	vn, State)		al Route Number,	
	24 hos 24 hos Fune etely fi	edicai	29e. Certifier 1☐ Certification (Check only one) 1☐ Certification 1☐ Certification (Check only one)	ying Phy al Exam	yaician: To the bainer: On the band man	esis of e	xeminetion and	death occur or investige	red at the ti	me, date and place opinion, death occu	e, and due to the urred at the time,	ceuse(s) and mai dete end plece, e	nner as s and due to	tated. o the ceuse(s)	
	To the Hospital or within 24 hours eft To the Funeral Dir completely filled in	Me	28tr. Stonature and title of cert	91	/	state	7		29c. Licens	se number	_	29d. Date signed	(Month,	Day, Year)	
			1 WW	4	dur		8 h	2	2	31775		HPRIL	- a	1,1998	
	9		30. Name and address of pers	on who	completed cour	se of dee	oth (Item 23a)	_	-	BELA	he Re	CAS	210	47	
	Sta	te	31. Date filed (Month, Day, Ye		32 F	Registrar	Signar De	TUS	TON	1 m	Aryca	of the	no	/ (	
	Registr		APR 2 3 1	998	Julia	Mino	HARMAN	144			$\sim$				

100

- man and with the second

State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	Death	R	eg. No.	139	989		
Physician	_	1. Decedant's Name (First, Middle, L.	est)					2. Date of Deat Month	th Day	Yaar 3	. Time of Death		
/Medical	-	Arabelle		Borde	n			April 1			:00 PM		
Examiner	-	4e. Facility Name (If not institution, gi	va street and numbe	or)			4b. City, Town, or	Location of Death	4c. County	of Death			
		Holy Cross Hospi	ltal				Silver		Montgomery				
Funeral Director			Sex 7.7 1□ M 2X F	Age (In yrs. 86	last birthdey) Yrs.	If Undar 1 Yaar Months Days		8. Data of Birth Month, Day, Dec. II	Birth 9. Birthplace Country)		(Steta or Foreign		
2 -	-	Usuai Residence of Decedent											
r Items 23a or 28a-l showning must be notified at		North Carolina Beaufor	t		y, Town or Loc Selhave:				10d. inside City Limit				
and a	ē	10e. Street end Number				10f. Zip Code		1	0g. Citizen of V	What Country?			
ath a	<u> </u>	Route 2, Box 404	10			27810			Unite	d State	95		
# 5 P	Je	11. Maritai Status	12. Was Deceder	t Ever in U	,S. 13. W	as Dacedent of I	Ilspanic Origin? (5	Specify Yes or No- to Rican, etc.)	14. Rac	e - American I			
by Sv	2	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Force 1 Yes 22 If Yes, Giva Yeer or Detes		Yes, specify Cub		to Rican, etc.)	etc.)  Black, White, etc.  Specify: Black					
THE PER	9	15. Decedent's E	ducetion		16a. Decede	ent's Usual Occup	pation		16b. Kind of Br	usiness/Indust	Ŋ		
wr than "naturn rt, the Medical Completed	E -	(Specify only highest gr Elementary/Secondery (0-12)	ade completed) College (1-4o	r 5.1\	(Give k	ind of work done O NOT use retire	pation during most of wo d)	rking					
the Man	E	8	College (1-40	1 3+)	Hou	ısewife			Domes	tic			
d other event, 1		17. Father's Name (First, Middle, Las	))				18. Mother's Na	me (First, Middle, A	Meiden Sumerr	10)			
	0	John Smith					Sarah	Smith					
tem 27 is marks other traumetic To		19a. Informant's Name/Relationship	(Type, Print)		19b. Meiling	Address (Street	end Number or R	u <i>ral Route N</i> um <i>ber</i>	City or Town.	Stete. Zip Coo	de)		
a trans		Dorothy Lynn Bai	lev (dar	ohter				yattsvill		20783			
item 27 other tr	1	20a. Method of Disposition	10) (11)	20b. P	lace of Dispos	ition (Neme of			20c. Location -	-	State		
Important: If it any injury or pncs.		1 ☐ Burial 2 ☐ Cremation 3 ☐		е		etory or other ple	,				Oldio		
rtant ruje	-	4 □ Donation 5 □ Other (Speci		Woo				4/18/98	Belhave	en, NC			
000		21. Signature of Funeral Service Lice	mille			Name and Addre							
22.60		Myn 1/11	199	11	72	00 Geor	uneral S	ervice, I N.W., Wa	nc.	on D C			
	N	23a. Part1. Enter tha disease, or con shock, or heart fellura. List only	plications that ceus	ed the daath	n. Do not ente	r tha moda of dyli	ng, such as cardia	c or respiratory arre	est,	Api	proximate		
sician	-	silock, of floatt longra. Cist offly	Ona cousa on each	iirio.						On	proximate erval Between set end Deeth		
ledical		immediate Cause (Final	7000										
miner		disease or condition resulting in death)	e. D1551				5KIN	LYMPHO	MA	YE	MA		
ē .	ō			Due to (o	r as a consequ	ence of);				1			
physician end is the buriel-transit			b			1							
ig physician end as the buriel-transit	4	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury		Due to (o	r as a consequ	ence of):							
burie Burie	5	ceuse. Enter Underlying Ceuse (Disease or injury	C										
di the	3	that initiated events resulting in death) Lest		Due to (or	as a consequ	ence of):							
5 6	5		d										
or us	2	_	d							i			
sic sic	0 1	Part II. Other significant conditions	contributing to death	but not resu	ulting In the und	derlying ceuse giv	en in Part I.	23b. Did to	bacco use co	ntribute to the	cause of death?		
igned by the ettendir be deteched for use by Physician/								1 🗆 Ye	8 2 No	3 Probabl	y 4 Unknown		
be de pe de									743				
								24a. Was ar	n eutopsy		utopsy findings		
should t	<u>.</u>							perform	ned?	comple	tion of causa		
pege 2 should										of deat	n?		
S P e								1 ☐ Ya	is 20No	1 □ Ya	s 2 No		
his certificate hes il director, pege 2 To Be Comp		25. Wes cese referred to medical examiner?	Hannital					ath (Check only on	74.				
	2	1 Yes 2 No	Hospital:		ER/Outpatient	3□ DOA Ott	ner: 4 🗆 Nursing H	lome 5 Raside	nce 8 Oth	er (Specify)			
		7. Manner of Deeth  1 Matural 5 Pending	28e. Date of in (Month, D	ury ey Yeer)	28b. Time of Injury	28c. inju	y at	28d. Describe ho	w injury occurr	red			
mer ner		2 Accident Investigation	n		,,		Yes 2 □ No						
he funer ation:	3	3 Suicida 6 Could not b	289. Place of I	njury - At ho	me, farm, stree	et, factory, office		28f. Location (Str		er or Rural Ro	ute Number,		
by the funerification:	3	datamalaad	Duliding, 6	itc. (Specify	")			City or Town	, Stere)				
n by the funer rtification		4 Homicide determined						1					
irector: After n by the funer rtification		4 Homicide determined	sysician: To the bes niner: On the basis and menners	of examinat	wiedge, deeth o ion and/or inve	occurred at the tirestigation, in my o	ne, date end place pinion, deeth occu	e, and due to the ce urred at the time, da	ouse(s) and ma ate end place, a	inner es steted and due to the	I. ceuse(s)		
n by the funer rtification	100	4 Homicide determined	sysician: To the bes	of examinat	wledge, deeth o ion and/or inve	occurred at the tirestigation, in my o	pinion, deeth occu	irred at the time, da	ate end place,	and due to the	ceuse(s)		
n by the funer rtification	100	4 Homicide determined  29a. Certifier (Check only one)  76 Certifying Pt 2 Medical Example	sysician: To the bes	of examinat	viedge, deeth o ion and/or inve	29c. Licens	a number	irred at the time, da	ete end place, i	and due to the	ceuse(s)		
n by the funer rtification	3	29a. Certifier (Check only one)  19b. Signeture and title of certifiar	sysician: To the bes niner: On the basis and menner s	of examinat	ion and/or inve	29c. Licens	spinion, deeth occu a number 89444	arred at the time, da	ete end place, of the signed o	and due to the d (Month, Dey,	Year)		
irector: After n by the funer rtification	3	29a. Certifier (Check only one)  19b. Signeture and title of certifiar one)  10. Name and address of person who	ysicien: To the besininer: On the basis and menner s	or examinat	ion and/or inve	29c. Licens	spinion, deeth occu a number 89444	arred at the time, da	ete end place, in the signed of the signed o	and due to the d (Month, Dey,	Year)		
Director: After In by the funer	3	29a. Certifier (Check only one)  19b. Signeture and title of certifiar	ysicien: To the besininer: On the basis and menner s	of examinat	ion and/or inve	29c. Licens	spinion, deeth occu a number 89444	irred at the time, da	ete end place, in the signed of the signed o	and due to the d (Month, Dey,	Year)		



State of Maryland / Department of Health and Mental Hygiene

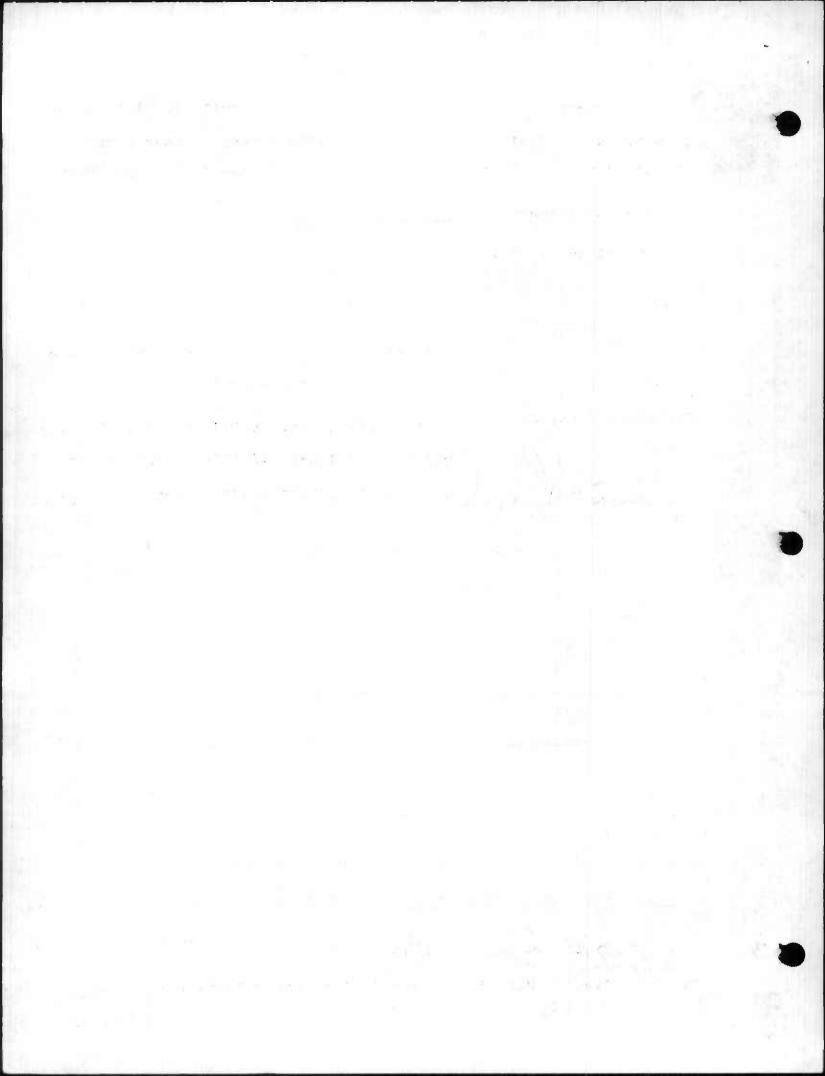
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Daath **Physician** Month 18, Etta Bowers 1998 April 12noon /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | May 19 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) York **Funeral** 1□ M 2 F 579-05-7571 Director Yrs Usual Rasidanca of Dacadant the Maryland 10a Stata 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show ad cal Examiner must be notified at 10d. Insida City Limits Maryland Montgomery Director 1 → Yas 2 No Hvattsville 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 630 Sheridan St. #216 20783 U.S.A. death Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva 11 Maritai Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black. Whita, atc. filed within 72 hours after 1 □ Navar Married 2 □ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Spacify: Completed by Specify: 31 Widowad 4 □ Divorced White th and Mental Hygiene.
7 is marked other than "natur traumatic event, the Medical 15. Dacedent's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) Internal Revenue Agent 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) Be Pages 1 end 2 should be nent of Health and Mental Louis Ulanow Celia Kaminsky 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Straet and Number or Rural Route Number, City or Town, State, Zip Code) Sam Ulanow/Brother Health a permit. Pages 1 end Department of Health Important: If item 27 any injury or other tr 2B-113 Rockville, MD 20852 11420 Strand Dr. 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata Burial 2 Cramation 3 Removal from State 4/24/98 Arlington, VA Arlington National 4 Donation 5 Other (Specify) 22. Nama and Addrass of Facility Pearson Funeral Home Wilson Blvd. Arlington, 22201 e. or complications that caused the death. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, List only one ceusa on each line. Approximeta Intarvai Batwean Onsat and Death **Physician** /Medical se (Finel Ischemic Cardiomyopathy 5 Years disaasa or condition rasulting in death) Examiner Dua to (or as a consequance of): Examiner Coronary Artery Disease The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Ceuse (Disaasa or Injury that Initioted avants rasulting in daath) Last and Dua to (or as a consequence of): Records, P.O. Box 68760. physician Physician/Medical Dua to (or as a consequence of) 85 use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Diabetes Mellitas þ 80 pege 2 should Completed 24b. Wera autopsy findings available prior to 24a. Was an autopsy Renal Insufficiency completion of causa of death? 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital or Attanding Physician: Be 25. Was casa rafarrad to medical 28. Placa of Daath (Check only one) Othar: □Nursing Homa 5 □ Rasidanca 6 □Othar (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this To the Hospital or Attanding Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral is 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation **Natural** 1 Yas 2 No 2 Accidant 3 Sulcida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of tnjury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida 29a. Certifier 1 🕰 cartifying Physician: To tha best of my knowledga, daath occurred et tha tima, data and placa, and dua to tha causa(s) and mannar as stated. Medical Medical Examinar: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) 3 D25080 4/18/98 30. Name and eddress of parson who comted cause of deeth (Item 23e) (Type, Print) Frank N. Gravino, M.D. 10313 Georgia Ave. Silver Spring, MD 20902 32. Ragistrario Signatura State

**DHMH 16 Rev 6/95** 

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Day Yee Month April 16, 1998 John F. Brennan 6:50 AM 4h City, Town, or Location of Death 4a Facility Nama (If not Institution, give street and number) 4c. County of Death 5915 Wilmett Road Bethesda Montgomery If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplece (State or Foraign Country) Days Hours Min 1⊠M 2□ F Yrs 033-26-4144 60 June 11, 1937 Massachusetts Usual Rasidanca of Dacadant 10b. County 10c. City, Town or Location 10d. insida City Limits 1 ☐ Yas 2 X No Maryland Montgomery Bethesda 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 20817 5915 Wilmett Road United States 12. Was Decedanf Evar in U,S. Armed Forcas? 1 ∑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1957-62 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Navar Married 2K Married 1 ☐ Yas 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 16h, Kind of Businass/Industry Collaga (1-4or 5+) Elamantary/Secondary (0-12) 5+ Executive Trade Association 17. Fathar's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Mary O'Shaughnessy John Patrick Brennan 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Helen C. Brennan / wife 5915 Wilmett Road, Bethesda, Maryland 20817 20b. Place of Disposition (Name of cemetery, crematory or other place) April 20, 1998 20a. Method of Disposition 20c. Location - City or Town, Steta 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Gate of Heaven Cemetery Silver Spring, Maryland 21. Signature of Funaral Sarvice Licensas 22. Nama and Addrass of Facility M00831 Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 23a. Part1. Enter the disease or complications that causad the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Intarval Batween Onsat and Death Immediata Causa (Final disease or condition rasulting in death) Metastatic Lung Cancer 8 months Due to (or es e consequanca of): Due to (or as a consequence of): Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nunknown 24b. Wara autopsy findings available prior to completion of causa of deeth? 24a. Was an autopsy performed?

permit. Peges 1 end 2 should be filed within 72 hours efter death with Department of Health end Mental Hygiene. Important: If item 27 is marked other than "..." eny injury or other treumed. Physician /Medical Examiner

BRIN

**Physician** 

/Medical

Examiner

10a. Stata

**Funeral** 

Director

r 28a-f show

7 is marked other than "naturel", or items 23e or treumstic event, the Medical Examiner must be

Director

Funeral

Š

Completed

Be

with the Menyland

Examiner physician and the buriel-transit 68 USB ed by the e signed t should ! page 2 certificate hes

that the death certificate be executed Division of Vital Records, P.O. Box 68760, Attending Physician: After this funerel efter deat Director: a Funeral Direction of the Funeral Direction o ŏ

Physician/Medical P Completed Be 2 Certification:

To the Hosp within 24 hor To the Fune completely fi 40+1

Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Ceusa (Disease or Injury thet initieted events rasulting in death) Lasf Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 2 No 25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5X Rasidanca 6 Othar (Specify) 1 Yes 2 No 1 inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27, Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 X Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be 28a. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To tha best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29e. Certifier (Check only one)

29c. Licansa number

D33293

29d. Data signed (Month, Day, Year)

April 16, 1998

State Registrar

edical

APR 2 0 1998

P.

30. Nama and addrass of ferson who complated causa of death (Item 23a) (Type, Print)

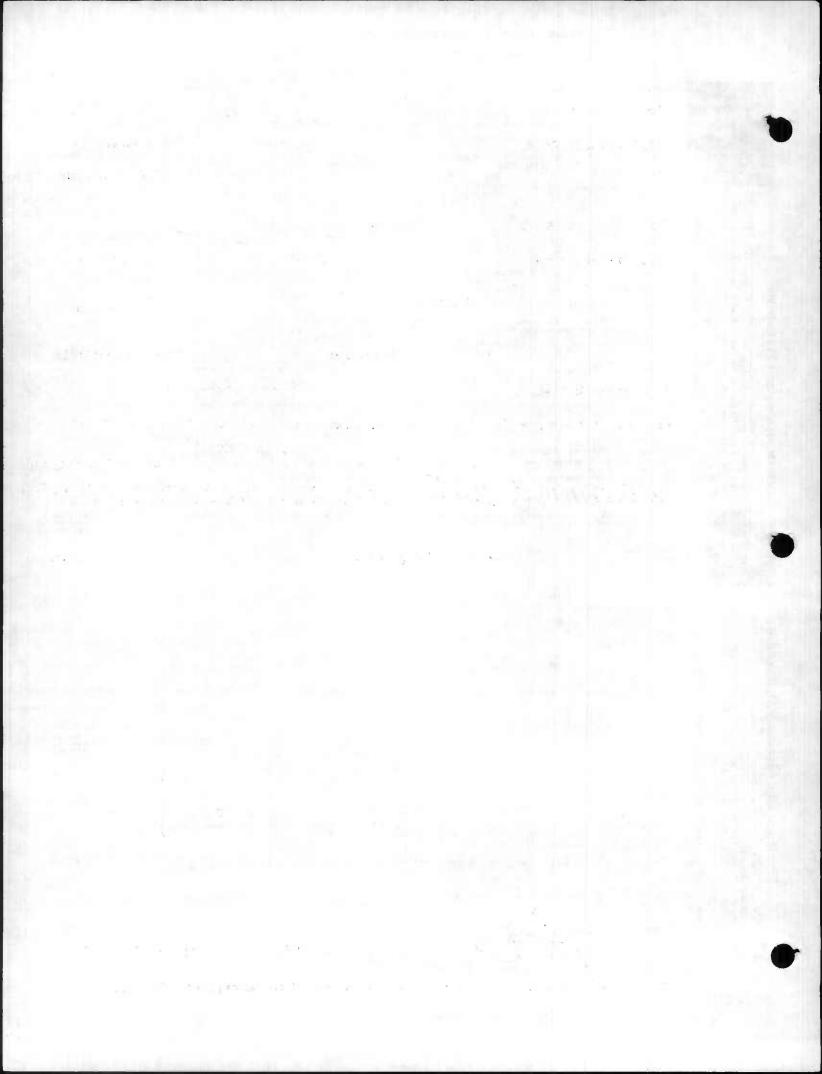
Smith,

29b. Signatura and titla of co

Frederick

31. Data filed (Month, Day, Year)

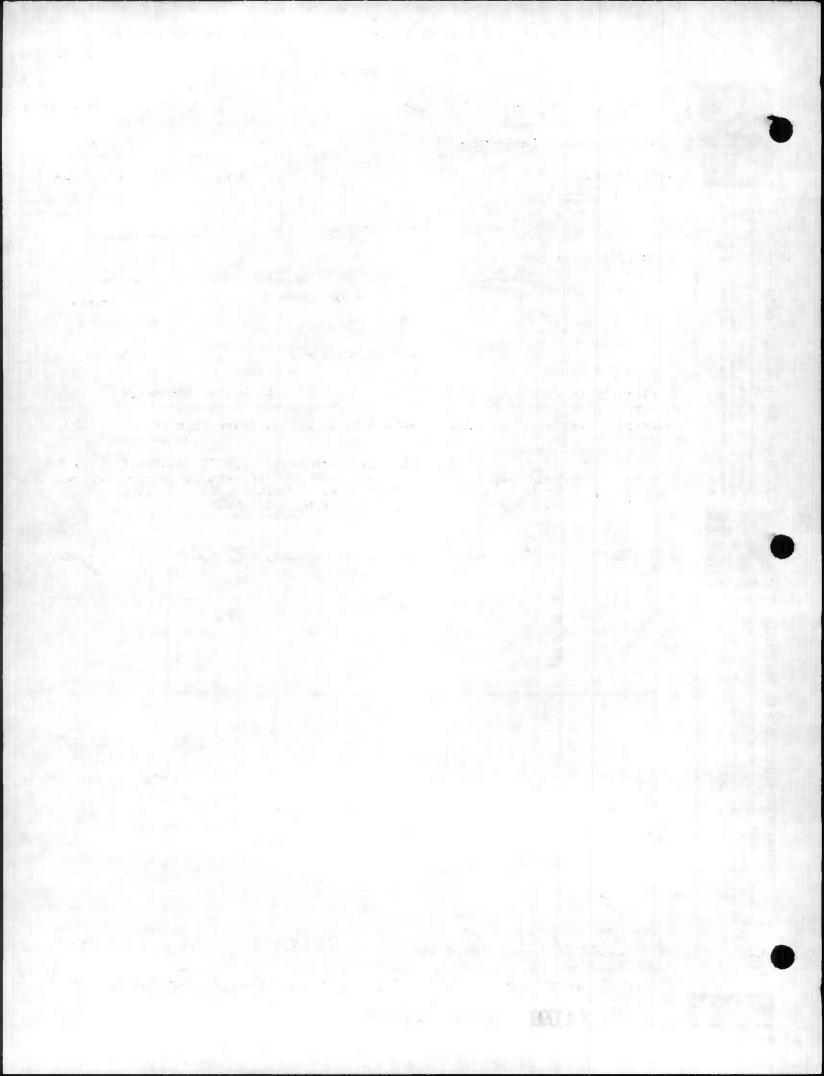
5401 Western Avenue, NW, Washington, DC 20015 M.D. 32 Ragistrar's Signatura gratia Davidson



State of Maryland / Department of Health and Mental Hygiene 3 992

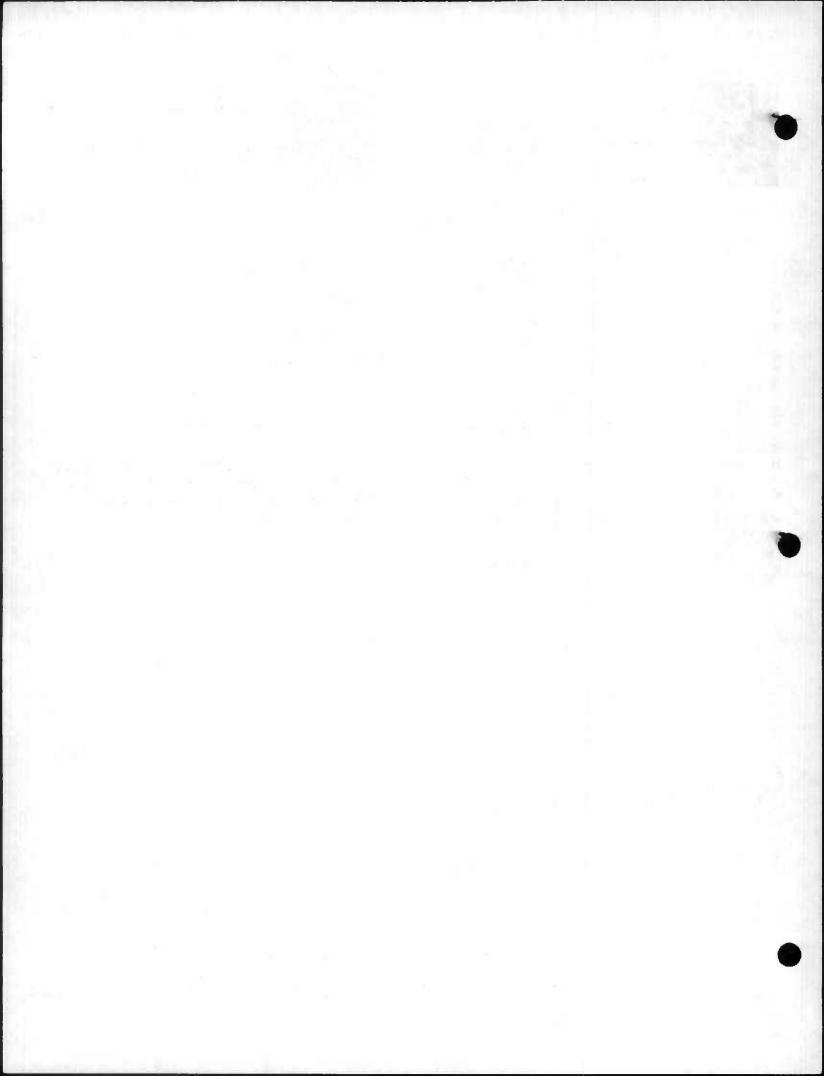
					· Wary are		tificate d	of Death			Reg. No.		, , ,	
		1. Decedent's N	ame (First, Middla	Last)		100			1	2. Date of De- Month	ath Day	Veer	3. Time of Death	
	Physician /Medical	Ray	mond	Patrick		Burke			4	pril 2		Year }	11:00AM	
6	Examiner	4a Facility Nam	e (If not Institution,	giva street and nu	ra street and number)					cation of Death	1			
4		Marine	r Health	- Kensin	gton			Kens	ingto	n	Mo	ntgo	merv	
	Funeral	5. Social Securit		6. Sax	7. Aga (In yrs. In	est birthday)	If Under 1 Yo Months   Do	ear If Under	If Under 24 Hrs. 8. Date of Birth 9. Bi				place (Stata or Foraign	
	Director	156-22-3162 18 M 2 F 67 Yrs. Hours Min. Oct								oct. 14	onth, Day, Year) Country) New Jersey			
	death with the Marylend ms 23e or 28e+'show Linust be notified at	10a. Stata	10b. County		10c. City	, Town or Lo	cation	17.					10d. Inside City Limits	
	with the Maryle to 28s-f shot be notified at Director	MD	Montge	omery		Silver	Spring						1 ☐ Yes 2 🛣 No	
	or 2	10e. Street and	Number				10f. Zip Coo	de			10g. Citizen of	What Cou	ntry?	
	23a 23a	2429 L	illian D	rive			20	0902			USA			
21215-0020	hours efter death v ural", or ftems 23s	11. Marital Statu	is larried 25√ Married d 4 □ Divorced	Armed Formed I Types If Yes, Gi	Was Decedent Ever in U,S. Armed Forces?  1 ☐ Yes, Specify Cuban, Mexican, Pit Yès, Give 1 ☐ Yes 2 ☐ No 11 ☐ Yes 2 ☐ No 11 ☐ Yes 2 ☐ No 5 ☐ Yès Give					cify Yes or No Rican, atc.)	- 14. Ra Bla Speci	ack, White	ican Indian, , etc. hite	
Ö	thou		15. Decedent'			16a. Deced	ent's Usual Oc	cupation			16b. Kind of E			
15	led within 72 ho tyglene. ner than "natura nt, the Medical Completed	(S)	pecify only highest	grade completed)		(Give	kind of work do	ccupation one during mos etired)	st of working	ng				
212	iene. than the Men	Elementary/Se	econdary (0-12)	College (	College (1-4or5+) 2 Account Engineer					Sales			es	
	= T 7 0	17. Father's Nan	ne (First, Middle, L	ast)				_	ar's Nama	(First, Middle,	Maidan Suma			
Maryland	7 2 0 m	Charles Burke Catherine Newberry												
and y	d 2 should be the and Ments of 7 is marked treumatic e		Name/Reletionsh	ip (Type, Print)		19b. Mailin	g Address (St	reet and Numb			ber, City or Town, State, Zip Code)			
Z	alth are 27 is r free		n D. Burl		wife)						pring,		20902	
9	item 2	20a. Method of I		(	20b. Pl	ace of Dispo-	sition (Name o	d .	e, 51	Date	20c. Location			
Baltimore,	9 = 9	1 S-Burial	2 Cremation	3 Removal from	State		natory or other			105/00	0.11		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
F	it. Purtuent		on 5 Other (Sp		Gate	e of H	eaven (	Cemeter	y 4/	25/98	Silver Colli	Spr	ing, MD	
Ba	permit. Page Department important: If any injury or once.	> / ]	ADO AD A	AC	00	Но	me, Ind	500	Univ	rersity	BLvd.W	est	ineral	
-	-	23a. Part I. Ente	er the disease, or o	complications that of	aused the death			oring,			rrest.		Approximate	
	Dhusisian	shock, or h	neart failure. List o	nly one cause on e	ach line.			, , ,				- 1	Interval Between Onsat and Death	
	Physician / /Medical	Immediate Caus	se (Finel	V	0.0				7.	7 11	,	1		
	Examiner	disease or cond resulting in deal	lition	a	weg	Car	reg	ne	ras	Calu			years	
	in 100 in				Due to (or	as a conseq	uence of):/							
	nin nin			<b>b</b>										
	be executed clan end burial-transit	Sequentially list if any, leading to cause. Enter Up Couse (Disease that initiated even	conditions,		Due to (or	as a conseq	uence of):							
60	S Cie	Cause. Enter Un Ceuse (Disease	nderlying or injury	C										
68760,	the the	that initiated ever resulting in deat	ents th) Last		Due to (or	as a consequ	uence of):							
	= 0 8			d										
Box	signed by the attending be detected for use detected for use by Physician/N						15.6					1		
0	the de sy the a sched hysic	Pert II. Other sig	niffcant condition	s contributing to d	eath but not resu	lting in the ur	nderlying ceuse	given In Part	f.	23b. Díd	lobacco use c	ontribute	to the cause of death?	
9	thet the ed by detect										Yes 20 No	3□ Pro	obably 4 Unknow	
Ś	bed by													
Dro	been sign should be									24a, Was perfo	an autopsy rmed?	a	Vere autopsy findings vailable prior to	
Records,	aw 2 s 2 s 2 s Did											0	ompletion of ceuse f death?	
Œ	The laste has pege									10	Yas 2 No	1	☐ Yes 2☐ No	
ta	certificate rector, per	25. Was cese re	ferred to medical					26. Place	e of Death	(Check only o	one)			
of Vital	Physician: this certific ral director,	examiner?	No	Hospital:	Inpatient 2 🗆 E	ER/Outpatien	t 3□ DOA	Othors	_		dence 6 🗆 Ot	thar (Spec	ifv)	
0	5 5 5	27. Manner of D	eath		of Injury th, Day Year)	28b. Time of		tnjury at Work?	- T		how Injury occu		77	
on	leath. for: After the funer the cation:	1- Natural 2 Acciden	5 Pending investige		m, Day Year)	Injury		Work? 1 ☐ Yas 2 ☐	No					
Division	Attending or death.  Sector: After by the fune fileation	3 Suicide	6 ☐ Could n	ot be 28e. Place	of Injury - At ho	me, tarm, stre	et, factory, off	fice	2	8f. Location (	Street and Num	ber or Ru	ral Route Number,	
Š	erti	4 Homicio	de Geterrin	build	ng, etc. (Specify	)				City or To	wn, State)			
	To the Hospital or Attending P. within 24 hours after death. to the Funeral Director: After it completely filled in by the funera Medical Certification:	29a, Certifier	1/ Certifying	Physician: To the	best of my know	vledos desth	occurred at th	e time dete er	nd place e	nd due to the	ceuse(s) and m	nenner se	stated.	
	Fun Fun etely dica	(Check only one)	2 Medical E	xaminer: On the b	esis of examinati	ion and/or inv	estigation, In r	ny opinion, dea	ath occurre	d at the time,	dete end place	, and due	to the cause(s)	
	within 2 To the comple		and fitte of certifier		70		29c. Lic	cense number			29d. Date sign	ed (Month	, Day, Year)	
	F ≱ F 8													
<b>9</b>	2	0	See 4	J4 00	Land V	S		-/ 11	/		P	1	70	
		David	4 0 /	tho completed ceus	se of death (Item		Print) George	town	Ro	ad,	Bethe	sda	1998 Md.	
	State	31. Date filed (M	fonth, Day, Year)		egistrar's Signat		1					-		
	Registrar		APR 241	99B 9	the Davids	- Bond	مالك						Treating	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygienes

						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		tificate of	Death		eg. No.		3993		
	Dhunisi		1. Decedent's Nama	(First, Middle, La	st)					2. Dete of Deeth Month Dey Yeer					
4.	Physici /Medi		Dorothy		Bur	rriss				April		998	4:35 AM		
7	Examir		4a. Facility Neme (If r	not institution, giv	a street and number	)			4b. City, Town, or L		4c. County				
1			Frederic	k Memor	ial Hospi	tal			Freder	ick	k Frederick				
	Funerai	П	5. Sociel Security Nur	mber 6. S	Sex 7. A	ge (In yrs. last i	oirthday)	If Undar 1 Yaa Months Devs	r If Under 24 Hrs.	8. Date of Birth (Month, Day			pleca (Stata or Foreign intry)		
	Director												ington DC		
	show	2		10b. County		10c. City, To	wn or Lo	cation					10d. Inside City Limits		
	N e N	Funeral Director	MD	Frederi	ck	Fred	eric				F 1777-105				
	₩ 8 × 8	i i	10e. Street end Numb	per				10f. Zlp Code		1	0g. Citizen of V	tizen of Whet Country?			
	ath v	Ta l	10818 01	ld Frede	rick Road				788		US				
	or de	une	11. Marital Status		12. Was Decedent Armad Forces	2	13. V	Vas Decedent of Yes, specify Cul	Hispenic Origin? (Sp ben, Mexican, Puerto	ecify Yes or No- Rican, etc.)		e - Ameri	can Indian, . etc.		
21215-0020	72 hours after death with the Maryland "natural", or frame 23a or 28a-f show adjust Examinal must be notified at	by	1 ☐ Never Married		1 ☐ Yes 2 If Yes, Give Year or Dates:		1	i⊡Yes 2∛QXNo	Specify:		Specify	Whi	ite		
5-0	72 h	ted	(Specifi	5. Decedent's Ed only highest gra	ducation	16	a. Deced	lent's Usuel Occu	upetion	ina	ndustry				
21	e = 2	Completed	Elementary/Second		College (1-4or	5+)	life. L	OO NOT use retir	e during most of work ed)	nig					
	filed within Hygiane. ther than " ant, the Me	5	12				Exe	cutive S	ecretary		Feder	al (	Government		
Maryland	should be filed within and Mental Hygiane.  marked other than matic event, the M	Be	17. Fether's Neme (F						18. Mother's Nem	e (First, Middle, I	Malden Sumam	ie)			
Va	should be and Mental marked o	To	Charles	S. Bear	d				Elean	or Evans					
an	2 sho and I is me		19e. Informent's Nem	ne/Reletionship (	Type, Print)	ar-in-	b. Meilin	g Address (Stree	et and Number or Rur	al Route Number	, City or Town,	Stata, Zi	p Code)		
	1 end 2 Heelth em 27 I		Lillian	Burriss	/ law	1	0818	Old Fre	derick Roa	ad Thurm	ont MD	217	88		
ore	of Heelth Kem 27 other tr		20e. Method of Dispo			20b. Plece		sition (Name of natory or other pl			20c. Location -	City or T	own, Steta		
altimore,	Peges nent of I int: If the iry or of		1 ☑ Burial 2 ☐ 4 ☐ Donation 5		Removel from State	,				/ /01 /00	0 1 1	1.			
=	ortar Inju		21. Signature of Fune	1	*	Ceda	22	L1 Cemet	ery 4	4/21/98	98 Suiteland Maryland Inaldi Funeral Home, In				
B	permit. Peges Depertment of Important: If Is any injury or		1 Act	HIKE	aclary		118	300 New	Hampshire	Ave. Sl	iver Sp	eral	Home, Inc. MD 20904		
			23a. Pert 1. Enter the shock, or heart	disease, or com	plications thet cause	d the death. D	not ente	er tha moda of dy	ring, such es cardiec	or respiretory err	ast,		Approximeta Intervel Between		
di	Physician		Onset el												
	/Medical		Immediete Ceuse (Fi	nal	1 10 410	(000	101-						have the		
	Examiner		resulting in deeth)		· Lung	Due to (or es	e conseq	uence of):				1	100mm		
_	_ ~	Je.										1			
	tificeta be executed ig physician end as the buriel-transit	Examiner	Sequentially list cond	litions.	b. ————	Due to (or as	a conseq	uence of):							
ó	an er		Sequentially list cond if any, leading to imm cause. Enter Underly Ceuse (Disease or in that initiated events	redieta ving		allies to ann		3031-0111							
68760,	ta be ysicii	Physician/Medical	Ceuse (Diseese or In thet initieted events	jurý	C	Due to (or es	consequ	lance of):				-			
89	T 0 6	8	resulting In deeth) La	st								1			
Box	eath cert ettendin I for use	3			d		_								
m	seath ette	cia	Pod II. Other elastic	ant conditions	modello rálio mán alonda náti. I		. In the second	alaskija sama a	Seed to Book I	ant Did to					
P.O.	that the death cer ed by the ettendir detached for use	ys	Pert II. Other significa	ant conditions c	ontributing to death i	out not resulting	in the ur	idenying cause g	wen in Pert I.				to the cause of death?		
	as that igned b									104	es 2 No	3 Pro	bably 4 Unknown		
Records,	The law requiras that the death cer ata has been signed by the ettendir page 2 should be detached for use	d by								24a. Wes a	n autonsv	24b. W	/ere autopsy findings		
Ö	v requir been s should	ete								perfor	med?	an CC	veileble prior to		
3e	has l	Completed									. /	ot	deeth?		
<u></u>										1 □ Y	s 2 No	1	☐ Yes 2☐ No		
Vital	Physician: The this certificate ral director, page	Be	25. Wes case referred axaminer?	d to medical	Hospital:				26. Place of Deat	h (Check only or	e)				
of	5 00 0	5	1 Yes 2 1 1	0	Hospitel:		-	3LI DOA		me 5 Reside		-	ify)		
	D FE	Certification:	27. Menner of Deeth	5 Pending	28a. Dete of Inj (Month, De	ay Yaar) 28b	. Time of Injury		ork?	28d. Describe he	ow Injury occurr	ed			
Division	or Attending after death. Director: Aftai d in by the fune	cat	2 ☐ Accident 3 ☐ Sulcide	investigation	9				Yes 2 No	001 1					
<u>≥</u>	fter direction by	E	4 ☐ Homicide	determined	256. Piece of in	ijury - At home, tc. (Specify)	ferm, stra	aet, factory, office		28f. Location (Si City or Town	reet and Numb n, State)	er or Rur	al Route Number,		
	rat Dell														
	To the Hospital or Attend within 24 hours after deat To the Funeral Director; completaly filled in by the	edicai	29a. Certifier 1 (Check only 2 one)	☐-€ertifying Ph ☐ Medical Exan	yalcian: To the best niner: On the basis of and manner s	of exemination e	ge, deeth and/or inv	occurred et the t astigation, in my	ime, date end plece, opinion, death occur	end due to the cred et the time, d	euse(s) end me ete and place, o	nner es s end due t	stated. to the cause(s)		
	omp	Me	29b. Signeture end tit	le of certifier	1			29c. Licar	sa number	2	9d. Date signed	(Month,	Day, Year)		
	_			Of the	Plane Va			$\cap$	221.		4/10	i k			
	20		20 Nor	XMM	will	al- aut. du	) (T	7)	11101		///	117	0		
			30. Neme and laddres	of person who	completed cause of	geeth (Item 236	(Type, I	Print)	(	1.0	./	14	000 -		
			31. Dete tiled (Month)	Day, Year)	JOV JON	rer's Signeture	15	KINU	y uy,	rud.	rud_	we	21)02		
	Sta Registr		on Determined Dronan,	Day, real)		widson-R			•						
	negisti	ui	APR	<b>20 1998</b>	Trunk De	Widself-I	Marge								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend #20b, 4/20/98, BMW, Montg. Co Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Deeth 3. Time of Death Month **Physician** 00:56 04 Shirley W. Blorstad 98 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Atlantic General Hospital Berlin
If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth
(Month, Days Hours Min. (Month, Day, Year) Wicomico 6. Sax Birthpiece (Stete or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) **Funeral** Months 1 M 25 F Yrs Director 215-36-4573 59 March 24, 1939 Washington DC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinat must be notified at N☐ Yas 2☐ No Director MD Wicomico Ocean City 10e Street and Number 10f. Zip Code 10g Citizen of What Country? unit 209 3001 Atlantic Avenue 21842 Funeral USA 12. Wes Decedant Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yas 2\2\No If Yes, Give Yeer or Datas: 1 ☐ Never Married XX Married Maryland 21215-0020 1 ☐ Yas Z No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiena. nt: If Item 27 Is marked other than ' Elementary/Secondary (0-12) College (1-4or 5+) 4/17/98 12 Bookeeper Advertising 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Elwood Wilson Magdalene McMullen 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Trygve P. Blorstad / husband 1405 Sarah Drive Silver Spring MD Baltimore, 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 20e. Method of Disposition permit. Pages Department of Important: If it any Injury or o 1 Buriel 2 ☐ Cremation 3 ☐ Removal from State Fine Cemetery 4/21/98 Brentwood Flat, Lincoln 22. Name and Address of Facility Hines-Rinaldi Funeral Home, Inc. 4 ☐ Donation 5 ☐ Other (Specify) Fort 400 actery 11800 New Hampshire Ave. Silver Spring MD 20904 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilura. List only one cause on each line. Physician /Medical Immediate Cause (Finel diseesa or condition resulting In death) MYOCARDIAL EN MINS Examiner Due to (or es a consequence of): Examiner OZONARY ARTERY TEN YEARS buriai-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as e consequence of) physician s the burial Box 68760 Physician/Medical Due to (or as a consequenca of) attending Bloestack Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. the 23b. Did tobacco use contribute to the cause of deeth? signed by 1 Tyss 2 No 3 Probably 4 Unknown MELLITUS à 24b. Were autopsy findings availabla prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed has 200 No 1 Yes 1 ☐ Yas 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Division of 28e. Date of Injury (Month, Dey Yeer) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending death. 1 ☐ Yes 2 ☐ No investigation or Attendiate after death Director: A 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completaly filled in 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. Medical

State

31. Date filed (Month, Dey, Year)

29b. Signature end title of certifier

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 32. Registrer's Signature Julia Davidson Gandell

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner stated.

29c. Licansa number

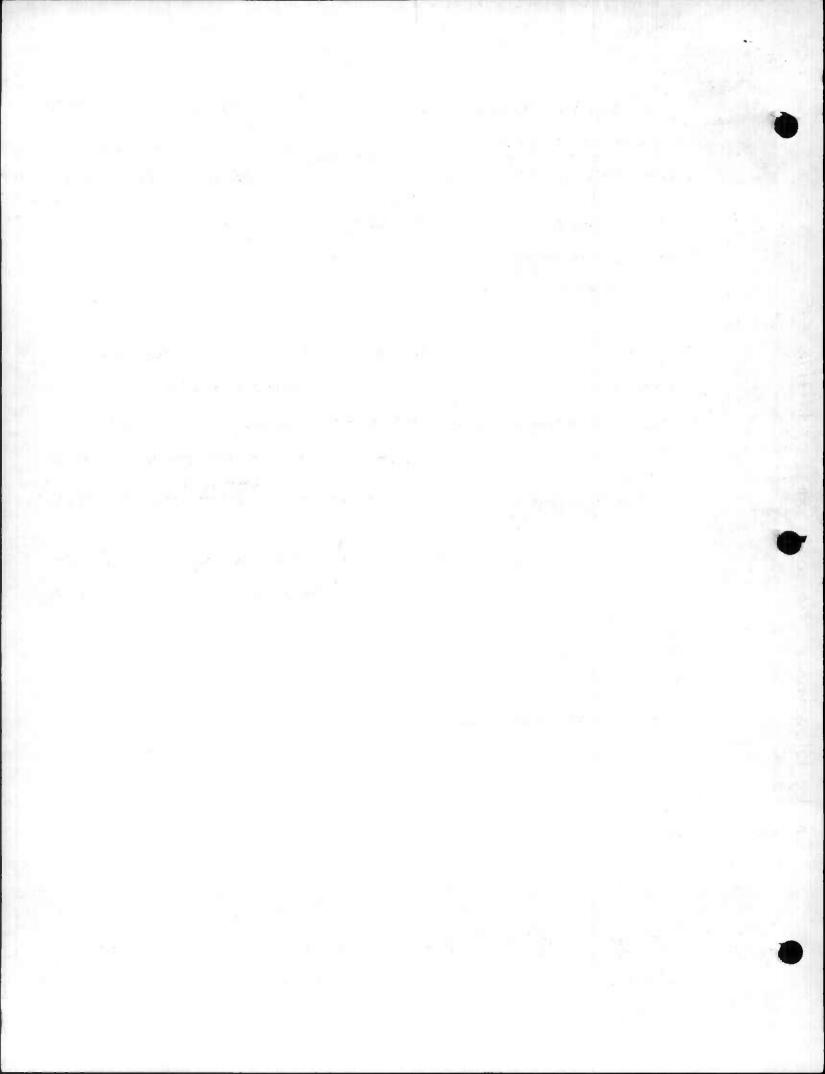
106241

29d. Data signed (Month, Dey, Year)

08-17-98

203 Saka ST. Snew HILLY MD. 21863

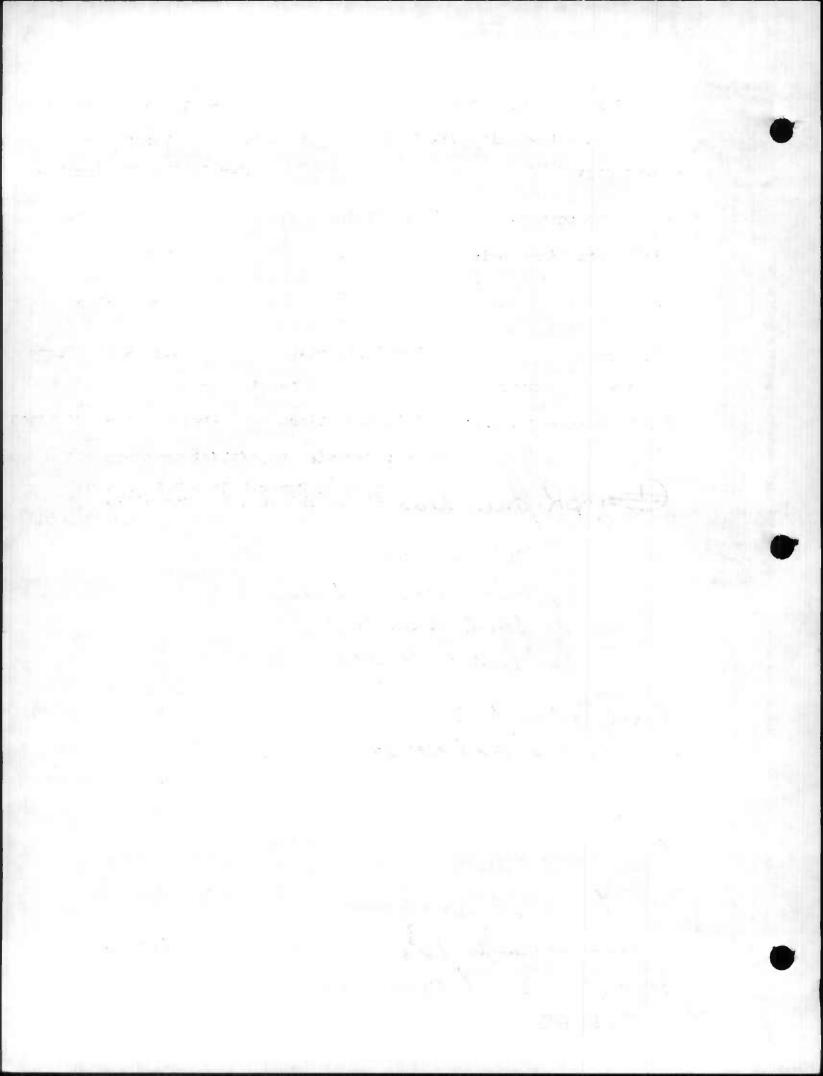
Registrar DHMH 16 Rsv 6/95



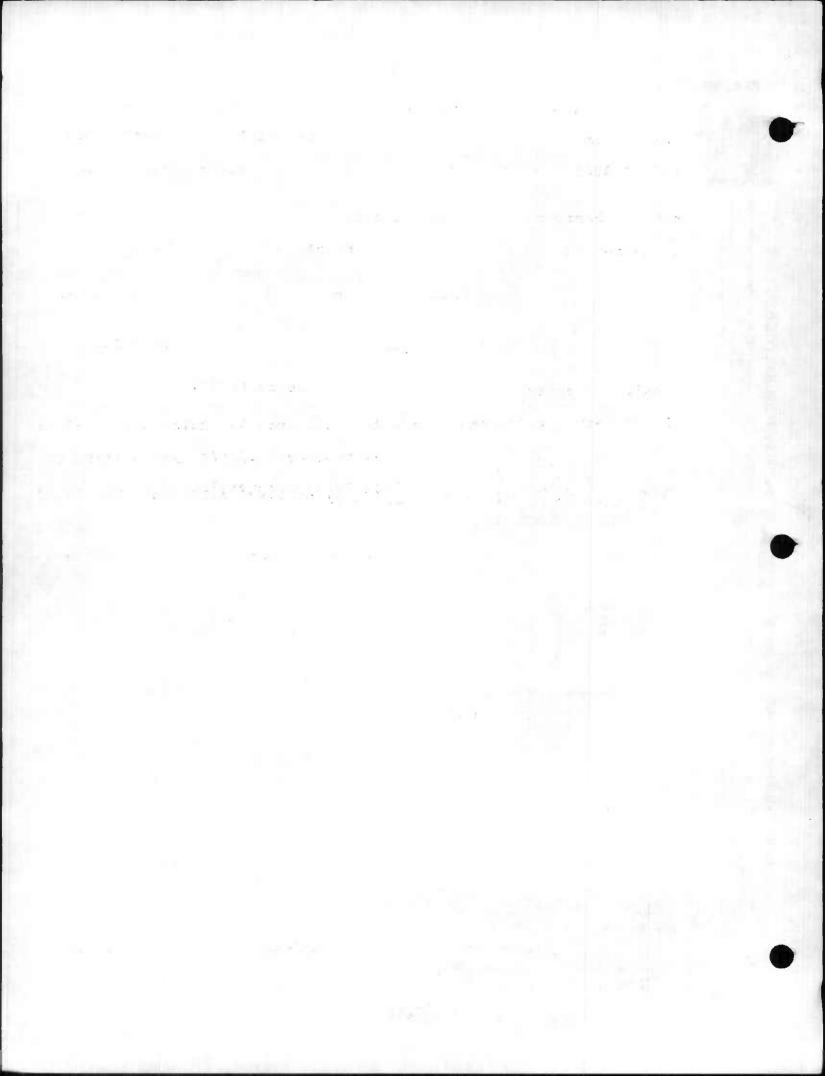
				State of M	aryland		rtment of F tificate of		Mental Hy	rgiene	13	995	
	sicia ledic		Decedent's Name (First, Middle, Li     MINNIE BELLE BO	,					2. Deta of De Month APRIL	Dey	Yeer	3. Time of Deeth 4:40 AM	
	eral	er	226-02-0626	WESTWOOD	) a (in yrs. las	t birthday) Yrs.	If Under 1 Yaar Months Deys	BETHESDA If Undar 24 Hrs Hours Min	Location of Daal	MONT	of Death	CY ace (State or Foreign ry)	
Menylend I show	18 28		Usual Residence of Decedant  10a. State 10b. County			Town or Loc	ation				10	d. fnslde City Limits 1 ☐ Yes 2 ☑ No	
3s or 28s	ILDER PODI	Dice	MARYLAND   MONTGOM 10e. Street end Number 5101 RIDGEFIELD		BETHE	SDA	10f. Zlp Code 20816			10g. Citizen of V	Whet Count		
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Meryland f Heelth and Mental Hygiene. Item 27 is marked other than "natural; or Herrs 23s or 28s-1 show	EXEMPLE TO	by Fur	11. Marital Stetus  1 Naver Married 2 Merried  3 MWidowed 4 Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yas, Giva Yaer or Dates:		lt.	as Decedent of I-	lispenic Origin? (S an, Mexican, Pual Specify:	Specify Yas or No to Rican, etc.)	pecify Yas or No- p Rican, etc.)  14. Reca - Black, V		tc.	
21215-0020 d within 72 hours at giene. hr than "nætural", or	THE MENTER	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondery (0-12)			(Give k life. D	ent's Usuai Occup ind of work done O NOT use retired MAKER	during most of wa	orking	16b. Kind of Business/Industry OWN HOME			
Maryland 2 and 2 should be filled lith end Mental Hygis 27 is marked other transmitted.	BUC SVEIL	To Be C	17. Fether's Neme (First, Middle, Less CLAYBORN A. AGEE		,			AMANDA	J. DOO	, <i>Meid</i> en Sumen LEY	na)		
imore, Mar Peges 1 end 2 sh hent of Heelth end mt: If Itam 27 ia m	nano o		19e. informent's Neme/Reletionship  RICHARD OBERLE, 20e. Method of Disposition  1 Burial 2 Cremetion 3 [	SON IN LAW	20b. Plec	12504 e of Dispos		DRIVE S	BILVER S.	PRING, M	ID 209 City or Tov	04 vn, Stete	
Baltimore, permit. Peges 1 e Department of Hee Important: If item:	SOCO.		21. Signature of Funarai Service Lice	erro		22. 53	08 BACKL		EMAINE F	GFIELD,	IOME	NIA 22151	
Physici /Medic Examin	cal ner		23a. Pert1. Enter the diseese or conshock, or heart tellure. List only  Immediata Cause (Finel diseese or condition rasulting in deeth)	nplications that caused one cause on each line.	C1	0/ce		ng, such as cardia			1	Approximate fnterval Between Onset and Death	
Box 68760,  leath certificate be executed et ettending physician and for use as the buriel-handing		edicai	edicai	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseasa or injury that initiated events resulting in death) Last	b	Due to (or as		ance of):	- Seller	716 0100		PUF)	9,000
P.O.		Ē	Pert fl. Other significant conditions of	darlylng cause giv	ren in Pert f.		tobacco usa co Yes 2 No	contribute to the cause of death?					
per red		Completed by								an autopsy ormed?	con	re autopsy findings llable prior to spletion ot cause eath?	
of Vital R. Physician: The I this certificate he		0 26	25. Wes case rafarred to medical exeminer? 1 ☐ Yes 2 🛣 No	Hospitel: 1 ☐ Inpatie		/Outpatient	3□ DOA Oth	er: 4 🗆 Nursing l	1 ☐ ath (Check only Home 5 ☐ Resi	one)		Yes 2□No nent Home	
Vision Attending or death. ector: After		Certification:	27. Manner of Deeth  1  Neturel	De Diana di Ini	y Year) ury - At home	b. Time of fnjury		y et k? Yes 2 □ No	Routa Number,				
To the Hospital or within 24 hours after To the Funeral Dir completely filled in		_	29e. Certifier (Check only one)  1 Certifying Pl 2 Medical Example	hysician: To the best of miner: On the basis of end menner sta	examinetion	dge, deeth end/or inve	occurred at the tirestigetion, in my o	ne, date end plece pinion, deeth occ	e, and due to the urred et the time,	cause(s) and ma date and piece,	anner as sta end due to	ited. tha causa(s)	
12 September 1		M	29b. Signatura and title of cartifier	me	J)		29c. Licens	156		29d. Dete signe	0/10		
	2			completed cause of d	eeth (Item 23	Ba) (Type, P	ASC CAN	10 4	erycs	12 Mi	l 1	815	
Reg	State Jistra	e r	APR 2 0 199	8 Julia L	er's Signeture	Pandel	2						

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 2 Date of Death 3 Time of Death Month **Physician** JOHN M. BONNER 16, Apr 1998 16:34 Pm /Medical 4b. City, Town, or Location of Death 4a Facility Name (If not institution, give street and number) 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery H Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. Mar 8, 1910 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
N. Carolina **Funeral** Months 1X M 2□ F 88 Yrs 578-14-6121 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show the Maryle Silver Spring Yes 2□No Md Montgomery Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or any Injury or other traumatic event, the Medical Exertines must be not any Injury or other traumatic event, the Medical Exertines must be not any Injury or other traumatic event. 9817 East Light Drive, 20903 U.S.A. Funerai 14. Race - American Indien, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: Specify: by 3 ₩idowed 4 Divorced Black Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Horticulturist U.S. Agriculture 8th Grade 18. Mother's Name (First, Middle, Maiden Surname) 17. Fether's Name (First, Middle, Last) Be Jackson Bonner Lancie Bunch 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 9817 East Light Dr, Silver Spring, Md 20903 Joe L. Bonner (Nephew) 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 20a. Method of Disposition 1X Burial 2 Cremation 3 DRemovel from Stete Harmony Memorial Pk. 4/22/98 Landover, Md 4 ☐ Donation 5 ☐ Other (Specify) ure of Funeral Service Liganose 22. Name end Address of Facility Snowden Funeral Home P.A. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only of cause on each line. 246 N.Washington St, Rockville, Approximete Interval Between Onset and Death **Physician** Immediete Cause (Finel disease or condition resulting In death) . Calan Cancer /Medical Examiner Examine physician end the burial-trensit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that in itself awards) Due to (or as a consequence of): P.O. Box 68760. Physician/Medicai thet initieted events resulting in deeth) Lest 88 USB Part I of the significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate has b lirector, page 2 s No or Attending Physicien: 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA P 28a. Date of Injury (Month, Day Year) luneral 27. Manner of Death 28d. Describe how Injury occurred 28h. Time of 28c. Injury et Work? Neturel 5 Pending 2 No death. Accident 1 Yes investigation Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 \ Homicide 24 hours a Hospital 29a. Certifier Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated To the Hosp within 24 hor To the Fune completely fi edicai Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 31 7610 Carroll Ave. #320, Takoma Park, MD 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar



	Decedent's Name (First, Min	ddle, Last)		061	tificate	J1 L	Journ	2. Defe of D				3. Time of Death		
ician dical	ETHE	E L	BER	KOWIT	2			APRIL	2-1		Year 798	8.00 Pm		
niner	4e Fecility Neme (If not institu Hebrew Home	tion, give stre	et and number)				b. City, Town, or Rockvi		9fh 4c.	Mon	of Death tgom	ery		
al or	5. Sociel Security Number 047-01-5245	6. Sex	7. Age (In y	rrs. last birthday) Yrs.	If Under 1 Y Months D		If Under 24 Hrs Hours Min	8. Date of E (Month, I May 3	Birth Day, Year)	2	9. Birthpl Count	ace (State or Foreign try) CT		
	Usual Residence of Decedent	nhy	100	City, Town or Lo	cetion	-						Od. Inside City Limits		
to		tford		New Bri								14 Yes 2 No		
Director	10e. Sfreet end Number 60 Monroe S	t.			10f. Zip Co	ode 05	1			S.A	het Count	try?		
by Funeral	11. Marifal Sfafus  1 Never Married 2 M 3 Widowed 4 Divorce	larried	Was Decedent Ever in Armed Forces? 1 GYes 2 ☐ No ff Yes, Give WW ] Yeer or Dates: WW ]		Wes Decedent f Yes, specify		spanic Origin? (S n, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)		14. Race	- America k, White, e			
Completed	15. Deced (Specify only hig Elementary/Secondary (0-12		on	16e. Deced	DO NOT use n	fone a	furing most of wo	orking			Inc	41 1919		
To Be C	17. Father's Neme (First, Midd Louis Berke						18. Mother's Na Yetta	me (First, Midd Gorfa		Sumame	9)			
	19a. Informent's Name/Relation			70.00			end Number or R							
	Elliot Berke  20e. Method of Disposition  1 Buriel 2 Crematic  4 Donetion 5 Other	n 31086m	oval from State	b. Place of Disponsion of All	sition (Name on metory or other	of r plac		Rd. R Date 4/26/9	20c. L	ocation -	City or To	wn, Stete		
9000	22. Name end Address of Facility  Tyes-Pearson Funeral Home 2847-Wilson Blvd. Arilington, VA 22201  23a Part Lendy the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, intervel Between intervel Between Inter													
n ai er	anock, or near failure. U	or complicat list only one o	VALV		HEAR		DISE		errest,		1	Approximate Intervel Between Onset and Death		
Examiner	Sequentially list condifions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	Due fe	o (or es e consec	quenca of):									
dical	cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In deeth) Last	c	Due fo	o (or as e conseq	uence of):									
Physician/Me	Part II. Other significant cond	itions contrib	uting to death but not	resulting In the u	ndertying caus	se give	en In Part I.	23b. D	d tobacco	o use con	ntributs to	the cause of deeth?		
by Phy		D	EMENTIA					1 (	□ Yes 2	2□ No	3 Prot	oably 4 ☐ Unknown		
Completed t								24a. W	as an auto rformed?	opsy	ave cor	ere eutopsy findings ailable prior to mpletion of cause deeth?		
								1[	Yes 2	₽No	10	Yes 2□No		
To Be	25. Was case referred to med examiner? 1 ☐ Yes 2 ☑ No		pital: 1 ☐ Inpatient	2 ☐ ER/Outpatler	nt 3 DOA	Oth		eeth (Check on) Home 5 Re		6   Oth	er (Specifi	v)		
	27. Manner of Death 1 ☑Natural 5 ☐ Pen		28e. Date of Injury (Month, Day Year	28b. Time o		Injun Work		28d. Describ						
Certification:	3 ☐ Suicide 6 ☐ Cou	ald nof be ermined	28e. Placa of Injury • A building, etc. (Sp.	at home, farm, sfr	reet, factory, o	ffice		28f. Location City or 7	(Street e Town, Stet	nd Numb (e)	er or Rura	I Route Number,		
edicai (	29a. Certifier 1 Certific (Check only one) 1 Medic	ying Physicical Examins	en: To the best of my On the basis of exam and menner stated.	knowledge, death	occurred et t vestigation, in	the tim	ne, dete and place pinlon, deeth occ	e, and due to the	ne cause(s e, date an	s) and ma od placa, s	nnar as st and due to	eted. the ceuse(s)		
×	29b. Signature and title of cart						e number		29d. Da	ate signed	d (Month,	Day, Year)		
	P (°.		ran, M.D			36	5552		APR	11_	22	1998		
ľ	30. Name and address of pers	on who comp	leted cause of death (	Item 23a) (Type	Print)			nue						



* , e				Certificat	CUI	Doutin		Reg. No.		220			
	Decedent'e Name (First, Middle,	Last)					2. Dete of De		Voor	3. Time of Deeth			
Physician /Medical		Breen					April	15, 1998	Yeer 3	1:05 am			
Examiner	4n Castitus blama /Mant innth-tion	give street end number;				4b. City, Town, or	Location of Deat	th 4c. County	of Death				
	Saint Mary's Ho	-		7 771		Leonardto			Mar				
Funeral Director	160-01-3267	5. Sex 7. A(	ge (In yrs. lest I 85	Yrs. If Under Months	Deys		(Month, De	th ey, Year) 25, 1912	9. Birthp Coun Penn:	lece (State or Foreign try) sylvania			
ms 23a or 28a-f show r must be notified at neral Director	Usuel Residence of Decedent  10e. Stete 10b. County		10c. City. To	wn or Location					1:	0d. inside City Limits			
a show		Mary! c		rdtown					1 ☑ Yes 2 ☐ No				
28a-f st norman	10e. Street end Number	laly s	Leona	10f. Zip	Code			10g. Citizen of V	Whet Coun	trv?			
al Di	22000 Serenity	Place Lane		206				U.S.A.					
iner must be notified Funeral Director	11. Marital Stetus	12. Wes Decedent	Ever in U,S.			pecify Yes or Note Rican, etc.)	o- 14. Rec	e - Americ					
by Fu	1 ☐ Never Married 2 ☒ Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed Forces' d 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:		1 ☐ Yes			lo Fican, etc.)	Specify	ck, White, Wh	nite			
ted bet	15. Decedent's		16a. Decedent's Usuel Occupetion (Give kind of work done during most of working							dustry			
omole	(Specify only highest Elementery/Secondary (0-12)	College (1-4or		life. DO NOT us	se retire	ed)	rking						
Completed	10		P	rinter -	Pre			U.S. Gor		ent			
BeC	17. Fether's Neme (First, Middle, L.							e, Maiden Suman	10)				
To allo	Thomas E. Breen				Emily Be								
other traumatic event, t	19e. Informant's Name/Reletionshi			9b. Mailing Address									
100	Marie H. Breen	- Wife	_	2000 Sere	_	y Place l							
	20e. Method of Disposition	B □Removel from Stete	como	of Disposition (Ner tery, cremetory or o	me or other ple		Dete	20c. Location					
	4 ☐ Donation 5 ☐ Other (Spe		Fort	Lincoln	Cem	etery 04	1/17/98	Brentwo	ood,	Maryland			
any injury or other tra pnce.	21. Signature of Funeral Service Licensee  22. Name end Address of Facility Gasch's Funeral Home												
ā a	landet	le, M	D 20781										
ician	23a. Part1. Enter the disease, or o shock, or heert failure. List o	omplications that cause nly one ceuse on each I	d the death. D ine.	o not enter the mod	de of dy	tng, such es cardia	c or respiretory of	errest,	1	Approximete intervel Between Onset and Death			
dical iner	Immediate Ceuse (Finet disease or condition resulting In death)	e Cardia	Arres	t						Minutes			
<b>6</b>				a consequence of):	:				1				
ounal-transmant al Examin		B. Hypoxei							1	Hours			
Examiner	Sequentielty list conditions, if any, leeding to immediate cause. Enter Underlying			e consequence of):	:				t				
<u>e</u>		c. Pulmon	ary Fib	- n					t	Years			
etached for usa as the Physician/Medic		d.	Due to (or es	e consequence of):									
ğ <u>a</u>	Pert It. Other significant condition	e contributing to death i	out not resulting	in the underlying	ceuse di	iven in Part I	23b Did	I tobacco use co	ntribute to	the cause of death?			
detached Physic	ratti. Otter significant condition	a continuuting to death t	out not resulting	, in the underlying t	causa y	iven in Penti.		Yes 2 🔯 No		bably 4 Unknown			
2 3													
shoul								s en eutopsy formed?	ev ev	ere eutopsy findings eilable prior to mpletion of cause deeth?			
Page 2							10	Yes 2 No	1[	Yes 2□ No			
rector, page 20						26. Ptace of De	eth (Check only		1				
I director.	examiner? 1 ☐ Yes 2 ☒ No	Hospital: 1 ☐ tnpati	ent 2 🕅 ER/	Outpatient 3 Do	OA OI	hor		sidenca 6 Oth	ner (Specil	(v)			
		28a. Date of Inju			28c. tnju		r	how injury occur					
r: Aftar ne funar ation:	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investige		y ( 621)	М		Yes 2□No							
To the Funeral Director: Attar the completely filled in by the funara completely filled in by the funara Medical Certification:	3 Sulcide 6 Could no determin	Art Zoe, Pieca of In	jury - At home, ic. (Specify)	farm, street, fector	ry, office		28f. Location City or To	(Street end Numi own, State)	ber or Rure	al Route Number,			
complately filled in by the funaral Medical Certification:	29e. Certifier 1 💢 Certifying (Check only one)	Physictan: To the best kaminer: On the basis of end menner si	f examination	ige, death occurred and/or investigetion	fet the t	ime, date end place opinion, deeth occ	s, end due to the urred et the time	e ceuse(s) end m	enner as s and due to	tated. o the ceuse(s)			
o the	29b. Signeture end title of certifier			29	c. Licen	se number		29d. Date signe	ed (Month,	Dey, Year)			
~	C. Walen	Van A	mo	I	D396	05		April	21. 1	998			
. )	30. Neme and eddress of person	ho completed cause of	deeth (Item 23)					r-	-, -				
1 /	Description				0.4	Tananda	Ma	wirl and	206 50	1			
/	C.Wesley Page, M.	D. 25500 P	oint Lo	okout ko	au,	Leonardt	own, Ma	Lyland	20650	)			
State	C.Wesley Page, M. 31. Date filed (Month, Day, Year)  APR 22 K	32 Regist	rar's Signature		au,	Leonardi	own, ma	Tytand	20630	)			

And the second second

and the fact of the state of

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Beally 41:05 AM APPLI 19,1998 4a Facility Nama (If not institution, giva straet and number) 4b. City, Town, or Location of Deeth 4c. County of Death Prince George's Southern Maryland Hospital Clinton Hours Min. 8. Date of Birth (Month, Day, Year) Aug. 15, 1 7. Aga (In yrs. last birthday) If Undar 1 Year Birthplaca (State or Foraign Country) 6. Sex 1 M M 2 ☐ F Months Days Yrs. 89 1908 North Carolina 10d Inside City Limits 10b County 10c. City. Town or Location 1 Yes 2 No Maryland Prince George's Clinton 10f. Zip Coda 10g. Citizen of What Country? 20735 9211 Stuart Lane United States 12. Wes Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas: Was Decedant of Hispenic Orlgin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 Yes 2 No Specify: Specify: Black 3 Widowed 4 □ Divorcad 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highest grade completed) Elamantery/Secondary (0-12) Collaga (1-4or 5+) Shop Steward Laundry 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fether's Name (First, Middla, Last) Abraham Beatty Sarah Hooper 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Ralationship (Type, Print) 2125 - 4th St., N.W., #201; Wash., D.C. 20001 of Disposition (Name of Deta 20c. Location - City or Town, State Christine B. Price / Daughter 20b. Place of Disposition (Name of cematary, crematory or other placa) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 4/23/98 Harmony Memorial Park Landover, MD 22. Nama and Addrass of Fecility 21. Signatura of Funaral Sarvica Licensaa Stewart Funeral Home lewall 20019 4001 Benning Rd., N.E. Wash., D.C. 23e. Pert I antar the disaasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or raspiratory errest, shock or heart failure. List only one cause on each line. Approximata intarval Batween Onset and Deeth DNEUMONIE, Hypoxia Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware eutopsy findings available prior to completion of cause of daath? 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical axaminar? 26. Place of Daath (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Yaar) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of 5 Panding 1 Yas 2 No Investigation 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) Certifying Physicien: To the best of my knowledga, daath occurred at tha time, dete end pleca, and dua to tha ceuse(s) and manner as stated.

| Certifying Physicien: To the best of my knowledga, daath occurred at tha time, dete and placa, and dua to tha cause(s) and manner statad.

| Certifying Physicien: To the best of my knowledga, daath occurred at tha time, dete and placa, and dua to tha cause(s) and manner statad.

Examiner that the death certificate be executed Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

Directo

Funeral

ģ

Completed

**Funeral** 

**Director** 

7 is marked other than "natural", or items 23a or treumstic event, the Medical Examiner must be

Pegas 1 and 2 should be filed within 72 hours after death vant of Health end Mental Hygiene.

Int: If them 27 Is marked other than "natural; or items 23 into other treumatic event, the Medical Exterior muty or other treumatic event, the Medical Exterior muty.

permit. Pegas Department of Important: If It any Injury or on

**Physician** /Medical

physicien and the burial-transit

signed by the a d be detached f

is certificate has b director, pege 2 s

funeral

Examiner

Physician/Medicai

by

Completed

Be

To

Baltimore, Maryland 21215-0020

with the Maryland

ERNEST

5. Social Sacurity Number

10e. Street and Number

11. Marital Status

579-10-5861A

12th

20a. Mathod of Disposition

Immediate Cause (Final disease or condition rasulting in death)

Sequentially tist conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or injury that initiated events rasulting in daath) Lest

1 Yes 2 No

27. Manner of Deeth

1 Natural

2 Accident

4 Homicida

29b. Signature and title of a

3 ☐ Sulcida

29a Cartifiar

Usual Rasidanca of Dacadant

or Attending Physician: after death. Director: After this certifica Certification: in 24 hour. To the Hospi within 24 hou To the Funer completely fil Medicai

Registrar

io complated causa of daath (Itam 23a) (Type, Print)

POUTHERN AVE, WASH DC 20032 32. Registrer's Signatura

29c. License number

50454.

29d. Data signed (Month, Day, Year)

के किया दे दे विका

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 1798 BUSH APKIL

**Physician** /Medical Examiner

GARY 4e Facility Neme (If not institution, give street and number) TUCKERMAN ST. 4519

4b. City, Town, or Location of Deeth RIVERDALE

If Under 24 Hrs.

Min

Hours

16 4c. County of Death PRINCE GEORGES

3. Time of Death 04:45 AM

Birthplece (State or Foreign Country)

**Funeral** Director

r 25a-f show

than "natural", or items 23s or the Medical Examiner must be r

h and Mental I 8

permit. Pages 1 and 2 sh Department of Health and Important: If Nem 27 is m

**Physician** 

/Medicai

**Examiner** 

attending physician for use as the burtal

2 3

PB. page 2

certificate

2

Affac Attending

after death Director:

tithin 24 hours of the Funeral C

8

å

funeral

B

Box 68760, certificate be

0

Division of Vital Records,

Examine

Physician/Medical

g

Completed

88

10

Certification:

edical

should

10e State Director Funeral þ

1⊠M 2□F 58 163-32-0020 Usuel Residence of Decedent 10b. County

Months 10c. City, Town or Location

8. Dete of Birth (Month, Dey, Year) Sept. 2, 1 1939 Pennsylvania 10d. Inside City Limits 1 ▼ Yes 2 No

10g. Citizen of Whet Country?

Maryland Prince George's 10e. Street end Numbe

5. Social Security Number

4519 Tuckerman Street

20737 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.)

10f. Zlp Code

If Under 1 Year

Deys

U.S.A. 14. Rece - American Indien, Bleck, White, etc.

1 ☐ Never Married 2M Married 3 Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 Nyes 2 No
If Yes, Give 1963-65
Year or Detes: 1963-65

7. Age (In yrs. lest birthdey)

Riverdale

Yrs.

1 ☐ Yes 2 ☑ No Specify:

Specify: White

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12)

College (1-4or 5+)

(Give kind of work done during most of working life. DO NOT use retired) Supervisor

16b. Kind of Business/Industry

17. Fether's Name (First, Middle, Last)

16e. Decedent's Usuel Occupation

Postal Service 18. Mother's Neme (First, Middle, Meiden Surneme)

Grover Bush

19e. Informent's Name/Raletionship (Type, Print)

Wilda Schnars 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Kathleen K. Bush - Wife 20e. Method of Disposition

20b. Place of Disposition (Neme of cemetery, crametory or other place)

4519 Tuckerman Street, Riverdale, Maryland 20737 20c. Location - City or Town, Stete Dete

1 M Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify)

MD Veteran's Cemetery 22 Name and Address of Fecility
Gasch's Funeral Home

04/20/98 Cheltenham, Maryland

21. Signeture of Funerel Service Licenses

23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line.

4739 Baltimore Avenue, Hyattsville, MD 20781 Approximete intervei Between Onset end Deeth

. HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Due to (or es e consaquence of):

Immediete Ceuse (Finel diseese or condition resulting in deeth)

Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Cause (Disaesa or Injury that initieted evants resulting in deeth) Lest

Due to (or es e consequence of) Due to (or es e consequenca of):

23b. Did tobacco use contribute to the cause of death?

SEIZURE

DISORDER

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24e. Wes en eutopsy performed?

DEPRESSION

1 Yas 2 No

24b. Wara autopsy findings evailable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

25. Wes cese referred to medical exeminer? 1 Yes 2 No

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

Location (Street end Number or Rural Route Number, City or Town, State)

27. Manner of Death 1 Deleturel 2 Accident 3 ☐ Sulcide

4 ☐ Homicide

5 Pending investigation 6 Could not be determined

28a. Data of Injury (Month, Dey Year) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No 28d. Describe how injury occurred

HOSPITAL D'KIVE, CHEVERLY, MARYLAND 20785

29e. Certifie (Check only

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the tima, date end plece, end due to the ceuse(s) end menner as stated. Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at tha time, dete end place, and dua to the causa(s) and manner and

29d. Date signed (Month, Dey, Year)

DINE

30. Nama end addrass of person who compliated causa of death (Itam 23a) (Type, Print) JR MD GOLLE 3001

32. Registrer's Signeture

Registrar

THE PARTY OF THE P